**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 16/11/2020

**Received on :** 16/11/2020

**Reported Date :** 17/11/2020

**Clinical Impression :**

Left tongue ulcer

outside report -moderately differentiated squamous cell carcinoma

**Gross Description :**

Received for review are 1slide and 2 blocks labelled as 4497/2020

4497A-A

4497B-B

Aster Medcity- Ernakulam

**Microscopy and Impression :**

Incisional Biopsy- Left tongue growth:-

Squamous Carcinoma

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 27/11/2020

**Received on :** 01/12/2020

**Reported Date :** 02/12/2020

**Clinical Impression :**

Carcinoma left tongue

**Gross Description :**

Received in formalin are 12 specimens.

Ist specimen labelled as "WLE tongue with soft tissue ", consists of the same whole measuring 7.5x6.5x5cm. A

large proliferative growth is seen to arise from the lateral side of the tongue extending close to the inferolateral

margin. The lesion is measuring 6.5x5.5x2.5cm. The lesion is at a distance of

0.3cm from infero lateral mucosal & soft tissue margin

0.5cm from the superomedial mucosal & soft tissue margin

1.7cm from posterior mucosal & soft tissue margin

0.7cm from anterior mucosal & soft tissue margin and

1.3cm from inferior soft tissue inked margin

Depth of the lesion - 2.2cm

Representative sections are submitted as follows:-

A1-Infero lateral mucosal & soft tissue margin

A2- Supero medial mucosal & soft tissue margin

A3-Posterior mucosal & soft tissue margin

A4-Anterior mucosal & soft tissue margin

A5-Inferior soft tissue inked margin

A6-Medial deep inked margin

A7-A9- One tumor slice mapped

A10-A15- Tumour proper

Specimen 2 labelled as "Level IA", consists of fibrofatty tissue measuring 3.5x2.5x1.5cm. Entire specimen

submitted in B1 & B2 cassettes.

Specimen 3 labelled as "Right Level IB", consists of salivary gland measuring 4x4x2.5cm. Representative

sections are submitted C1 to C2 cassettes.

Specimen 4 labelled as "Right level IIA", consists of fibrofatty tissue measuring 2.5x1.5x1cm. 1 lymph node

measuring 0.5cm in greatest dimension. Entire specimen submitted in cassette D.

Specimen 5 labelled as "Right level IIB", consists of fibrofatty tissue measuring 2.5x2x1cm. 2 Lymph node one

measuring 0.8cm. Other measuring 0.5cm in greatest dimension. Entire specimen submitted in E1 & E2

cassettes.

Specimen 6 labelled as "Right level III", consists of fibrofatty tissue measuring 2.5x2x1.5cm. Entire specimen

submitted in F1 & F2 cassettes.

Specimen 7 labelled as "Right level IV", consists of fibrofatty tissue whole measuring 3.5x2x1cm. 1 Lymph

node measuring 1.7cm in greatest dimension. Entire specimen submitted in G1 & G2 cassettes.

G1-1 Lymph node with fibrofatty tissue

G2-Fibrofatty tissue

Specimen 8 labelled as "Left level IB", consists of salivary gland tissue whole measuring 4.5x5x2.5cm. Salivary

gland measuring 4.5x3x1.5cm. 4 Lymph nodes one measuring 3cm in greatest dimension. Smallest measuring

1.5cm in greatest dimension. Largest lymph node shows a grey white area measuring 0.8cm in greatest

dimension, Representative sections are submitted in H1 to H5 cassettes.

(H1-3 - one node)

H1-One slice cut in 2

H2-Next slice

H3-One slice

H4-4 Lymph nodes

H5- Fibrofatty tissue

Specimen 9 labelled as "Left Level IIA", consists of fibrofatty tissue whole measuring 3.5x1.5x1cm. No lymph

node identified. Entire specimen submitted in J1 & J2 cassettes.

Specimen 10 labelled as "Left level IIB", consists of fibrofatty tissue measuring 4x3.5x1cm. 6 Lymph nodes

identified largest measuring 2.5cm in greatest dimension, Smallest measuring 0.5cm in greatest dimension.

Entire specimen submitted in K1 to K3 cassettes.

K1-Largest lymph node bisected

K2-2 Lymph nodes

K3-3 Lymph nodes

Specimen 11 labelled as "Left level III", consists of fibrofatty tissue measuring 4.5x1.5x1cm. 2 Lymph node

measuring 1cm in greatest dimension. Smallest measuring 1.5cm . Entire specimen submitted in L1 to L3

cassettes.

L1-L2- Largest lymph node bisected

L3-1 Lymph node

Specimen 12 labelled as "Left level IV", consists of fibrofattyy tissue measuring 3x1.5x1.5cm. 3 Lymph nodes

identified largest measuring 3.5cm . Smallest 2 lymph nodes. Entire specimen submitted in M1 to M4 cassettes.

M1-M2- 1 lymph node bisected & small lymph node

M3-Fibrofatty tissue +1 lymph node

M4- 2 lymph nodes + Fibrofatty tissue

**Microscopic Description :**

A) Sections studied from tongue show hyperplastic stratified squamous epithelium with an infiltrative neoplasm

arising from it.The tumour is predominantly exophytic and show lobules and nests with keratin pearl

formations.The tumour cells are enlarged polygonal with abundant eosinophilic cytoplasm and enlarged

vesicular nuclei with prominent nucleoli.Mitosis is frequent (2-3/hpf) with presence of atypical forms. Multifocal

perineural invasion seen into the small nerves.No LVE.Moderate patchy lymphoid infiltrates seen at tumour

interface. Tumour infiltrates underlying muscle. All margins are free of tumour, closest being inferolateral

mucosal margin (5mm clearance).Depth of invasion is 2.2cm.

B) Right level I A lymph node-3 lymph nodes, free of tumour

C) Right level I B lymph node- Salivary gland -free of tumour .No lymph node seen.

D) Right level II A lymph node - 5 lymph nodes, free of tumour

E) Right level II B lymph nodes - 4 lymph nodes, free of tumour

F) Right level III lymph node - 3 lymph nodes, free of tumour

G) Right level IV lymph node - 6 lymph nodes, free of tumour

H) Left level IB - 5 lymph nodes, one show tumour deposit (1/5).Minor extranodal extension seen.Tumour

deposit is measuring 0.8cm.

J) Left level II A - Fibroadipose tissue- free of tumour .No lymph nodes seen.

K) Left level II B - 8 lymph nodes - free of tumour.

L) Left level III- 4 lymph nodes -free of tumour

M) left level IV - 5 lymph nodes -free of tumour

**Impression :**

WLE left lateral tongue + lymph node dissection :

-Well differentiated squamous cell carcinoma

-Tumour size -6.5x5.5x2.5cm

-Depth of invasion :2.2cm

-Multifocal PNI seen (score 1)

-No LVE seen

-LHR - Type 2 (Score 1)

-WPOI- Type 5 (Score 3)

-Risk stratification:High risk group

-Total lymph nodes - One of 42 lymph nodes show tumour deposit measuring 0.8cm with extranodal

extension(Left level IB)

AJCC stage -pT4aN2a

**DEPARTMENT OF NUCLEAR MEDICINE AND PETCT**

**Date : 26/07/2021**

**Clinical Indication : Carcinoma left lateral border of tongue, S/p WLE + bilateral nodal dissection + ALT**

**flap + tracheostomy (26/11/2020), S/p adjuvant radiotherapy + 6 cycles of chemotherapy (20/2/2021) - For**

**evaluation.**

**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

6.70 mCi of 18F FluoroDeoxy Glucose (FDG) was injected IV in fasting status. One hour later Whole body PET

CT Imaging (Head to mid thigh) was performed on the state of the art Siemens Biograph LYSO Horizon 16 slice

PET CT with TOF.

Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml.

Oral & IV contrast given for CT study.

High resolution CT chest in inspiratory phase was also acquired.

Dedicated head and neck images was acquired in hands down position.

Fasting Blood Sugar: 136 mg / dl

**FINDINGS :**

PET FINDINGS:

\* No focal abnormal increased FDG uptake / CT detected lesion noted in post operative

site. No focal abnormal increased FDG uptake in rest of the tongue.

\* No focal abnormal increased FDG uptake seen in few minimally enhancing right level

Ib/ II cervical lymph nodes.

\* No focal abnormal increased FDG uptake seen in any of the CT detected lung nodules in

lower lobes of bilateral lungs.

\* Linear FDG uptake is seen along bilateral sternocleidomastoid, longus colli and trapezius

muscles (SUV Max 6.4) - positional.

\* No abnormal focal / diffuse FDG uptake seen in any other lymph nodes, liver, spleen,

adrenal glands or in visualized skeleton.

\* Normal physiological FDG uptake seen in brain, palatine tonsils, vocal cords, myocardium,

liver, intestinal loops, kidneys and urinary bladder.

SALIENT CT FINDINGS:

Brain:

\* Normal neuroparenchyma. No focal lesion.

Neck:

\* S/p WLE + bilateral nodal dissection + ALT flap. No enhancing lesion seen in post operative site

along left lateral border of tongue.

\* Few subcentimetric minimally enhancing right level Ib/ II cervical lymph nodes are seen, largest

measuring 0.7 x 0.5 cm.

\* Few tiny bilateral level V cervical lymph nodes are also seen (FDG non avid - non specific).

\* No other significant cervical lymphadenopathy.

\* Nasopharynx, laryngopharynx and thyroid gland appear normal.

Chest:

\* Lungs: Few tiny pleural based and subpleural nodules are seen in bilateral lung lower lobes,

largest in posterobasal segment of right lung lower lobe measures 0.4 x 0.4 cm.

\* Rest of the lung parenchyma appears clear. No pleural effusion.

\* No significantly enlarged mediastinal lymphadenopathy.

\* Mediastinum is central.

\* Cardia and major vessels are normal.

Abdomen:

\* Subcentimetric nodularity measuring 0.8 x 0.7 cm seen in body of left adrenal gland

(FDG non avid).

\* Right kidney appears relatively small.

\* Liver, gall bladder, spleen, pancreas, right adrenal, left kidney and urinary bladder appear

normal.

\* No retroperitoneal mass lesion.

\* No significant lymph nodes.

\* Contrast filled bowel loops are normal.

Bones:

\* Bone island in neck of right femur.

\* No other lytic / sclerotic lesion.

**CONCLUSION :**

\* NO METABOLICALLY ACTIVE RECURRENT PRIMARY TONGUE MALIGNANCY.

\* FEW FDG NON AVID MINIMALLY ENHANCING SUBCENTIMETRIC RIGHT LEVEL IB/ II

CERVICAL LYMPH NODES ARE SEEN. SUGGESTED: USG CORRELATION FOR

FURTHER EVALUATION.

\* NO METABOLICALLY ACTIVE CERVICAL LYMPH NODAL METASTASIS.

\* FEW FDG NON AVID PLEURAL AND SUBPLEURAL BASED LUNG NODULES IN BOTH LUNG

PARENCHYMA -TOO TINY TO CHARACTERIZE. SUGGESTED CLOSE INTERVAL FOLLOWUP.

\* NO NEW METABOLICALLY ACTIVE DISTANT METASTASIS.

**RADIOLOGY REPORT**

**Created Date:** 11/02/2022

**Study Done:**

**ULTRASOUND NECK**

Thyroid gland appear normal.

Tiny node measuring 5.3 x 3 mm seen in right level IB .- needs follow up

No other cervical nodes.

Great vessels appear patent

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| **Date of Admission :**25/11/2020 | **Date of Procedure :**26/11/2020 |

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| **Date of Discharge :**07/12/2020 |

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

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| **DIAGNOSIS :** |
| Carcinoma Tongue cT4aN2bM0 |

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| **PROCEDURE DONE :** |
| WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy under GA done on 26.11.2020 [Head neck Major Resection + Neck Dissection + reconstruction of cancer defect grade II] |

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| **HISTORY :** |
| 34 yr male, clerk in HDFC bank, without any co-morbs come with c/o Left side tongue growth - 6month, initially small in size, which is progressive in size asso.with difficulty in speech and swallowing asso.with bleeding on touch/Voice change no h/o neck swelling/hemoptysis/bone pain |

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| **PAST HISTORY :** |
| no h/o DM/HTN/Asthma/Thyroid disorders |

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| **PERSONAL HISTORY :** |
| Sleep, bowel and bladder habits normal. |

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| **CLINICAL EXAMINATION :** |
| o/e; KPS-90 O/C,OPx; Huge Proliferative growth involving the left lateral border tongue, crossing midline, reaching till tip, posteiorly till TLS and laterally involving the floor of mouth. BOT/Vallecula free Neck; Level-IB and II node palpable on left side Scopy: BOT/Vallecula/Endolarynx normal |

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| CT Neck and Chest: Lesion involving the left tongue, crossing midline. Hyoid/BOT/Vallecula free No lung nodules Level-IB/IV nodes present on left side. Biopsy: MDSCC |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted with above mentioned complaints. He underwent WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy under GA done on 26.11.2020. His intra and post operative period was uneventful. Drains were removed by POD 3. He was decannulated on POD 4. He was given a trial of oral feeds which he tolerate dwell and hence RT was removed on POD 10. All clips and sutures were removed by POD 11. Debridement of anterior portion of the flap was done in OPD on POD 11. He is now being discharged in a stable and afebrile condition with the following advice. |

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| **OPERATIVE FINDINGS :** |
| Diagnosis: Carcinoma tongue Procedure: WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy under GA done on 26.11.2020 Findings: Growth with a large exophytic component involving the left tongue entirely, crossing midline. FOM and BOT free. Under GA, via nasotracheal intubation, position given, parts painted and draped. via per oral approach, WLE done keeping adequate margins in all 3 dimensions. Left FOM defect +. B/L BOT preserved. Hemostasis achieved. Horizontal skin crease incision made over the B/L neck. Subplatysmal flaps elevated. Fibrofatty tissue cleared from B/L levels I-IV. B/L SAN, SCM and IJV preserved. Facial vessels on right side preserved in continuity. Left facial vessels prepared for anastamosis. Hemostasis achieved. Romovac suction drain no 14 secured on both sides. ALT flap used to reconstruct the anterior tongue and cover FOM defect. Wound clsoed in layers using 3-0 vicryl and 4-0 nylon. Tracheostomy done. Patient shifted to recovery in stable condition. Operative findings : Near total left side tongue defect including the tip, floor of the mouth Operative procedure : Flap harvest - Under GA, parts painted and draped. Above findings noted. 2 cms radius circle drawn over the midpoint of ASIS and anterolateral portion of patella. Perforator marking done with hand held doppler. Flap of size 20 x 8 cms marked centered around the perforators. Medial skin incision made and deepened till fascia. Septum between vastus lateralis and rectus femoris dissected. Pedicle identified. Pedicle along with a portion of vastus lateralis included in the flap. Lateral incision made and deepened upto fascia. Pedicle dissection performed till origin. Flap thinning performed till the level of perforators. Tiny cuff of vastus lateralis preserved around the perforators. Marking over the flap done, rest of the portion de epithelialised. Pedicle divided. Hemostasis checked. Drain placed. Incision closed in layers with 2 0 nylon and skin staples. Flap inset - Flap fashioned according to defect. Inset started posteriorly intermittently with vicryl. Vastus and pedicle tunneled to the neck. Flap artery anastamosed to left facial artery, VC anastamosed to the left facial vein. Rest of inset performed. Neck closed after placing a suction drain with nylon sutures intermittently |

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| **ADVICE ON DISCHARGE :** |
| Oral Care Wound care |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of bleeding/fever/infection |

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| **DIET RECOMMENDATIONS :** |
| Soft Oral Diet |

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| **PHYSICAL ACTIVITY :** |
| As tolerated |

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab Ciplox 500mg 1-0-1 x 5 days Tab Pan 40mg 1-0-0 x 5 days Tab PCM 650mg 1-1-1 x 3 days, sos hence Chlorhexidine mouth gargles 1-1-1 x 7 days |

**HEAD AND NECK - TUMOUR BOARD**

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| |  | | --- | | **Descriptive History and Examination:**  34 yr male, clerk in HDFC bank,Referred by Dr Moni, without any co-morbs come with c/o Left side tongue growth - 6month, initially small in size, which is progressive in size asso.with difficulty in speech and swallowing asso.with bleeding on touch/Voice change no h/o neck swelling/hemoptysis/bone pain | |  | |
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|  | **Others:**  o/e; KPS-90 O/C,OPx; Huge Proliferative growth involving the left lateral border tongue, crossing midline, reaching till tip, posteiorly till TLS and laterally involving the floor of mouth. BOT/Vallecula free Neck; Level-IB and II node palpable on left side Scopy: BOT/Vallecula/Endolarynx normal |
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| |  | | --- | | **Imaging:** | |  | | | |
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| |  |  | | --- | --- | | **CT:**  CT Neck and Chest: Lesion involving the left tongue, crossing midline. Hyoid/BOT/Vallecula free No lung nodules Level-IB/IV nodes present on left side. |  | |  |  | | | |

**Primary:**

Biopsy: MDSCC

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| **Descriptive Plan:**  Impression: Carcinoma Left Tongue cT4aN2bM0 WLE + BL ND [I-IV] + STF coming for admission today | **Histopathology Descriptive Plan:**  WLE left lateral tongue + lymph node dissection : -Well differentiated squamous cell carcinoma -Tumour size -6.5x5.5x2.5cm -Depth of invasion :2.2cm -Multifocal PNI seen (score 1) -No LVE seen -LHR - Type 2 (Score 1) -WPOI- Type 5 (Score 3) -Risk stratification:High risk group -Total lymph nodes - One of 42 lymph nodes show tumour deposit measuring 0.8cm with extranodal extension(Left level IB) AJCC stage -pT4aN2a 0.3cm from infero lateral mucosal & soft tissue margin |
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**Progress Notes**

**Date : 13/11/2020**

**ProgressNotes :**

34 yr male, clerk in HDFC bank, without any co-morbs come with

c/o Left side tongue growth - 6month,

initially small in size, which is progressive in size

asso.with difficulty in speech and swallowing

asso.with bleeding on touch/Voice change

no h/o neck swelling/hemoptysis/bone pain

o/e;

KPS-90

O/C,OPx;

Huge Proliferative growth involving the left lateral border tongue, crossing midline, reaching till tip, posteiorly

till TLS and laterally involving the floor of mouth.

BOT/Vallecula free

Neck;

Level-IB and II node palpable on left side

Scopy:

BOT/Vallecula/Endolarynx normal

Biopsy:

MDSCC

CT Neck and Chest:

Lesion involving the left tongue, crossing midline.

Hyoid/BOT/Vallecula free

No lung nodules

Level-IB/IV nodes present on left side

**Operative Notes**

**Date : 30/11/2020**

**ProgressNotes :**

Diagnosis: Carcinoma tongue

Procedure: WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy under GA done on 26.11.2020

Findings: Growth with a large exophytic component involving the left tongue entirely, crossing midline. FOM

and BOT free.

Under GA, via nasotracheal intubation, position given, parts painted and draped. via per oral approach, WLE

done keeping adequate margins in all 3 dimensions. Left FOM defect +. B/L BOT preserved. Hemostasis

achieved.

Horizontal skin crease incision made over the B/L neck. Subplatysmal flaps elevated. Fibrofatty tissue cleared

from B/L levels I-IV. B/L SAN, SCM and IJV preserved. Facial vessels on right side preserved in continuity.

Left facial vessels prepared for anastamosis. Hemostasis achieved. Romovac suction drain no 14 secured on

both sides.

ALT flap used to reconstruct the anterior tongue and cover FOM defect. Wound clsoed in layers using 3-0

vicryl and 4-0 nylon. Tracheostomy done. Patient shifted to recovery in stable condition

**Progress Notes**

**Date : 26/04/2024**

**ProgressNotes :**

Carcinoma left lateral border tongue pT4aN2a cM0

Well differentiated squamous cell carcinoma S/P WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy

under GA done on 26.11.2020

Completed Adjuvant Radiation therapy with concurrent chemotherapy using IGRT on 20/02/2021

l/e :tongue NED

adv- R/V after 4 months.

**Speciality :** RadiationOncology

**D/O Commencement of RT** 05/01/2021 **D/O Completion of RT** 20/02/2021

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma left lateral border tongue

pT4aN2a cM0

Well differentiated squamous cell carcinoma

s/p WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy under GA done on 26.11.2020

Completed Adjuvant Radiation therapy with concurrent chemotherapy.

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

Mr Suju Jacob , 34 yr old, male, without any co-morbs presented with left side tongue growth of 6 months.

Initially small in size, which was progressive and associated with difficulty in speech and swallowing, bleeding

on touch.

No h/o neck swelling/hemoptysis/bone pain.

He was evaluated outside.

CT Neck and Chest:

Lesion involving the left tongue, crossing midline. Hyoid/BOT/Vallecula free. No lung nodules. Level-IB/IV

nodes present on left side

Biopsy:

MDSCC

He was referred to HNS, AIMS

O/E

KPS-90

O/C,OPX : Huge Proliferative growth involving the left lateral border tongue, crossing midline, reaching till tip,

posteiorly till TLS and laterally involving the floor of mouth. BOT/Vallecula free

Neck: Level-IB and II node palpable on left side

Scopy: BOT/Vallecula/Endolarynx normal

Incisional Biopsy- Left tongue growth:- Squamous Carcinoma

He underwent WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy under GA done on 26.11.2020.

HPR:

WLE left lateral tongue + lymph node dissection :

-Well differentiated squamous cell carcinoma

-Tumour size -6.5x5.5x2.5cm

-Depth of invasion :2.2cm

-Multifocal PNI seen (score 1)

-No LVE seen

-LHR - Type 2 (Score 1)

-WPOI- Type 5 (Score 3)

-Risk stratification:High risk group

-Total lymph nodes - One of 42 lymph nodes show tumour deposit measuring 0.8cm with extranodal

extension(Left level IB)

AJCC stage -pT4aN2a

His case has been discussed in MDTB and in view of extranodal extension, was planned on Adjuvant CTRT.

He has been referred radiation oncology OPD for the same.

His diagnosis, prognosis, possible side effects of the treatment has been explained and he preferred IGRT.

Pre RT dental clearance done.

**INVESTIGATIONS :**

**Haemogram:**

**Date: Hb: g/dl PCV: % PLT: TC: DC: N % L:% E: % ESR:**

**ku/ml ku/ml mm/1st hr**

30/11/2020 8.7 27.1 199 13.50 83.4 10.9 0.0 -

01/12/2020 8.9 27.4 226 8.19 57.0 35.9 1.3 -

06/01/2021 12.6 40.3 224 6.16 58.1 30.7 2.8 -

13/01/2021 13.0 40.6 246 7.81 70.4 16.8 2.7 -

20/01/2021 12.6 39.8 230 7.27 83.8 9.0 1.0 -

27/01/2021 12.3 37.5 181 5.18 79.8 9.7 0.6 -

03/02/2021 12.3 36.8 110 4.0 79.9 9.3 0.5 -

10/02/2021 12.0 35.0 76 2.01 67.4 18.1 0.7 -

12/02/2021 10.7 31.2 72 1.01 62.3 21.5 2.2 -

13/02/2021 10.9 32.2 82 1.50 70.0 15.3 1.3 -

14/02/2021 9.3 27.7 73 1.12 63.3 17.0 1.8 -

15/02/2021 9.4 26.4 76 1.09 56.3 24.2 1.8 -

16/02/2021 8.8 25.6 89 1.66 57.8 21.5 0.6 -

17/02/2021 8.8 25.8 108 3.48 65.5 11.2 0.6 -

18/02/2021 8.5 24.8 120 4.40 65.9 9.8 0.2 -

19/02/2021 10.0 29.0 157 3.56 65.1 22.2 0.6 -

20/02/2021 10.1 30.2 194 2.55 61.2 19.6 0.4 -

**Renal Function Test and Serum Electrolytes:**

**Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**

06/01/2021 - 0.72 - -

13/01/2021 - 0.73 - -

20/01/2021 - 0.72 137.9 4.5

27/01/2021 - 0.69 - -

03/02/2021 - 0.79 137.5 4.0

10/02/2021 - 0.88 138.6 4.4

12/02/2021 - - 137.1 4.0

17/02/2021 - - 139.5 3.5

Date: 20/02/2021

RBC-COUNT-Blood : 3.41 M/uL MCV-Blood : 88.6 fL

MCH-Blood : 29.6 pg MCHC-Blood : 33.4 g/dl

RDW-Blood : 13.2 % MPV-Blood : 10.6 fL

MONO -Blood : 18.0 % BASO-Blood : 0.8 %

Date: 19/02/2021

RBC-COUNT-Blood : 3.44 M/uL MCV-Blood : 84.3 fL

MCH-Blood : 29.1 pg MCHC-Blood : 34.5 g/dl

RDW-Blood : 13.2 % MPV-Blood : 10.6 fL

MONO -Blood : 11.5 % BASO-Blood : 0.6 %

Date: 18/02/2021

RBC-COUNT-Blood : 2.95 M/uL MCV-Blood : 84.1 fL

MCH-Blood : 28.8 pg MCHC-Blood : 34.3 g/dl

RDW-Blood : 13.0 % MPV-Blood : 10.9 fL

MONO -Blood : 23.6 % BASO-Blood : 0.5 %

Date: 17/02/2021

RBC-COUNT-Blood : 2.96 M/uL MCV-Blood : 87.2 fL

MCH-Blood : 29.7 pg MCHC-Blood : 34.1 g/dl

RDW-Blood : 12.5 % MPV-Blood : 10.9 fL

MONO -Blood : 22.4 % BASO-Blood : 0.3 %

Date: 16/02/2021

RBC-COUNT-Blood : 2.97 M/uL MCV-Blood : 86.2 fL

MCH-Blood : 29.6 pg MCHC-Blood : 34.4 g/dl

RDW-Blood : 12.2 % MPV-Blood : 11.0 fL

MONO -Blood : 20.1 % BASO-Blood : 0.0 %

Date: 15/02/2021

RBC-COUNT-Blood : 3.22 M/uL MCV-Blood : 82.0 fL

MCH-Blood : 29.2 pg MCHC-Blood : 35.6 g/dl

RDW-Blood : 12.5 % MPV-Blood : 10.6 fL

MONO -Blood : 17.3 % BASO-Blood : 0.4 %

Date: 14/02/2021

RBC-COUNT-Blood : 3.14 M/uL MCV-Blood : 88.2 fL

MCH-Blood : 29.6 pg MCHC-Blood : 33.6 g/dl

RDW-Blood : 12.4 % MPV-Blood : 10.6 fL

MONO -Blood : 17.0 % BASO-Blood : 0.9 %

Date: 13/02/2021

RBC-COUNT-Blood : 3.67 M/uL MCV-Blood : 87.7 fL

MCH-Blood : 29.7 pg MCHC-Blood : 33.9 g/dl

RDW-Blood : 12.3 % MPV-Blood : 10.4 fL

MONO -Blood : 12.7 % BASO-Blood : 0.7 %

Date: 12/02/2021

RBC-COUNT-Blood : 3.68 M/uL MCV-Blood : 84.8 fL

MCH-Blood : 29.1 pg MCHC-Blood : 34.3 g/dl

RDW-Blood : 12.5 % MPV-Blood : 10.1 fL

MONO -Blood : 14.0 % BASO-Blood : 0.0 %

Date: 10/02/2021

RBC-COUNT-Blood : 4.09 M/uL MCV-Blood : 85.6 fL

MCH-Blood : 29.3 pg MCHC-Blood : 34.3 g/dl

RDW-Blood : 12.8 % MPV-Blood : 9.6 fL

MONO -Blood : 13.8 % BASO-Blood : 0.0 %

Date: 03/02/2021

RBC-COUNT-Blood : 4.11 M/uL MCV-Blood : 89.5 fL

MCH-Blood : 29.9 pg MCHC-Blood : 33.4 g/dl

RDW-Blood : 12.6 % MPV-Blood : 10.2 fL

MONO -Blood : 9.3 % BASO-Blood : 1.0 %

Date: 27/01/2021

RBC-COUNT-Blood : 4.14 M/uL MCV-Blood : 90.6 fL

MCH-Blood : 29.7 pg MCHC-Blood : 32.8 g/dl

RDW-Blood : 12.7 % MPV-Blood : 10.2 fL

MONO -Blood : 8.7 % BASO-Blood : 1.2 %

Date: 20/01/2021

RBC-COUNT-Blood : 4.42 M/uL MCV-Blood : 90.1 fL

MCH-Blood : 28.6 pg MCHC-Blood : 31.7 g/dl

RDW-Blood : 13.1 % MPV-Blood : 10.1 fL

MONO -Blood : 5.8 % BASO-Blood : 0.4 %

Date: 13/01/2021

RBC-COUNT-Blood : 4.43 M/uL MCV-Blood : 91.6 fL

MCH-Blood : 29.3 pg MCHC-Blood : 32.0 g/dl

RDW-Blood : 12.9 % MPV-Blood : 11.3 fL

MONO -Blood : 8.8 % BASO-Blood : 1.3 %

Calcium; total - Serum : 9.65 mg/dl

Date: 06/01/2021

RBC-COUNT-Blood : 4.54 M/uL MCV-Blood : 88.8 fL

MCH-Blood : 27.8 pg MCHC-Blood : 31.3 g/dl

RDW-Blood : 14.3 % MPV-Blood : 11.3 fL

MONO -Blood : 7.8 % BASO-Blood : 0.6 %

Date: 01/12/2020

RBC-COUNT-Blood : 3.10 M/uL MCV-Blood : 88.2 fL

MCH-Blood : 28.6 pg MCHC-Blood : 32.4 g/dl

RDW-Blood : 12.2 % MPV-Blood : 10.3 fL

MONO -Blood : 5.7 % BASO-Blood : 0.1 %

Date: 30/11/2020

RBC-COUNT-Blood : 3.19 M/uL MCV-Blood : 85.0 fL

MCH-Blood : 27.3 pg MCHC-Blood : 32.1 g/dl

RDW-Blood : 12.4 % MPV-Blood : 12.1 fL

MONO -Blood : 5.6 % BASO-Blood : 0.1 %

**HISTOPATHOLOGY REPORTS**

WLE left lateral tongue + lymph node dissection :

-Well differentiated squamous cell carcinoma

-Tumour size -6.5x5.5x2.5cm

-Depth of invasion :2.2cm

-Multifocal PNI seen (score 1)

-No LVE seen

-LHR - Type 2 (Score 1)

-WPOI- Type 5 (Score 3)

-Risk stratification:High risk group

-Total lymph nodes - One of 42 lymph nodes show tumour deposit measuring 0.8cm with extranodal

extension(Left level IB)

AJCC stage -pT4aN2a

Treatment Given:

**SURGERY DETAILS :**

WLE + B/L ND [levels I-IV] + ALT flap + Tracheostomy under GA done on 26.11.2020

**RADIATION DETAILS :**

Intent: Curative [Adjuvant Chemo-Radiation therapy]

Technique: IGRT

Site of Disease: Tongue

Cat Scan Simulation on 30.12.2020

Complex Computerised Treatment Planning on 05.01.2021

RT Started on 05.01.2021

RT Completed on 20.02.2021

Treatment breaks- 6 days due to neutropenia and associated infections.. Gap correction calculated. No additional

fraction required as gap correction.

Total Dose: 6600 cGy in 30 fractions

**Primary Tumour And Drainage Area :**

Site:HRR left Ib

Energy: 6 MV Photons

Dose: 6600 cGy in 30 fractions

Schedule: 220 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose

Site:Entire tongue + Surgical bed + B/L level I, II, III, Left IVa, Va

Energy: 6 MV Photons

Dose: 6000 cGy in 30 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose

Site:Left RPN, Right IV, V , Left IVb, Vb

Energy: 6 MV Photons

Dose: 5400 cGy in 30 fractions

Schedule: 180 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose

**CHEMOTHERAPY DETAILS :**

Inj.Cisplatin Weekly - Cycle 5 CDDP on 04.02.2021.

6th cycle deferred due to low counts.

**TREATMENT COURSE :**

Mr.Suju Jacob , 35 year old presented with the above mentioned history and was planned on Adjuvant

chemo-radiation therapy. He had severe neutropenia after 28 fractions for which reqiured admission and had a

treatment break of 6 days due to neutropenia and associated infections. He was admitted and treated with IV

antibiotics, IV antifungal , GCSF and IV fluids Gap correction was calculated and came to be less than half

fraction, hence omitted. On completion of treatment, he is on oral feeds, has grade 2 skin reactions and grade 2

mucositis.

**ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**

1. Review after 1 and 2 weeks in RT OPD.

2. Review after 4-6 weeks in HNS-RT Follow Up Clinic for evaluation of Primary Disease, Neck Nodes.

3. Review every month in RT OPD for one year and then as advised.

Investigations:

1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT

and then as advised by the Physician [CXR every 6 months].

2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.

3. PET CT at 3 months POST RT

Oral and Skin Care:

1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as

mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised.

2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with

towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as

per Doctors' advice.

3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing].

Specific:

1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of

liquid diet.