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| **Radiology Report** |

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| |  | | --- | | **Created Date:**  20/02/2015 | |  | |
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| |  | | --- | | **Study Done:**    **CT CHEST WITH CONTRAST**    Bilateral lung parenchyma show no lung parenchymal lesions.  Bilateral basal atelectatic changes seen (poor  respiratory breath hold seen).  No mediastinal lymphadenopathy seen.  No focal lesions in the upper abdominal structures. | |  | |
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| |  | | --- | | **Impression:**  ***Known case of patient with Ca tongue.***   * **No suspicious focal lesion in the bilateral lung fields.** * **No mediastinal lymphadenopathy.** | |

**Radiology Report**

**Created Date:** 23/02/2015

**Study Done:**

**MRI NECK WITH CONTRAST**

Large enhancing lesion in left half of posterior third of oral tongue and pharyngeal tongue infiltrating

hyoglossus, styloglossus and mylohyoid sling on left side.

Lesion crosses the midline, infiltrates sublingual space, mesaures 49.8mm x 30.8mm x 46.7mm. Volume is

30cc.

Enlarged nodes with absent fatty hilum seen in left level II, Ib and Ia.

Rest of the neck spaces appears normal.

Bones show normal signal.

**Impression:**

• Case of carcinoma tongue

• **Large mass in left half of posterior third of oral tongue extending to pharyngeal tongue and**

**sublingual space.Lesion crosses the midline with left level Ia, Ib, II adenopathy.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 25/02/2015

**Received on :** 25/02/2015

**Reported Date :** 05/03/2015

**Clinical Impression :**

Ca. Tongue

**Gross Description :**

Received in formalin are 15 specimens. The I specimen labelled as "Total glossectomy tagged with sutures,

single long tongue tip, double long postero lateral", consists of the tongue with attached soft tissue measures

12x8x5cm. Tongue measures 9.5x5x4cm. Serial section into 8 sliced, there is a grey white ill defined firm lesion

measures 4x5x2.5cm seen in the left postero lateral aspect of tongue. Lesion is infiltrating into the deep muscle

and postero lateral soft tissue and salivary gland. Lesion is 2.5cm from anterior, 3cm from posterior, 0.8cm from

right lateral, 3.5cm from left margins. Representative sections are submitted as follows:-

A1 - Anterior margin

A2 - Poserior margin

A3 - Right lateral with lesion

A4 - Left lateral

A5 - A8 - Lesion proper

Specimen II labelled as "Additional right lateral mucosa margin", consists of the same measures 4.5x2x1cm.

Entire specimen submitted in cassette B.

Specimen III labelled as "Additional posterior soft tissue margin", consists of a fibrofatty tissue measures

2x1x1cm. Entire specimen submitted in C1 - C3 cassettes.

Specimen IV labelled as "Pre facial node", consists of a nodular fibrofatty tissue measures 1x0.5x0.5cm. Entire

specimen submitted in cassette D.

Specimen V labelled as "Level Ia", consists of an fibrofatty tissue measures 4x3x2cm, 3 lymph nodes identified,

largest measures 0.6cm. Entire specimen submitted in E1 - E5 cassettes.

Specimen VI labelled as "Left level Ib", consists of nodular fibrofatty tissue measures 7x5x4cm. Salivary gland

identified. 6 lymph nodes identified. Largest measures 1cm in greater dimension. Representative sections are

submitted in F1-F7 cassettes.

Specimen VII labelled as "Left level IIa", consists of nodular fibrofatty tissue measures 1x1x0.7cm. Entire

specimen submitted in cassette G.

Specimen VIII labelled as "Left level II", consists of nodular fibrofatty tissue measures 5x4x3cm. 4 lymph nodes

identified, largest measures 0.6cm in greater dimension. Representative sections are submitted in H1 - H5

cassettes.

Specimen IX labelled as "Left level III", consists of nodular fibrofatty tissue measures 5x3x2cm. 9 lymph nodes

identified. Largest measures 0.5cm. Representative sections are submitted in J1 - J7 cassettes.

Specimen X labelled as "Left level IV", consists of nodular fibrofatty tissue measures 3x2x1cm. Entire specimen

submitted in K1 - K6 cassettes.

Specimen XI labelled as "Left level Ib", consists of nodular fibrofatty tissue measures 6x5x4cm. 4 lymph nodes

identified. Largest measures 0.8cm. Representative sections are submitted in L1-L3 cassettes.

Specimen XII labelled as "Right level II", consists of nodular fibrofatty tissue measures 4x3x2cm. Largest lymph

node measures 1cm. Entire specimen submitted in M - M12 cassettes.

Specimen XIII labelled as "Right level IIb", consists of fibrofatty tissue measures 1.8x1x0.5cm. Entire specimen

submitted in N1 - N2 cassettes.

Specimen XIV labelled as "Right level III", consists of nodular fibrofatty tissue measures 3x2x1cm. Entire

specimen submitted in P1 - P6 cassettes.

Specimen XV labelled as "Right level IV", consists of fibrofatty tissue measures 4x3x2cm. Entire specimen

submitted in Q1 - Q7 cassettes.

**Microscopic Description :**

A: Type of specimen: Total glossectomy

Histological type: Squamous cell carcinoma

Differentiation: Moderate - Poor

Invasive front: Dis-Cohesive

Tumor size: 4x5x2.5cm

Maximum depth of invasion: 2.4cm

Vascular invasion- present

Nerve invasion - present

Margins:

Tumor is 2.5cm from anterior, 3cm from posterior, 0.8cm from rightlateral and 3.5cm from left lateral margins.

"Additional right lateral mucosal margin, posterior soft tissue margin": free of tumor.

Lymph nodes:

D: "Pre facial node": Fibroadipose tissue, free of tumor.

E: " Level Ia": Two lymph nodes, free of tumor.

F: "Left level IB": 1/6 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis-0.7cm

Perinodal tumor deposit-Absent.

G: "Left level IIA": One lymph node, free of tumor.

H: "Left level II": 3/8 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis-0.8cm

Perinodal tumor deposit-Present.

J: "Left level III": 1/8 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis-1.0cm

Perinodal tumor deposit-Present

K: "Left level IV": Five lymph nodes, free of tumor.

L: "Right level IB": Three lymph nodes, free of tumor.

M: "Right level II": 13 lymph nodes, free of tumor.

N: "Right level IIB": Two lymph nodes, free of tumor.

P: "Right level III": Three lymph ndoes, free of tumor.

Q: "Four lymph nodes, free of tumor.

**Diagnosis :**

Type of specimen: Total glossectomy

Histological type: Squamous cell carcinoma

Differentiation: Moderate - Poor

Invasive front: Dis-Cohesive

Tumor size: 4x5x2.5cm

Maximum depth of invasion: 2.4cm

Vascular invasion- present

Nerve invasion - present

Margins:

Tumor is 2.5cm from anterior, 3cm from posterior, 0.8cm from rightlateral and 3.5cm from left lateral margins.

"Additional right lateral mucosal margin, posterior soft tissue margin": free of tumor.

Lymph nodes:

D: "Pre facial node": Fibroadipose tissue, free of tumor.

E: " Level Ia": Two lymph nodes, free of tumor.

F: "Left level IB": 1/6 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis-0.7cm

Perinodal tumor deposit-Absent.

G: "Left level IIA": One lymph node, free of tumor.

H: "Left level II": 3/8 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis-0.8cm

Perinodal tumor deposit-Present.

J: "Left level III": 1/8 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis-1.0cm

Perinodal tumor deposit-Present

K: "Left level IV": Five lymph nodes, free of tumor.

L: "Right level IB": Three lymph nodes, free of tumor.

M: "Right level II": 13 lymph nodes, free of tumor.

N: "Right level IIB": Two lymph nodes, free of tumor.

P: "Right level III": Three lymph ndoes, free of tumor.

Q: "Four lymph nodes, free of tumor.

pTNM stage: pT3N2b

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| **Date of Admission :**23/02/2015 | **Date of Procedure :**24/02/2015 |

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| **Date of Discharge :**17/03/2015 |

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

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| **DIAGNOSIS :** |
| Sqamous cell carcinoma Tongue.(pT3N2bM0) |

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| **PROCEDURE DONE :** |
| Total glossectomy (pull through approach)+ Bilateral selective neck Dissection (1 to 4) + Vertical rectus abdomonis free flap reconstruction of defect + Tracheostomy + PEG under GA on 5.3.15 |

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| **HISTORY :** |
| 53 yr old male patient , settled in jabalpur , as asst. manager in a corporate company, came with presenting complaints of left sided tongue lesion since few months. Biopsy was done outside positive for poorly diff. Squamous cell carcinoma. Came here for further management. |

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| **PERSONAL HISTORY :** |
| comorbidities : Diabetes Mallitus on medicines |

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| **CLINICAL EXAMINATION :** |
| left sided tongue - an ulceroproliferative lesion extending to the posterior 3rd and crossing the midline , indurated and tender , involving the base of tongue and vallecula. ? free scopy - done shows the lesion extending to the lt lateral pharyngeal wall ? lateral wall of PFS tongue movements -restricted neck - lt level 2, one lymphnodes are present , firm in consistency, mobile. |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 25/02/2015 | 11.9 | 36.0 | 236 | 14.9 | 91.8 | 1.6 | 0.0 | - |
| 26/02/2015 | 9.8 | 29.9 | 209 | 13.1 | 85.9 | 6.1 | 0.1 | - |
| 27/02/2015 | 9.55 | 29.2 | 279 | 11.8 | 82.3 | 10.1 | .695 | - |
| 28/02/2015 | 10.0 | 29.0 | 261 | 10.9 | 79.9 | 9.2 | 2.0 | - |
| 01/03/2015 | 9.9 | 27.9 | 335 | 12.3 | 80.6 | 8.6 | 3.2 | - |
| 02/03/2015 | 10.2 | 30.8 | 389 | 11.5 | 76.5 | 12.2 | 4.58 | - |
| 03/03/2015 | 10.4 | 30.9 | 408 | 11.1 | 77.2 | 9.6 | 5.0 | - |
| 04/03/2015 | 10.1 | 29.5 | 438 | 11.0 | 71.6 | 12.7 | 7.8 | - |
| 05/03/2015 | 10.3 | 30.2 | 460 | 11.0 | 76.8 | 10.3 | 6.2 | - |
| 06/03/2015 | 10.5 | 30.7 | 545 | 12.0 | 79.7 | 9.3 | 6.3 | - |

**Liver Function Test:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** |
| 24/02/2015 | 0.50 | 0.11 | 16.5 | 19.9 | 56.1 | 6.49 | 4.14 | 2.4 |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 24/02/2015 | - | - | 137.9 | 4.2 |
| 25/02/2015 | 11.4 | 0.71 | 135.7 | 4.3 |

Date: 06/03/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.41 M/uL | MCV-Blood : 89.9 fL |

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| --- | --- |
| MCH-Blood : 30.9 pg | MCHC-Blood : 34.3 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.8 % | MPV-Blood : 6.8 fL |

|  |  |
| --- | --- |
| MONO -Blood : 4.6 % | BASO-Blood : 0.1 % |

Date: 05/03/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.31 M/uL | MCV-Blood : 91.3 fL |

|  |  |
| --- | --- |
| MCH-Blood : 31.0 pg | MCHC-Blood : 33.9 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.6 % | MPV-Blood : 7.1 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.3 % | BASO-Blood : 0.4 % |

Date: 04/03/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.26 M/uL | MCV-Blood : 90.6 fL |

|  |  |
| --- | --- |
| MCH-Blood : 31.1 pg | MCHC-Blood : 34.3 g/dl |

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| --- | --- |
| RDW-Blood : 13.5 % | MPV-Blood : 7.3 fL |

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| --- | --- |
| MONO -Blood : 7.2 % | BASO-Blood : 0.7 % |

Date: 03/03/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.37 M/uL | MCV-Blood : 91.6 fL |

|  |  |
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| MCH-Blood : 31.0 pg | MCHC-Blood : 33.8 g/dl |

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| --- | --- |
| RDW-Blood : 13.3 % | MPV-Blood : 7.5 fL |

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| MONO -Blood : 7.7 % | BASO-Blood : 0.5 % |

Date: 02/03/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.49 M/uL | MCV-Blood : 88.3 fL |

|  |  |
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| MCH-Blood : 29.3 pg | MCHC-Blood : 33.2 g/dl |

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| --- | --- |
| RDW-Blood : 11.2 % | MPV-Blood : 6.32 fL |

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| MONO -Blood : 5.53 % | BASO-Blood : 1.24 % |

Date: 01/03/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.08 M/uL | MCV-Blood : 90.5 fL |

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| --- | --- |
| MCH-Blood : 32.0 pg | MCHC-Blood : 35.4 g/dl |

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| --- | --- |
| RDW-Blood : 13.7 % | MPV-Blood : 8.5 fL |

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| --- | --- |
| MONO -Blood : 6.8 % | BASO-Blood : 0.8 % |

Date: 28/02/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.18 M/uL | MCV-Blood : 91.3 fL |

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| --- | --- |
| MCH-Blood : 31.5 pg | MCHC-Blood : 34.5 g/dl |

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| --- | --- |
| RDW-Blood : 13.3 % | MPV-Blood : 8.5 fL |

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| --- | --- |
| MONO -Blood : 8.5 % | BASO-Blood : 0.4 % |

Date: 27/02/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.30 M/uL | MCV-Blood : 88.5 fL |

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| --- | --- |
| MCH-Blood : 28.9 pg | MCHC-Blood : 32.7 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 11.2 % | MPV-Blood : 7.28 fL |

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| --- | --- |
| MONO -Blood : 5.93 % | BASO-Blood : 1.01 % |

Date: 26/02/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.21 M/uL | MCV-Blood : 93.1 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.5 pg | MCHC-Blood : 32.7 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.3 % | MPV-Blood : 9.4 fL |

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| MONO -Blood : 7.6 % | BASO-Blood : 0.3 % |

Date: 25/02/2015

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| --- | --- |
| Compatibility test; cross match complete (3 tests) : Compatible | PT[Prothrombin Time with INR]-Plasma : 17.3/14.60/1.24 sec |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.89 M/uL | MCV-Blood : 92.6 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.5 pg | MCHC-Blood : 32.9 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 12.8 % | MPV-Blood : 9.2 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.4 % | BASO-Blood : 0.2 % |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 4.16 M/uL | MCV-Blood : 93.4 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.2 pg | MCHC-Blood : 32.4 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.1 % | MPV-Blood : 8.5 fL |

|  |  |
| --- | --- |
| MONO -Blood : 4.94 % | BASO-Blood : 0.614 % |

Date: 24/02/2015

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| --- | --- |
| Glucose [F]-Plasma : 116.9 mg/dl | APTT[Activated Partial Thrombo-Plasma : 25.5/32.2 s |

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| --- | --- |
| PT[Prothrombin Time with INR]-Plasma : 15.9/14.60/1.11 sec | CRP (C-reactive protein) : 0.6 mg/L |

Date: 23/02/2015

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| Compatibility test; cross match complete (3 tests) : Compatible |  |

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| Radiology Report Patient Name :Mr. K. R. PRASANNA KUMAR MRD# :1532370 Date of birth :23/11/1961 Sex :Male Visit Type :OP0001 Created Date:23/02/2015 Study Done: MRI NECK WITH CONTRAST Large enhancing lesion in left half of posterior third of oral tongue and pharyngeal tongue infiltrating hyoglossus, styloglossus and mylohyoid sling on left side. Lesion crosses the midline, infiltrates sublingual space, mesaures 49.8mm x 30.8mm x 46.7mm. Volume is 30cc. Enlarged nodes with absent fatty hilum seen in left level II, Ib and Ia. Rest of the neck spaces appears normal. Bones show normal signal. Impression: Case of carcinoma tongue Large mass in left half of posterior third of oral tongue extending to pharyngeal tongue and sublingual space.Lesion crosses the midline with left level Ia, Ib, II adenopathy. Radiology Report Patient Name :Mr. K. R. PRASANNA KUMAR MRD# :1532370 Date of birth :23/11/1961 Sex :Male Visit Type :OP0001 Created Date:20/02/2015 Study Done: CT CHEST WITH CONTRAST Bilateral lung parenchyma show no lung parenchymal lesions Bilateral basal atelectatic changes seen (poor respiratory breath hold seen). No mediastinal lymphadenopathy seen. No focal lesions in the upper abdominal structures. Impression:Known case of patient with Ca tongue. No suspicious focal lesion in the bilateral lung fields. No mediastinal lymphadenopathy. Surgical Pathology Report Location :11ICU-6 Service :Histopath-Excision biopsy ( Medium) Department :Head And Neck Surgery And Oncology Ref By :Dr SI Date of sample collection :25/02/2015 Received on :25/02/2015 Reported Date :05/03/2015 Histology Lab No :S15-2504 Clinical Impression : Ca. Tongue Gross Description : Received in formalin are 15 specimens. The I specimen labelled as "Total glossectomy tagged with sutures, single long tongue tip, double long postero lateral", consists of the tongue with attached soft tissue measures 12x8x5cm. Tongue measures 9.5x5x4cm. Serial section into 8 sliced, there is a grey white ill defined firm lesion measures 4x5x2.5cm seen in the left postero lateral aspect of tongue. Lesion is infiltrating into the deep muscle and postero lateral soft tissue and salivary gland. Lesion is 2.5cm from anterior, 3cm from posterior, 0.8cm from right lateral, 3.5cm from left margins. Representative sections are submitted as follows:- A1 - Anterior margin A2 - Poserior margin A3 - Right lateral with lesion A4 - Left lateral A5 - A8 - Lesion proper Specimen II labelled as "Additional right lateral mucosa margin", consists of the same measures 4.5x2x1cm. Entire specimen submitted in cassette B. Specimen III labelled as "Additional posterior soft tissue margin", consists of a fibrofatty tissue measures 2x1x1cm. Entire specimen submitted in C1 - C3 cassettes. Specimen IV labelled as "Pre facial node", consists of a nodular fibrofatty tissue measures 1x0.5x0.5cm. Entire specimen submitted in cassette D. Specimen V labelled as "Level Ia", consists of an fibrofatty tissue measures 4x3x2cm, 3 lymph nodes identified, largest measures 0.6cm. Entire specimen submitted in E1 - E5 cassettes. Specimen VI labelled as "Left level Ib", consists of nodular fibrofatty tissue measures 7x5x4cm. Salivary gland identified. 6 lymph nodes identified. Largest measures 1cm in greater dimension. Representative sections are submitted in F1-F7 cassettes. Specimen VII labelled as "Left level IIa", consists of nodular fibrofatty tissue measures 1x1x0.7cm. Entire specimen submitted in cassette G. Specimen VIII labelled as "Left level II", consists of nodular fibrofatty tissue measures 5x4x3cm. 4 lymph nodes identified, largest measures 0.6cm in greater dimension. Representative sections are submitted in H1 - H5 cassettes. Specimen IX labelled as "Left level III", consists of nodular fibrofatty tissue measures 5x3x2cm. 9 lymph nodes identified. Largest measures 0.5cm. Representative sections are submitted in J1 - J7 cassettes. Specimen X labelled as "Left level IV", consists of nodular fibrofatty tissue measures 3x2x1cm. Entire specimen submitted in K1 - K6 cassettes. Specimen XI labelled as "Left level Ib", consists of nodular fibrofatty tissue measures 6x5x4cm. 4 lymph nodes identified. Largest measures 0.8cm. Representative sections are submitted in L1-L3 cassettes. Specimen XII labelled as "Right level II", consists of nodular fibrofatty tissue measures 4x3x2cm. Largest lymph node measures 1cm. Entire specimen submitted in M - M12 cassettes. Specimen XIII labelled as "Right level IIb", consists of fibrofatty tissue measures 1.8x1x0.5cm. Entire specimen submitted in N1 - N2 cassettes. Specimen XIV labelled as "Right level III", consists of nodular fibrofatty tissue measures 3x2x1cm. Entire specimen submitted in P1 - P6 cassettes. Specimen XV labelled as "Right level IV", consists of fibrofatty tissue measures 4x3x2cm. Entire specimen submitted in Q1 - Q7 cassettes. Microscopic Description : A: Type of specimen: Total glossectomy Histological type: Squamous cell carcinoma Differentiation: Moderate - Poor Invasive front: Dis-Cohesive Tumor size: 4x5x2.5cm Maximum depth of invasion: 2.4cm Vascular invasion- present Nerve invasion - present Margins: Tumor is 2.5cm from anterior, 3cm from posterior, 0.8cm from rightlateral and 3.5cm from left lateral margins. "Additional right lateral mucosal margin, posterior soft tissue margin": free of tumor. Lymph nodes: D: "Pre facial node": Fibroadipose tissue, free of tumor. E: " Level Ia": Two lymph nodes, free of tumor. F: "Left level IB": 1/6 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-0.7cm Perinodal tumor deposit-Absent. G: "Left level IIA": One lymph node, free of tumor. H: "Left level II": 3/8 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-0.8cm Perinodal tumor deposit-Present. J: "Left level III": 1/8 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-1.0cm Perinodal tumor deposit-Present K: "Left level IV": Five lymph nodes, free of tumor. L: "Right level IB": Three lymph nodes, free of tumor. M: "Right level II": 13 lymph nodes, free of tumor. N: "Right level IIB": Two lymph nodes, free of tumor. P: "Right level III": Three lymph ndoes, free of tumor. Q: "Four lymph nodes, free of tumor. Diagnosis : Type of specimen: Total glossectomy Histological type: Squamous cell carcinoma Differentiation: Moderate - Poor Invasive front: Dis-Cohesive Tumor size: 4x5x2.5cm Maximum depth of invasion: 2.4cm Vascular invasion- present Nerve invasion - present Margins: Tumor is 2.5cm from anterior, 3cm from posterior, 0.8cm from rightlateral and 3.5cm from left lateral margins. "Additional right lateral mucosal margin, posterior soft tissue margin": free of tumor. Lymph nodes: D: "Pre facial node": Fibroadipose tissue, free of tumor. E: " Level Ia": Two lymph nodes, free of tumor. F: "Left level IB": 1/6 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-0.7cm Perinodal tumor deposit-Absent. G: "Left level IIA": One lymph node, free of tumor. H: "Left level II": 3/8 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-0.8cm Perinodal tumor deposit-Present. J: "Left level III": 1/8 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-1.0cm Perinodal tumor deposit-Present K: "Left level IV": Five lymph nodes, free of tumor. L: Right level IB": Three lymph nodes, free of tumor. M: "Right level II": 13 lymph nodes, free of tumor. N: "Right level IIB": Two lymph nodes, free of tumor. P: "Right level III": Three lymph ndoes, free of tumor. Q: "Four lymph nodes, free of tumor. pTNM stage: pT3N2b |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted. MRI head and neck and CT chest was done. suggesting Large mass in left half of posterior third of oral tongue extending to pharyngeal tongue and sublingual space.Lesion crosses the midline with left level Ia, Ib, II adenopathy. CT chest was normal. His case was discussed in head and neck tumour board and planned for surgery. He underwent Total glossectomy (pull through approach)+ Bilateral selective neck Dissection (1 to 4) + Vertical rectus abdomonis free flap reconstruction of defect + Tracheostomy + PEG under GA on 5.3.15 . Post operative he had seroma collection in bilateral neck and which was drained twice under USG guidance. Tracheostomy tube was removed on post op day 8. His histopath reported as Condition at Discharge: Vitals stable, Afebrile, PEG in situ. |

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| **OPERATIVE FINDINGS :** |
| Surgery:Total glossectomy (pull through approach)+ b/l SND(1 to 4) + Vertical rectus abdomonis free flap reconstruction of defect + Tracheostomy under GA on 5.3.15 Findings:The ulceroinfiltrative lesion involves the tongue , floor of mouth , vallecula and the lt tonsillar and lateral pharyngeal wall. lt level 1 and level 3 suspicious lymph nodes present. Procedure: Under aseptic precaution, pt painted and drapped.Horizontal Neck crease incision given and sub platysmal skin flaps raised and fixed with stay sutures Clearance of level 1A done.Marginal mandibular nerve on both sides identified and dissected. Submandibular triangle clearance done after identifying facial vessels. Facial vessels dissected out from submandibular gland and preserved. The floor of mouth muscles were cut flush with the mandible and tongue pulled out through the defect and total glossectomy was performed , lt sided tonsillar area and lateral pharyngeal area was also excised with the glossectomy specimen . Medial end of SCM identified and muscle separated exposing internal jugular vein. In level II spinal accessory nerve identified and separated. Level II B cleared. Next level IIA, III and IV cleared of lymph nodes and fibro fatty tissue. same procedure repeated on the other side . Hemostasis secured after Valsalva maneuver. Neck closed in layers after placing drains. Reconstruction notes : Defect : Total glossectomy defect Procedure done : Right Vertical Myocutaneous Rectus abdominis Free flap. Anastamosis : Inferior epigastric artery to Right Facial artery Inferior epigastric vein to Right Facial vein Nerve to Right Hypoglossal Under strict aseptic precautions, parts painted and draped. Vertical rectus abdominis myocutaneous flap harvested from righyt side based on inferior epigastric vessels. Rectus sheath closed primarily with 2-0 prolene. Polypropelene mesh placed for reinforcement. Wound closed in layers after placing suction drain. After harvesting, VRAM flap designed so that skin forms the tongue and muscles are attached to mandible all around. Water tight closure achieved. Anastamosis done. Post procedure flap bleeding well. |

|  |
| --- |
| **DIET RECOMMENDATIONS :** |
| PEG feeds 150ml/hr as advised. |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 3 days Tab.Dolo 650 mg 1-1-1 x 3 days Tab.Jenuvia 100mg OD to be cont. Syp.Looze 15 ml Hs sos Tab.Zolpidam 10 mg HS sos Tab.Stugeron 25 mg 1-0-1 x 5 days Hexidine mouth wash 6 hourly. |

**Tumour Board Discussion**

**Date of tumor board discussion :** 25/02/2015

**Attendees :**

25/02/2015

Total glossectomy + B/L SND + Rectus Abdominis flap + PEG + Trach under GA on 24.2.15

at time of surgery , margins were clear

but at time of adjuvant , tonsillar area to be treated as close margin on the lt side

**Tumour Board Discussion**

**Attendees :**

pT3N2b with perinodal spread .

Adjuvant CTRT

**Tumour Board Discussion**

**Date of tumor board discussion :** 04/11/2015

**Relevant clinical details :**

Diagnosis:p T4a N2b M0 Ca [right side] tongue

post surgery : Total glossectomy (pull through approach)+ Bilateral selective neck Dissection (1 to 4) + Vertical

rectus abdomonis free flap reconstruction of defect + Tracheostomy + PEG under GA on 5.3.15

Differentiation: Moderate - Poor

Invasive front: Dis-Cohesive

Tumor size: 4x5x2.5cm

Maximum depth of invasion: 2.4cm

Vascular invasion- present

Nerve invasion - present

margins clear

Left level IB -0.7cm Perinodal tumor deposit-Absent.

Left level II: 3/8 lymph nodes with metastatic carcinoma. Perinodal tumor deposit-Present.

Left level III: 1/8 lymph nodes with metastatic carcinoma.Perinodal tumor deposit-Present

adjuvant treatment : Concurrent CRT

Commencement: Date:8/4/15

Radiation completed on 19.5.2015

RT Dose:Site:PTV 66 Gy= Left level II, III Nodal region , Site:PTV 60 Gy= Surgical bed+ Tongue+ Bilateral

level I, II, III, V and Left level IV and VI Nodal stations ; Site: PTV 54 Gy= Right level IV and VI Nodal

stations and Right retrostyloid

Energy: 6 MV Photons

concurrent Chemotherapy - Cisplatin 70 mg weekly 6 cycles

was on follow up :

now , detected to have an indurated mass in right level 5 region

USG neck : A suspicious well defined heteroechoic lesion with ill defined margins and internal vascularity noted

in level V measuring approximately 16x12mm-? Node /deposit .

was on follow up :

now , detected to have an indurated mass in right level 5 region

USG neck : A suspicious well defined heteroechoic lesion with ill defined margins and internal vascularity noted

in level V measuring approximately 16x12mm-? Node /deposit .

**Agreed Plan of management :**

1) PET scan - planning to take it in Nagpur

2) if PET CT shows involvement of only right level V with no

distant metastasis, to consider neck dissection

**Tumour Board ReDiscussion**

**Date of tumor board discussion :** 25/11/2015

**Other relevant investigations (including metastatic workup) :**

PET CT shows multiple distant metastasis in lung, adrenal, skeletal, lateral pharyngeal wall, subdiaphragmatic

nodes, liver.

**Agreed Plan of management :**

palliative and supportive care

no further active intervention

**Operative notes**

**Date : 26/02/2015**

**ProgressNotes :**

Surgery:Total glossectomy (pull through approach)+ b/l SND(1 to 4) + Vertical rectus abdomonis free flap

reconstruction of defect under GA on 5.3.15

Findings:the ulceroinfiltrative lesion involves the tongue , floor of mouth , vallecula and the lt tonsillar and

lateral pharyngeal wall.lt level 1 and level 3 suspicious lymph nodes present.

Procedure:

Under aseptic precaution, pt painted and drapped.Horizontal Neck crease incision given and sub platysmal

skin flaps raised and fixed with stay sutures Clearance of level 1A done.Marginal mandibular nerve on both

sides identified and dissected. Submandibular triangle clearance done after identifying facial vessels. Facial

vessels dissected out from submandibular gland and preserved. The floor of mouth muscles were cut flush with

the mandible and tongue pulled out through the defect and total glossectomy was performed , lt sided tonsillar

area and lateral pharyngeal area was also excised with the glossectomy specimen . Medial end of SCM

identified and muscle separated exposing internal jugular vein. In level II spinal accessory nerve identified and

separated. Level II B cleared. Next level IIA, III and IV cleared of lymph nodes and fibro fatty tissue. same

procedure repeated on the other side . Hemostasis secured after Valsalva maneuver. Neck closed in layers after

placing drains.

Reconstruction notes :

Defect : Total glossectomy defect

Procedure done : Right Vertical Myocutaneous Rectus abdominis Free flap.

Anastamosis : Inferior epigastric artery to Right Facial artery

Inferior epigastric vein to Right Facial vein

Nerve to Right Hypoglossal

Under strict aseptic precautions, parts painted and draped. Vertical rectus abdominis myocutaneous flap

harvested from righyt side based on inferior epigastric vessels. Rectus sheath closed primarily with 2-0

prolene. Polypropelene mesh placed for reinforcement. Wound closed in layers after placing suction drain.

After harvesting, VRAM flap designed so that skin forms the tongue and muscles are attached to mandible all

around. Water tight closure achieved. Anastamosis done. Post procedure flap bleeding well.

**Progress Notes**

**Date : 31/10/2015**

**ProgressNotes :**

reviewed

firm nodular swelling in the right level V anterior border of trapezius

USG - s/o node/deposit

fnac- malign susp

plan

PET CT in nagpur

mail the reports

tb discussion

**Speciality :** RadiationOncology

**D/O Commencement of RT** 08/04/2015 **D/O Completion of RT** 19/05/2015

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

1. Carcinoma Left Lateral border Tongue, Post Operative

pT3N2bM0

Moderate to poorly Differentiated Squamous Cell Carcinoma

Completed Post Operative Concurrent chemoradiation therapy using VMAT technique concurrently with Inj.

Cisplatin 70 mg weekly

2. PEG tube placement done on 24/2/2015

**CLINICAL HISTORY AND PHYSICAL FINDINGS** 53 year old male, presented with complaints of left sided tongue lesion since few

months. Biopsy from outside was positive for malignancy [ Poorly Differentiated Squamous cell carcinoma. He

came to AIMS for further management. CT Chest with Contrast [Dated:20/2/2015] showed no suspicious focal

lesion in the bilateral lung fields. No mediastinal lymphadenopathy. MRI Brain [Dated: 23/2/2015] showed large

enhancing lesion in left half of posterior third of oral tongue and pharyngeal tongue infiltrating hyoglossus,

styloglossus and mylohyoid sling on left side.Lesion crosses the midline, infiltrates sublingual space, measures

49.8mm x 30.8mm x 46.7mm. Volume is 30cc.Enlarged nodes with absent fatty hilum seen in left level II, Ib

and Ia.Rest of the neck spaces appears normal. Impression:Large mass in left half of posterior third of oral

tongue extending to pharyngeal tongue and sublingual space.Lesion crosses the midline with left level Ia, Ib, II

adenopathy. USG Abdomen [Dated: 24/2/2015] showed liver with mildly altered echo texture to correlate with

Liver function test. Splenomegaly. He was advised for surgery and after all pre operative evaluation and

investigations he underwent Total glossectomy (pull through approach)+ Bilateral selective neck Dissection (1 to

4) + Vertical rectus abdomonis free flap reconstruction of defect + Tracheostomy + PEG under GA on 5.3.15 .

Post OP HPR [Dated: 5/3/2015] reported as Histological type: Squamous cell carcinoma Differentiation:

Moderate - Poor. Invasive front: Dis-Cohesive. Tumor size: 4x5x2.5cm. Maximum depth of invasion: 2.4cm.

Vascular invasion- present. Nerve invasion - present. Margins: Tumor is 2.5cm from anterior, 3cm from

posterior, 0.8cm from rightlateral and 3.5cm from left lateral margins. "Additional right lateral mucosal margin,

posterior soft tissue margin": free of tumor. Lymph nodes: D: "Pre facial node": Fibroadipose tissue, free of

tumor. E: " Level Ia": Two lymph nodes, free of tumor. F: "Left level IB": 1/6 lymph nodes with metastatic

carcinoma. Size of the lymph node with metastasis-0.7cm Perinodal tumor deposit-Absent. G: "Left level IIA":

One lymph node, free of tumor. H: "Left level II": 3/8 lymph nodes with metastatic carcinoma. Size of the lymph

node with metastasis-0.8cm Perinodal tumor deposit-Present. J: "Left level III": 1/8 lymph nodes with metastatic

carcinoma. Size of the lymph node with metastasis-1.0cm Perinodal tumor deposit-Present K: "Left level IV":

Five lymph nodes, free of tumor. L: "Right level IB": Three lymph nodes, free of tumor. M: "Right level II": 13

lymph nodes, free of tumor. N: "Right level IIB": Two lymph nodes, free of tumor. P: "Right level III": Three

lymph ndoes, free of tumor. Q: "Four lymph nodes, free of tumor. He was pathologically staged as pT3N2bM0.

USG Neck [Dated:13/3/2015] showed fluid collection of volume 100cc seen in the suprahyoid neck deep to

subcutaneous fat. Carotid and jugular vessels appear normal. His case was discussed in multidisciplinary tumor

board and was planned for Post Operative Concurrent chemoradiation therapy with a dose of 6600 cGy in 30

fractions concurrently with Weekly Cisplatin 70mg.

**INVESTIGATIONS :**

**HISTOPATHOLOGY REPORTS**

Post OP HPR [Dated: 5/3/2015]

Histological type: Squamous cell carcinoma

Differentiation: Moderate - Poor

Invasive front: Dis-Cohesive

Tumor size: 4x5x2.5cm

Maximum depth of invasion: 2.4cm

Vascular invasion- present

Nerve invasion - present

Margins: Tumor is 2.5cm from anterior, 3cm from posterior, 0.8cm from rightlateral and 3.5cm from left lateral

margins. "Additional right lateral mucosal margin, posterior soft tissue margin": free of tumor.

Lymph nodes:

D: "Pre facial node": Fibroadipose tissue, free of tumor.

E: " Level Ia": Two lymph nodes, free of tumor.

F: "Left level IB": 1/6 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-0.7cm

Perinodal tumor deposit-Absent.

G: "Left level IIA": One lymph node, free of tumor.

H: "Left level II": 3/8 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-0.8cm

Perinodal tumor deposit-Present.

J: "Left level III": 1/8 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis-1.0cm

Perinodal tumor deposit-Present

K: "Left level IV": Five lymph nodes, free of tumor.

L: "Right level IB": Three lymph nodes, free of tumor.

M: "Right level II": 13 lymph nodes, free of tumor.

N: "Right level IIB": Two lymph nodes, free of tumor.

P: "Right level III": Three lymph ndoes, free of tumor.

Q: "Four lymph nodes, free of tumor

pT3N2bM0.

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

1. CT Chest with Contrast [Dated:20/2/2015] showed no suspicious focal lesion in the bilateral lung fields. No

mediastinal lymphadenopathy.

2. MRI Brain [Dated;23/2/2015] showed large enhancing lesion in left half of posterior third of oral tongue and

pharyngeal tongue infiltrating hyoglossus, styloglossus and mylohyoid sling on left side.Lesion crosses the

midline, infiltrates sublingual space, mesaures 49.8mm x 30.8mm x 46.7mm. Volume is 30cc.Enlarged nodes

with absent fatty hilum seen in left level II, Ib and Ia.Rest of the neck spaces appears normal.

Impression:Large mass in left half of posterior third of oral tongue extending to pharyngeal tongue and

sublingual space.Lesion crosses the midline with left level Ia, Ib, II adenopathy.

3. USG Abdomen [Dated: 24/2/2015] showed liver with mildly altered echotexture to correlate with Liver

function test. Splenomegaly.

4. USG Neck [Dated:13/3/2015] showed fluid collection of volume 100cc seen in the suprahyoid neck deep to

subcutaneous fat. Carotid and jugular vessels appear normal.

Treatment Given:

**SURGERY DETAILS :**

Total glossectomy (pull through approach)+ Bilateral selective neck Dissection (1 to 4) + Vertical rectus

abdomonis free flap reconstruction of defect + Tracheostomy + PEG under GA on 5.3.15

**RADIATION DETAILS :**

Intent: Curative as Adjuvant Concurrent Radiation Therapy]

Technique:SIB- IMRT [VMAT]

Site of Disease: Left lateral border Tongue

Cat Scan Simulation on 25/3/2015

Complex Computerised Treatment Planning on 8/4/2015

RT Started on 8/4/2015

RT Completed on 19/5/2015

Treatment breaks- Nil

Elapsed days:43

Total Dose: 6600 cGy in 30fractions

**Primary Tumour And Drainage Area :**

Site:PTV 66 Gy= Left level II, III Nodal region

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 line

Site:PTV 60 Gy= Surgical bed+ Tongue+ Bilateral level I, II, III, V and Left level IV and VI Nodal stations

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 line

Site: PTV 54 Gy= Right level IV and VI Nodal stations and Right retrostyloid

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 line

**CHEMOTHERAPY DETAILS :**

Received 6 cycles of concurrent chemotherapy with Inj. Cisplatin 70 mg. Last cycle was on 13/5/2015

**TREATMENT COURSE :**

Mr. K. R Prasanna Kumar, 53 year old gentleman, diagnosed as a case of Carcinoma Left Lateral border Tongue,

Post operative, completed planned course of Concurrent chemoradiation therapy well without interruptions.

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

Follow up Pattern:

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

2. Review after 4-6 weeks in HNS-RT Combined 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.

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.

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. Orally as tolerated.

All patients who have undergone chemotherapy should take care the following:

In case of fever, tiredness, vomiting, throat pain or any untoward symptoms, consider potential drop in the total

WBC counts and febrile neutropenia.

In such situations inform Radiation Oncology on call number 1776 or Medical Oncology on call number 2850

and follow the instructions