**Radiology Report**

**Created Date:** 30/09/2017

**Study Done:**

**CT CHEST(PLAIN)**

***Clinical Information: Known case of carcinoma tongue; to rule out pulmonary metastasis.***

Trachebronchial tree is normal.

Normal lung parenchyma.

No lung nodules.

No pleural effusion.

Multiple subcentimetric upper paratracheal, paraaortic, prevascular and lower paratracheal lymph nodes noted.

Diffuse ground glassing noted involving the basal segments.

Chest wall appears normal.

**Impression:**

• No lung nodules.No pulmonary metastasis.

• No mediastinal lymphadenopathy

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 23/10/2017

**Received on :** 24/10/2017

**Reported Date :** 01/11/2017

**Clinical Impression :**

Ca.tongue

**Gross Description :**

Received in formalin are 10 specimens. The Ist specimen labelled "total glossectomy " measuring 11x6x4.5cm

(APxtransverse xSI).Dorsal surface shows grey white plaque / lesion crossing the midline and measures

3.5x2.5cm. Raw area inked and serially sliced. A grey white lesion noted measuring 4x4x6cm (transverse x

depthx AP) thickness is 3cm. Lesion is seen left lateral aspect of tongue extending to the base of tongue and

crosses mid line . A satellite nodule seen in the lesion is 1cm from tip of tongue, 0.6cm from anterior mucosal

surface, 2cm from posterior posterior surface, 0.5cm from left posterior lateral mucosal margin, 1.4cm from right

posteriolateral soft tissue margin and 0.8cm from right lateral mucosal soft tissue margin. Lesion abuts left

lateral soft tissue margin. Lesion abuts deep inked margin. Representative sections are submitted as follows:

A1 - Left posterolateral radial margin

A2 - Left posterolateral radial margin with satellite lesion

A3 - Lesion with anterior mucosal and soft tissue margin

A4 - Radial margin - anterior mucosal

A5 - Anterior deep soft tissue margin

A6 - Posterior shaved margin

A7 - Right lateral margin shaved

A6 - Right posterolateral shaved margin

A9 & A10 - Left posterior soft tissue

A11 - Anterior mucosal margin radial

A12 to A15 - Lesion

Specimen II labelled "Right level Ib" consists of fibrofatty tissue measuring 7x6.5x2cm. Largest lymph node

measuring 3cm. 14 lymph nodes identified. Sections are submitted in cassettes B1 to B15.

Specimen III labelled "Left level IB" consists of fibrofatty tissue measuring 5.5x5x1cm. Entire specimen

submitted in casettes C1 to C9.

Specimen IV labelled "Level IA", measuring 3x3x0.6cm. 1 lymph node identified measuring 0.5cm in greatest

dimension. Sections submitted in cassettes D1 to D3.

Specimen V labelled "Left level IIA", consists of 2 fibrofatty tissue measuring 5x5x1.3cm. 6 lymph nodes

identified, largest measuring 1.2cm. Sections submitted in cassettes E1 to E7.

Specimen VI labelled "Left level III" consists of fibrofatty tissue measuring 4x3x1.5cm. Largest measuring

2cm in greatest dimension. Sections submitted in cassettes F1 to F7.

Specimen VII labelled " Left level II B" consists of fibrofatty tissue measuring 1x0.6x0.3cm. Entire specimen

submitted in cassette G.

Specimen VIII labelled "Right level II" consists of fibrofatty tissue measuring 3x3x1.2cm. Largest lymph node

0.5cm in greatest dimension. 8 lymph nodes identified. Sections submitted in cassettes H1 to H6.

Specimen IX labelled "Right level III" consists of fibrofatty tissue measuring 3x3.5x2cm. Largest measuring

1.5cm. Sections are submitted in cassettes J1 to J6.

Specimen X labelled "Right level IV" consists of fibrofatty tissue measuring 3x3.5x0.9cm. Largest lymph node

measuring K1 to K5.

**Impression :**

Total glossectomy:

- Moderately differentiated squamous cell carcinoma

- Tumor measures 6x4x4cm.

- Depth of invasion - 3cm

- Infiltrative front - Dyscohesive

- LHR - Moderate to dense lymphoplasmacytic infiltrate seen.

- PNI - extensive invasion seen( large nerve)

- LVE - Seen focally

- Margins - Inferior lateral mucosal margin is 0.6cm away.

Deep soft tissue margin is - 0.5cm away.

All other margins are free of tumour

Left posterolateral margin is close (1mm)

Lymph nodes:

Right level IB - 1/3 nodes show tumour. ENE seen

Salivary gland - Free of tumour

Left level IB - 1/3 nodes show tumour. ENE not seen

Salivary gland - Free of tumour

Left level IA - Single node - Free of tumour

Left level IIA - 1/14 nodes show tumour. ENE seen

Left level III - 1/3 nodes show tumour. ENE seen.

Left level IIB - Single node - free of tumour

Right level II - 7 nodes - free of tumour

Right level III - 1/2 node show tumour

Right level IV - 9 nodes and salivary gland tissue - free of tumour

Largest metastatic focus measures 2cm (left level III)

Stage pT3N3b

**Date :** 01/12/2017 **Created Time :** 17:48

**This is an addendum to the clinical document. This should be issued and read always alongwith the**

**original document.**

**ADDENDUM :**

Right level III - 1/2 nodes show tumour

Metastatic cells are seen infiltrating into a focus where lymph node capsule is dehiscent (equivocal ENE).

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| **Date of Admission :**22/10/2017 | **Date of Procedure :**23/10/2017 |

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| **Date of Discharge :**04/11/2017 |

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| **Discharging Status :**FOLLOW UP DISCHARGE SUMMARY |

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| **DIAGNOSIS :** |
| Carcinoma tongue. |

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| **PROCEDURE DONE :** |
| Total Glossectomy with bl neck dissection level I-IV with PMMC flap reconstruction done under GA on 23/10/17 |

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| **HISTORY :** |
| 70 y/o, KPS 80, k/c/o HTN and recently detected paroxysmal AF, first noticed a lesion in left lateral tongue since 2 months. Was small in size and progressed to its current size, was painful, associated with some dysphagia, no bleeding, trismus or restriction in tongue movement. No h/o tobacco use. |

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| **MEDICINE ON ADMISSION :** |
| paroxysmal AF on ecospirin HTN on amilodipine and metoprolol |

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| **CLINICAL EXAMINATION :** |
| O/E: No trismus and reasonable oral hygiene. Proliferative growth 4x3 cm involving the left lateral tongue, from floor of the mouth mucosa, not involving the mandible, stopping short of the midline, 1 cm from the tip of the tongue and 2 cm from the circumvallate papillae. 2 discrete 1.5x1 cm lymph nodes palpable in left level II |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. after all preliminary evaluation her case was discussed in tumour board and planned for surgery.she has undergoneCT CHEST(PLAIN) on30/09/2017 which reported as No lung nodules.No pulmonary metastasis. No mediastinal lymphadenopathy.she was admitted on22/09/2017 and after all preliminary investigations and evaluation she was taken up for proposed procedure. He underwent Total Glossectomy with bl neck dissection level I-IV with PMMC flap reconstruction done under GA on 23/10/17 On table,according to the the defect PMMC flap was raised. Postoperative period was uneventful. The surgical specimen was sent for histopathological evaluation for confirmation of diagnosis.He was shifted to ICU and later to the ward for post operative care. Drains and sutures and clips were removed during the post Opeartive days. Condition at discharge: Stable,afebrile, sutures removed. |

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| **OPERATIVE FINDINGS :** |
| Procedure- Total Glossectomy with bl neck dissection level I-IV with PMMC flap reconstruction done under GA on 23/10/17 Findings- Proliferative growth 4x3 cm involving the left lateral tongue, from floor of the mouth mucosa, not involving the mandible, crossing midline, 1 cm from the tip of the tongue and reaching upto circumvallate papillae. 2 discrete 1.5x1 cm lymph nodes palpable in left level II steps- under GA Under all aseptic precautions transverse skin crease incision taken from angle of one mandible to opposite mandible subplatysmal flaps elevated tongue delivered into neck by pull through total glossectomy done. A remnant of normal rt base of tongue with rt tonsil and rt vallecula retained specimen sent for HPE bl neck dissection level I-IV done and sent for HPE PMMC flap done for reconstruction of floor of mouth Oval skin paddle of 5x3cm size designed in parasternal region. Pectoralis major muscle and some external oblique fascia raised off the chest wall. Thoracoacromial and lateral thoracic pedicles identified. Lateral and medial pectoral nerves cut. Flap tunneled in to the neck. Skin paddle used to resurface the mucosal defect, excess skin trimmed. 14F suction drain placed in chest. Neck and chest closed in layers. Procedure uneventful. |

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| **PROGNOSIS ON DISCHARGE :** |
| GC Fair Vitals stable |

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| **PHYSICAL ACTIVITY :** |
| Normal. |

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| **DISCHARGE MEDICATION :** |
| Tab.Pan 40 mg 1-0-0 X 5 Days. Tab.Dolo 650 mg 1-1-1 X 5 Days. |

**Tumour Board Discussion**

**Relevant clinical details :**

70 y/o, KPS 80, k/c/o HTN and recently detected paroxysmal AF, first noticed a lesion in left lateral tongue since

2 months. Was small in size and progressed to its current size, was painful, associated with some dysphagia, no

bleeding, trismus or restriction in tongue movement. No h/o tobacco use.

O/E: No trismus and reasonable oral hygiene. Proliferative growth 4x3 cm involving the left lateral tongue, from

floor of the mouth mucosa, not involving the mandible, stopping short of the midline, 1 cm from the tip of the

tongue and 2 cm from the circumvallate papillae.

2 discrete 1.5x1 cm lymph nodes palpable in left level II

Biopsy: WD SCC

MRI: Lesion in left lateral tongue, not involving deep extrinsic muscles. Left II nodes enlarged.

Impression: Carcinoma tongue cT3N2bM0

Advice:

CT thorax

WLE tongue + B/L SND + ?submental flap

PAC investigations and PAC

Cardiology opinion - fitness for surgery (paroxysmal AF)

**Agreed Plan of management :**

CT thorax

WLE tongue + B/L SND + ?submental flap

PAC investigations and PAC

Cardiology opinion - fitness for surgery (paroxysmal AF)

surgery followed by radiotherapy depending on HPE

**Histopathology Tumour board**

**Histology (include histology done / reviewed elsewhere) :**

Total glossectomy: - Moderately differentiated squamous cell carcinoma - Tumor measures 6x4x4cm. - Depth of

invasion - 3cm - Infiltrative front - Dyscohesive - LHR - Moderate to dense lymphoplasmacytic infiltrate seen. -

PNI - extensive invasion seen( large nerve) - LVE - Seen focally - Margins - Inferior lateral mucosal margin is

0.6cm away. Deep soft tissue margin is - 0.5cm away. All other margins are free of tumour Left posterolateral

margin is close (1mm) Lymph nodes: Right level IB - 1/3 nodes show tumour. ENE seen Salivary gland - Free of

tumour Left level IB - 1/3 nodes show tumour. ENE not seen Salivary gland - Free of tumour Left level IA -

Single node - Free of tumour Left level IIA - 1/14 nodes show tumour. ENE seen Left level III - 1/3 nodes show

tumour. ENE seen. Left level IIB - Single node - free of tumour Right level II - 7 nodes - free of tumour Right

level III - 1/2 node show tumour Right level IV - 9 nodes and salivary gland tissue - free of tumour Largest

metastatic focus measures 2cm (left level III) Stage pT3N3b

**Agreed Plan of management :**

chemo RT

**Progress Notes**

**Date : 28/09/2017**

**ProgressNotes :**

70 y/o, KPS 80, k/c/o HTN and recently detected paroxysmal AF, first noticed a lesion in left lateral tongue

since 2 months. Was small in size and progressed to its current size, was painful, associated with some

dysphagia, no bleeding, trismus or restriction in tongue movement. No h/o tobacco use.

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from floor of the mouth mucosa, not involving the mandible, stopping short of the midline, 1 cm from the tip

of the tongue and 2 cm from the circumvallate papillae.

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Impression: Carcinoma tongue cT3N2bM0

Advice:

CT thorax

WLE tongue + B/L SND + ?submental flap

PAC investigations and PAC

Cardiology opinion - fitness for surgery (paroxysmal AF)

**Operative Notes**

**Date : 24/10/2017**

**ProgressNotes :**

Procedure- Total Glossectomy with bl neck dissection level I-IV with PMMC flap reconstruction done under

GA on 23/10/17

Findings- Proliferative growth 4x3 cm involving the left lateral tongue, from floor of the mouth mucosa, not

involving the mandible, crossing midline, 1 cm from the tip of the tongue and reaching upto circumvallate

papillae. 2 discrete 1.5x1 cm lymph nodes palpable in left level II

stepsunder

GA

Under all aseptic precautions

transverse skin crease incision taken from angle of one mandible to opposite mandible

subplatysmal flaps elevated

tongue delivered into neck by pull through

total glossectomy done. A remnant of normal rt base of tongue with rt tonsil and rt vallecula retained

specimen sent for HPE

bl neck dissection level I-IV done and sent for HPE

PMMC flap done for reconstruction of floor of mouth

Oval skin paddle of 5x3cm size designed in parasternal region. Pectoralis major muscle and some external

oblique fascia raised off the chest wall. Thoracoacromial and lateral thoracic pedicles identified. Lateral and

medial pectoral nerves cut. Flap tunneled in to the neck. Skin paddle used to resurface the mucosal defect,

excess skin trimmed.

14F suction drain placed in chest.

Neck and chest closed in layers.

Procedure uneventful.

**Operative Notes**

**Date : 24/10/2017**

**ProgressNotes :**

Procedure- Total Glossectomy with bl neck dissection level I-IV with PMMC flap reconstruction done under

GA on 23/10/17

Findings- Proliferative growth 4x3 cm involving the left lateral tongue, from floor of the mouth mucosa, not

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medial pectoral nerves cut. Flap tunneled in to the neck. Skin paddle used to resurface the mucosal defect,

excess skin trimmed.

14F suction drain placed in chest.

Neck and chest closed in layers.

Procedure uneventful.

**Progress Notes**

**Date : 10/05/2018**

**ProgressNotes :**

s/p Total Glossectomy with b/l neck dissection level I-IV with PMMC flap reconstruction done under GA on

23/10/17

Stage pT3N3b completed RT with 5 cycles of concurrent chemo RT

completion on 6/1/18

o/e locoregionally ned

on PEG feeds

minimal grannulation near PEG tube

ADV

gastromedicine consultation

RA 1 month