**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 05/02/2018

**Received on :** 05/02/2018

**Reported Date :** 05/02/2018

**Clinical Impression :**

Carcinoma Tongue.

**Gross Description :**

Received for review are 1 slide and 1 block labelled as "170/18" from Travancore medical College Hospital.

**Microscopy and Impression :**

Ulceroproliferative lesion left side tongue (Slide and Block for review):-

- Squamous cell carcinoma.

**Radiology Report**

**Created Date:** 07/02/2018

**Study Done:**

**MDCT CHEST- PLAIN**

Two nodules are seen one in right upper lobe and other in superior segment of right lower lobe adjacent to fissure.These

nodules are too small to characterise.No other lung nodules

Rest of the lung parenchyma is normal.

The hila are normal.

The tracheobronchial tree is normal.

No pleural pathology.

Chest wall is normal.

**Impression:**

• Two nodules one in right upper lobe and other in superior segment of right lower lobe adjacent to

fissure.These nodules are too small to characterise.No other lung nodules

**RADIOLOGY REPORT**

**Created Date:** 07/02/2018

**Study Done:**

**MRI HEAD AND NECK (CONTRAST)**

***Clinical information- Case of Ca left lateral border of tongue.***

A heterogenously enhancing mass measuring 4.39 x 2.25 x4.79 cms is noted along the left lateral border of oral

tongue with lesion extending to underlying sublingual space and involving myelohyoid sling.Lesion donot cross

the midline.Left submandibular gland appear atrophic.

Post contrast soft tissue enhancement noted in the sockets of upper and lower molars ( inflammatory).

Multiple enlarged nodes noted in bilateral level Ib and left level II largest measuring2.7 x2.84 cm in left level II.

Larynx and pharynx appear normal.

Both parotid salivary glands appear normal.

Carotid and jugular vessels appear normal.

Bones show normal signal.

**Impression:**

• **Enhancing lesion in left lateral border of tongue with invasion of floor of mouth.**

• **No bony erosions.**

• **suspicious left level Ib & II nodes.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 28/02/2018

**Received on :** 28/02/2018

**Reported Date :** 05/03/2018

**Gross Description :**

Received in formalin are 16 specimens. The Ist specimen labelled " Subtotal glossectomy with floor of mouth"

consists of tongue with deep muscle in floor of mouth whole measuring 8x5.5x7cm (APxMLxSI). Left lateral

border of tongue shows an ulcerated lesion measuring 4x3.5x1.5cm (APxSIXML).Raw surface inked.Specimen

serially sliced into 14 slices. Lesion is at a distance of 3.5cm from posterior mucosal and soft tissue margin,

1.5cm from anterior mucosal and soft tissue and is abutting inferolateral mucosal margin. Distance from deep

inked margin is 1cm (deep medial margin). Lesion appear to infiltrate into the sublingual salivary gland

tissue.Depth of the lesion is approximately 1.5cm. Representative sections are submitted as follows:

A1 -Anterior mucosal and soft tissue margin shaved

A2 - Lesion with salivary gland (infiltration) and deep inked margin

A3 - Lesion with salivary gland (slice 7)

A4 & A5 - Slice 8

A6 & A7 - Slice 10

A8 & A9 - Slice 11

Specimen II labelled "Level I A" consists of fibrofatty tissue measuring 3x3x1cm. 2 lymph nodes identified,

larger measuring 0.7cm in greatest dimension.Entire specimen submitted in cassettes B1 to B4.

Specimen III labelled "Left level IIa" consists of mutiple nodular tissue aggregate measuring 5x4x3cm. Cut

surface a large irregular nodular tissue with grey white cystic areas. Papillary excrescence and matted lymph

nodes measuring3x2x2.5cm. Representative sections are submitted in cassettes C1 to C7.

Specimen IV labelled "Left level IIB" consists of nodular tissue bits measuring 2.5x2x1cm. 2 lymph nodes

identified measuring 1.5cm in greatest dimension. Entire specimen submitted in cassettes D1 to D5.

Specimen V labelled "left level III" consists of nodular fibrofatty tissue measuring 3x3x1.5cm. 4 lymph nodes

identified largest measuring 1cm in greatest dimension. Entire specimen submitted in cassettes E1 to E6.

Specimen VI labelled "Left level IV"consists of single nodular fibrofatty tissue measuring 1.4x1x1cm. Entire

specimen submitted in cassette F.

Specimen VII labelled "Right level IIa", consists of nodular fibrofatty tissue measuring 2.5x2.5x1.5cm. consists

of multiple tiny lymph node identified, largest measuring 0.9cm in greatest dimension. Entire specimen

submitted in cassettes G1 to G5.

Specimen VIII labelled "Right level IIB" consists of nodular tissue bits measuring 1.5x1.5x1cm. Multiple tiny

lymph nodes identified. Entire specimen submitted in cassettes H1 to H4.

Specimen IX labelled 'Right level III" consists of nodular fibrofatty tissue measuring 3x2.5x1.5cm. One lymph

node identified measuring 0.3cm in greatest dimension. Entire specimen submitted in cassettes J1 to J5.

Specimen X labelled "Right level IV" consists of 2 nodular tissue bits aggregate measuring 2x1.4x1cm. One

lymph node identified measuring 0.4cm in greatest dimension. Entire specimen submitted in cassettes K1 to

K3.

Specimen XI labelled "Marginal mandibulectomy " composed of bony fragment measuring6x2.5x3 cm> Entire

specimen submitted as follows:

L1-3 - bony shaved margin

L4-5 - rest of the bone .

Specimen XII labelled "Sentinal node I level IIa" consists of single nodular fibrofatty tissue measuring

1.1x0.6x0.5cm. One lymph node identified measuring 0.9cm in greatest dimension. Entire specimen submitted

in cassette M

Specimen XIII labelled "Sentinal node II level Ib" consists of single nodular tissue bits measuring 1x0.8x0.6cm.

One lymph node identified measuring 0.7cm in greatest dimension.Entire specimen submitted in cassette N.

Specimen XIV labelled "Sentinal node II level Ib" consosts of single nodular tissue bits measuring 1x0.8x0.6cm.

One lymph node identified measuring 0.7cm. Entire specimen submitted in cassette N.

Specimen XV labelled "Left level Ib' consists of nodular fibrofatty tissue aggregate measuring 4.5x4x2.5cm. 6

lymph nodes identified, largest measuring 1.7cm in greatest dimension. Salivary gland tissue noted.

Representative sections are submitted in cassettes G1 to G9.

Specimen XVI labelled "Right level Ib" consists of nodular fibrofatty tissue measuring 5x5x3cm. consists of

salivary gland tissue, fatty tissue and lymph node, largest measuring 1.7cm in greatest dimension.Representative

sections are submitted in cassettes R1 to R8.

**Microscopic Description :**

Section studied shows an infiltrating neoplasm composed of cells arranged in nests, lobules and singly scattered.

Individual cells are polygonal with distinct cell borders, eosinophilic cytoplasm, centrally placed mildly

pleomorphic vesicular nuclei, irregular nuclear membrane and prominent 1-2 nucleoli. Dense keratin pearl

formation, singly scattered dyskeratotic cells and scattered mitotic figures noted. Lymphoid infiltration is noted

in the interface. Perineural invasion and lymphovascular emboli seen.

B. Level IA - 3 nodes - Free of tumour

C. Left level IIA - 1 out of 8 nodes involved. ENE +

D. Left level IIB - 1 out of 7 nodes involved. ENE +

E. Left level III - 2 nodes - free of tumour

F. Left level IV - Single node - free of tumour.

G. Right level IIa - 8 nodes - free of tumour

H. Right level IIb - 4 nodes - free of tumour

J. Right Level III - fibrofatty tissue - free of tumour

K. Right level IV - Single node - free of tumour

L. Marginal madibulectomy : Free of tumour

M. Sentinal node I level IIa - Single node - free of tumour

N. Sentinal node II level Ib - 2 nodes - free of tumour

P. Additional lateral mucosal margin - fibrofatty tissue - Free of tumour.

Q. Left level Ib - 6 nodes - Free of tumour

R. Right level Ib -7 nodes and salivary gland - Free of tumour.

**Impression :**

Subtotal glossectomy with floor of mouth,additional margins and bilateral lymph node dissection:

- Histologic type - Well differentiated squamous cell carcinoma.

- Tumour size - 4x3.5x1.5cm.

- Depth of lesion - 1.2 cm

- WPOI - 4+

- LHR - 1+

- PNI - not seen.

Margins :

- Anterior mucosal margin (shaved) - Free of tumour

- Posterior mucosal margin (shaved) - Free of tumour

- Inferolateral and deep margin

- Additional lateral mucosal margin - Free of tumour

- Marginal mandibulectomy - free of tumour

- Lymph node dissection (bilateral level I-IV) :

2 out of 21 nodes involved (level IIA and IIB)

Both nodes show ENE

Right level I- IV - 16 nodes- free of tumour

Sentinal node I and II - Free of tumour

Largest deposit measures 2.8cm.

Stage pT3N3b

**Gross specimens will be retained for a period of 30 days only, after finalization of the report**

***(Amended, see details below)***

**Date :** 12/03/2018 **Created Time :** 15:26

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

**original document.**

**ADDENDUM :**

Inferolateral margin - abutts the tumour

Deep margin is free of tumour

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 27/11/2018

**Received on :** 27/11/2018

**Reported Date :** 27/11/2018

**Gross Description :**

Received in formalin are 16 specimens. The Ist specimen labelled " Subtotal glossectomy with floor of mouth"

consists of tongue with deep muscle in floor of mouth whole measuring 8x5.5x7cm (APxMLxSI). Left lateral

border of tongue shows an ulcerated lesion measuring 4x3.5x1.5cm (APxSIXML).Raw surface inked.Specimen

serially sliced into 14 slices. Lesion is at a distance of 3.5cm from posterior mucosal and soft tissue margin,

1.5cm from anterior mucosal and soft tissue and is abutting inferolateral mucosal margin. Distance from deep

inked margin is 1cm (deep medial margin). Lesion appear to infiltrate into the sublingual salivary gland

tissue.Depth of the lesion is approximately 1.5cm. Representative sections are submitted as follows: A1

-Anterior mucosal and soft tissue margin shaved A2 - Lesion with salivary gland (infiltration) and deep inked

margin A3 - Lesion with salivary gland (slice 7) A4 & A5 - Slice 8 A6 & A7 - Slice 10 A8 & A9 - Slice 11

Specimen II labelled "Level I A" consists of fibrofatty tissue measuring 3x3x1cm. 2 lymph nodes identified,

larger measuring 0.7cm in greatest dimension.Entire specimen submitted in cassettes B1 to B4. Specimen III

labelled "Left level IIa" consists of mutiple nodular tissue aggregate measuring 5x4x3cm. Cut surface a large

irregular nodular tissue with grey white cystic areas. Papillary excrescence and matted lymph nodes

measuring3x2x2.5cm. Representative sections are submitted in cassettes C1 to C7. Specimen IV labelled "Left

level IIB" consists of nodular tissue bits measuring 2.5x2x1cm. 2 lymph nodes identified measuring 1.5cm in

greatest dimension. Entire specimen submitted in cassettes D1 to D5. Specimen V labelled "left level III"

consists of nodular fibrofatty tissue measuring 3x3x1.5cm. 4 lymph nodes identified largest measuring 1cm in

greatest dimension. Entire specimen submitted in cassettes E1 to E6. Specimen VI labelled "Left level

IV"consists of single nodular fibrofatty tissue measuring 1.4x1x1cm. Entire specimen submitted in cassette F.

Specimen VII labelled "Right level IIa", consists of nodular fibrofatty tissue measuring 2.5x2.5x1.5cm. consists

of multiple tiny lymph node identified, largest measuring 0.9cm in greatest dimension. Entire specimen

submitted in cassettes G1 to G5. Specimen VIII labelled "Right level IIB" consists of nodular tissue bits

measuring 1.5x1.5x1cm. Multiple tiny lymph nodes identified. Entire specimen submitted in cassettes H1 to H4.

Specimen IX labelled 'Right level III" consists of nodular fibrofatty tissue measuring 3x2.5x1.5cm. One lymph

node identified measuring 0.3cm in greatest dimension. Entire specimen submitted in cassettes J1 to J5.

Specimen X labelled "Right level IV" consists of 2 nodular tissue bits aggregate measuring 2x1.4x1cm. One

lymph node identified measuring 0.4cm in greatest dimension. Entire specimen submitted in cassettes K1 to K3.

Specimen XI labelled "Marginal mandibulectomy " composed of bony fragment measuring6x2.5x3 cm> Entire

specimen submitted as follows: L1-3 - bony shaved margin L4-5 - rest of the bone . Specimen XII labelled

"Sentinal node I level IIa" consists of single nodular fibrofatty tissue measuring 1.1x0.6x0.5cm. One lymph node

identified measuring 0.9cm in greatest dimension. Entire specimen submitted in cassette M Specimen XIII

labelled "Sentinal node II level Ib" consists of single nodular tissue bits measuring 1x0.8x0.6cm. One lymph

node identified measuring 0.7cm in greatest dimension.Entire specimen submitted in cassette N. Specimen XIV

labelled "Sentinal node II level Ib" consosts of single nodular tissue bits measuring 1x0.8x0.6cm. One lymph

node identified measuring 0.7cm. Entire specimen submitted in cassette N. Specimen XV labelled "Left level Ib'

consists of nodular fibrofatty tissue aggregate measuring 4.5x4x2.5cm. 6 lymph nodes identified, largest

measuring 1.7cm in greatest dimension. Salivary gland tissue noted. Representative sections are submitted in

cassettes G1 to G9. Specimen XVI labelled "Right level Ib" consists of nodular fibrofatty tissue measuring

5x5x3cm. consists of salivary gland tissue, fatty tissue and lymph node, largest measuring 1.7cm in greatest

dimension.Representative sections are submitted in cassettes R1 to R8.

**Microscopic Description :**

Section studied shows an infiltrating neoplasm composed of cells arranged in nests, lobules and singly scattered.

Individual cells are polygonal with distinct cell borders, eosinophilic cytoplasm, centrally placed mildly

pleomorphic vesicular nuclei, irregular nuclear membrane and prominent 1-2 nucleoli. Dense keratin pearl

formation, singly scattered dyskeratotic cells and scattered mitotic figures noted. Lymphoid infiltration is noted

in the interface. Perineural invasion and lymphovascular emboli seen. B. Level IA - 3 nodes - Free of tumour C.

Left level IIA - 1 out of 8 nodes involved. ENE + D. Left level IIB - 1 out of 7 nodes involved. ENE + E. Left

level III - 2 nodes - free of tumour F. Left level IV - Single node - free of tumour. G. Right level IIa - 8 nodes -

free of tumour H. Right level IIb - 4 nodes - free of tumour J. Right Level III - fibrofatty tissue - free of tumour

K. Right level IV - Single node - free of tumour L. Marginal madibulectomy : Free of tumour M. Sentinal node I

level IIa - Single node - free of tumour N. Sentinal node II level Ib - 2 nodes - free of tumour P. Additional

lateral mucosal margin - fibrofatty tissue - Free of tumour. Q. Left level Ib - 6 nodes - Free of tumour R. Right

level Ib -7 nodes and salivary gland - Free of tumour.

**Diagnosis :**

Subtotal glossectomy with floor of mouth,additional margins and bilateral lymph node dissection:

- Histologic type - Well differentiated squamous cell carcinoma.

- Tumour size - 4x3.5x1.5cm.

- Depth of lesion - 1.2 cm

- WPOI - 4+ - LHR - 1+ - PNI - not seen.

Margins : - Anterior mucosal margin (shaved) - Free of tumour - Posterior mucosal margin (shaved) - Free of

tumour - Inferolateral and deep margin - Additional lateral mucosal margin - Free of tumour

- Marginal mandibulectomy - free of tumour

- Lymph node dissection (bilateral level I-IV) : 2 out of 21 nodes involved (level IIA and IIB) Both nodes show

ENE

Largest deposit measures 2.8cm

Right level I- IV - 16 nodes- free of tumour

Sentinal node I and II - Free of tumour ( CK negative).

Stage pT3N3b

(Amended, see details below)

Date :12/03/2018 Created Time :15:26

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

document.

ADDENDUM :

Inferolateral margin - abutts the tumour Deep margin is free of tumour

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| **Date of Admission :**26/02/2018 | **Date of Procedure :**27/02/2018 |

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| **Date of Discharge :**07/03/2018 |

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

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| **DIAGNOSIS :** |
| Ca tongue T3N2c . |

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| **PROCEDURE DONE :** |
| WLE + b/l ND +ALT Flap under GA on 27/02/2018. |

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| **DRUG ALLERGIES :** Not known. |

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| **HISTORY :** |
| 49 year old male came with h/o lesion over tongue since 2 weeks. lesion is progressive , associated with occasional pain. no h/o bleeding from lesion.Came here for further management. |

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| **PERSONAL HISTORY :** |
| No h/o DM,HTN,DLP, Asthma, seizures, thyroid disorder, CAD,CVA, TB No h/o previous surgeries/blood transfusion Good effort tolerance No recent chest infection Normal bowel and bladder habit |

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| **FAMILY HISTORY :** |
| Nil significant. |

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| **CLINICAL EXAMINATION :** |
| On examination: GC Fair Vitals stable. KPS-90 Oral cavity - mouth opening is adeqaute ulceroproliferstive lesion measuring 3x4cm over left lateral border tongue. lesion extends 1.5cm from tip, posteriorly upto CV Papillae, inferiorly upto FOM. base of the lesion is indurated while but lesion may be superficial. lesion abuts lingual alveolar mucosa, alveolar mucosa is free. neck: left level II 2x2cm firm node palpable. no other LN palpable scopy: left TL Sulcus , tonsil and BOT normal. other areas are normal |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| 49 year old male came to our hospital with above mentioned complaints.After all examiantion and investigation he underwent WLE + b/l ND under GA on 27/02/2018..His peri and post operative period was uneventful.At the time of discharge patient is stable and afebriel. |

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| **OPERATIVE FINDINGS :** |
| diagnosis : ca tongue findings : procedure : WLE + marginal mandibulecotmy + b/l ND + ALT flap reconstruction steps : under GA with nasal intubation under aseptic and antiseptic precautions transverse skin crease incision kept from one to other angle of mandible subplatysmal flaps elevated sentinel node dtection with gamma camera done sent for further histopathology examination bilateral neck dissection level I to IV done spinal accessory nerve identified and preserved. IJV and other structures in carotid sheath identitifed and preserved. specimen sent for histopatholoy examination haemostasis achieved. drain no 14 kept wide excision of tongue lesion done pull through method. adjacent myelohyoid and digastric muscle at floor of mouth is excised. lesion seems to be extending to mandible for which marginal mandibulecotmy done. small stump of base of tongue is left which defect is closed with large ALT flap specimen sent for HPE haemostasis achieved. ALT flap : Right ALT flap reconstruction under GA Findings: 10x6 skin paddle designed centred over the skin perforator marked by doppler Procedure: Medial incision taken and musculocutaneous perforators identified, however marked perforators were flimsy, hence TFL perforators were taken and skin paddle re-designed. Flap harvest performed based on TFL pedicle which was clipped prior to confluence with lateral circumflex femoral vessels. . Thigh closed in layers after placing a 14F suction drain. anastomosis of flap vassels done with facial artery and IJV tributary wound closed in layers and tracheostomy done |

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| **ADVICE ON DISCHARGE :** |
| Review in Head and neck OPD on 14/03/2018 with prior appointment |

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| **DIET RECOMMENDATIONS :** |
| Soft diet |

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| **DISCHARGE MEDICATION :** |
| Tab.Levoflox 500mg BD X 5Days tab.Dolo 650mg 1-1-1 x 5days Tab.Pan 40mg 1-0-0 x 5days Tab.Concor 5mg 1-0-0 Tab.Amlodac 5mg 0-0-1 |

**Tumour Board Discussion**

**Date of tumor board discussion :** 07/02/2018

**Relevant clinical details :**

h/o lesion over tongue since 2 weeks.

lesion is progressive , associated with occasional pain.

no h/o bleeding from lesion

on soft diet

patient was evaluated at travancore medical college hospital and a biopsy was taken

biopsy - WDSCC (travancore medical college hospital 170/18)

habits: tobacco chewing+

co morbidities- none

o/e:

KPS-90

Oral cavity - mouth opening is adeqaute

ulceroproliferstive lesion measuring 3x4cm over left lateral border tongue. lesion extends 1.5cm from tip,

posteriorly upto CV Papillae, inferiorly upto FOM. base of the lesion is indurated while but lesion may be

superficial. lesion abuts lingual alveolar mucosa, alveolar mucosa is free.

neck: left level II 2x2cm firm node palpable. no other LN palpable

scopy: left TL Sulcus , tonsil and BOT normal.

other areas are normal

impression : ca tongue T3N2c

**Agreed Plan of management :**

opinion pending

to decide on plan based on imaging-MRI HN , CT Chest

14.2.18 plan WLE+b/l ND(SNB)+STF

**Tumour Board Discussion**

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

Subtotal glossectomy with floor of mouth,additional margins and bilateral lymph node dissection:

- Histologic type - Well differentiated squamous cell carcinoma.

- Tumour size - 4x3.5x1.5cm.

- Depth of lesion - 1.2 cm

- WPOI - 4+

- LHR - 1+

- PNI - not seen.

Margins :

- Anterior mucosal margin (shaved) - Free of tumour

- Posterior mucosal margin (shaved) - Free of tumour

- Inferolateral and deep margin

- Additional lateral mucosal margin - Free of tumour

- Marginal mandibulectomy - free of tumour

- Lymph node dissection (bilateral level I-IV) :

2 out of 21 nodes involved (level IIA and IIB)

Both nodes show ENE

Right level I- IV - 16 nodes- free of tumour

Sentinal node I and II - Free of tumour

Largest deposit measures 2.8cm.

Stage pT3N3b

**Agreed Plan of management :**

CT RT

**operative notes resection**

**Date : 02/03/2018**

**ProgressNotes :**

1.1 OT

diagnosis : ca tongue

findings :

procedure : WLE + marginal mandibulecotmy + b/l ND + ALT flap reconstruction

steps :

under GA with nasal intubation

under aseptic and antiseptic precautions

transverse skin crease incision kept from one to other angle of mandible

subplatysmal flaps elevated

sentinel node dtection with gamma camera done

sent for further histopathology examination

bilateral neck dissection level I to IV done

spinal accessory nerve identified and preserved.

IJV and other structures in carotid sheath identitifed and preserved.

specimen sent for histopatholoy examination

haemostasis achieved.

drain no 14 kept

wide excision of tongue lesion done pull through method. adjacent myelohyoid and digastric muscle at floor of

mouth is excised.

lesion seems to be extending to mandible for which marginal mandibulecotmy done.

small stump of base of tongue is left which defect is closed with large ALT flap

specimen sent for HPE

haemostasis achieved.

ALT flap :

Right ALT flap reconstruction under GA Findings: 10x6 skin paddle designed centred over the skin perforator

marked by doppler

Procedure: Medial incision taken and musculocutaneous perforators identified, however marked perforators

were flimsy, hence TFL perforators were taken and skin paddle re-designed. Flap harvest performed based on

TFL pedicle which was clipped prior to confluence with lateral circumflex femoral vessels. . Thigh closed in

layers after placing a 14F suction drain.

anastomosis of flap vassels done with facial artery and IJV tributary

wound closed in layers and

tracheostomy done

patient shifted to 1.1 ICU for post operative care

**Progress Notes**

**Date : 16/11/2018**

**ProgressNotes :**

Carcinoma Left lateral border Tongue.

S/P WLE + Bilateral ND + ALT Flap under GA on 27/02/2018.

pT3N3bM0, Stage IV B

Well Differentiated Squamous cell carcinoma

Completed Concurrent chemoradiation therapy using Tomotherapy technique

RT Started on 2/4/2018

RT Completed on 11/5/2018

complaints loosening of teeth and right ear pain

o/e

Locoregionally NAD

subcutaneous nodule persisting -not increase in size

plan

r/w regularly

**Speciality :**

RadiationOncology

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| |  |  | | --- | --- | | **D/O Commencement of RT**  02/04/2018 | **D/O Completion of RT**  11/05/2018 | |
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| |  | | --- | | **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Left lateral border Tongue. S/P WLE + Bilateral ND + ALT Flap under GA on 27/02/2018. pT3N3bM0, Stage IV B Well Differentiated Squamous cell carcinoma Completed Concurrent chemoradiation therapy using Tomotherapy technique | |  | | **CLINICAL HISTORY AND PHYSICAL FINDINGS**  49 year old male, presented with complaints of lesion over tongue in December 2017. Lesion progressed associated with occasional pain. No history of bleeding from lesion Patient was evaluated at Travancore medical college hospital and a biopsy was taken. Biopsy reported as Well differentiated Squamous cell carcinoma. He came to AIMS for further management and was evaluated here at Head and Neck surgery OPD. Clinical Examination: KPS-90 Oral cavity - mouth opening is adeqaute. Ulceroproliferstive lesion measuring 3 x 4cm over left lateral border tongue. lesion extends 1.5cm from tip, posteriorly upto CV Papillae, inferiorly upto FOM. Base of the lesion is indurated while but lesion may be superficial. Lesion abuts lingual alveolar mucosa, alveolar mucosa is free. Neck: Left level II 2x2cm firm node palpable. no other LN palpable. Scopy: Left TL Sulcus, tonsil and BOT normal. He was diagnosed as a case of Carcinoma Tongue CT chest [Dated: 7/2/18] showed two nodules one in right upper lobe and other in superior segment of right lower lobe adjacent to fissure.These nodules are too small to characterise.No other lung nodules MRI [Dated: 7/2/18] showed a heterogenously enhancing mass measuring 4.39 x 2.25 x4.79 cms is noted along the left lateral border of oral tongue with lesion extending to underlying sublingual space and involving myelohyoid sling. Lesion do not cross the midline. Left submandibular gland appear atrophic. Multiple enlarged nodes noted in bilateral level Ib and left level II largest measuring2.7 x2.84 cm in left level II. He was advised for surgery and underwent WLE + b/l ND +ALT Flap under GA on 27/02/2018. Post OP HPR reported as Well differentiated squamous cell carcinoma. Tumour size - 4x3.5x1.5cm.Depth of lesion - 1.2 cm. WPOI - 4+ - LHR - 1+. PNI - not seen. Margins: Anterior mucosal margin (shaved) - Free of tumour. Posterior mucosal margin (shaved) - Free of tumour. Inferolateral and deep margin Additional lateral mucosal margin - Free of tumour. Marginal mandibulectomy - free of tumour. Lymph node dissection (bilateral level I-IV) : 2 out of 21 nodes involved (level IIA and IIB). Both nodes show ENE. Right level I- IV - 16 nodes- free of tumour. Sentinel node I and II - Free of tumour. Largest deposit measures 2.8cm. He was staged as pT3N3bM0. His case was discussed in Head and Neck tumor board and was planned for Post Operative Concurrent chemo radiation therapy. Pre RT dental clearance was done. Prognosis of the disease, its treatment options, cost and complications were discussed with patient's relatives. Clinical Examination : oral cavity: Flap healthy Neck: wound healed well. No palpable nodes chest: Air entry equal both sides. No rhonchi or creps Other systems: NED | |  | | **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 02/04/2018 | 11.4 | 35.1 | 319 | 6.33 | 70.3 | 20.7 | 3.5 | - | | 17/04/2018 | 11.8 | 34.0 | 236 | 4.21 | 85.2 | 6.7 | 1.9 | - | | 02/05/2018 | 11.4 | 34.6 | 424 | 3.5 | 68.2 | 9.0 | 5.0 | - | | 10/05/2018 | 12.2 | 33.9 | 211 | 3.13 | 85.9 | 6.1 | 0.0 | - |   **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** | | 02/04/2018 | 0.23 | 0.08 | 16.1 | 15.7 | 71.0 | 7.2 | 4.0 | 3.22 |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 02/04/2018 | - | 1.16 | - | - | | 02/05/2018 | - | 1.03 | 140.4 | - | | 10/05/2018 | - | 1.20 | - | - |   Date: 10/05/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.21 M/uL | MCV-Blood : 80.5 fL |  |  |  | | --- | --- | | MCH-Blood : 29.0 pg | MCHC-Blood : 36.0 g/dl |  |  |  | | --- | --- | | RDW-Blood : 12.6 % | MPV-Blood : 9.9 fL |  |  |  | | --- | --- | | MONO -Blood : 7.7 % | BASO-Blood : 0.3 % |   Date: 02/05/2018   |  |  | | --- | --- | | MONO -Blood : 17.5 % | BASO-Blood : 0.3 % |  |  |  | | --- | --- | | RBC-COUNT-Blood : 3.94 M/uL | MCV-Blood : 88.0 fL |  |  |  | | --- | --- | | MCH-Blood : 28.9 pg | MCHC-Blood : 32.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.0 % | MPV-Blood : 7.4 fL |   Date: 17/04/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.99 M/uL | MCV-Blood : 85.2 fL |  |  |  | | --- | --- | | MCH-Blood : 29.6 pg | MCHC-Blood : 34.7 g/dl |  |  |  | | --- | --- | | RDW-Blood : 12.5 % | MPV-Blood : 9.4 fL |  |  |  | | --- | --- | | MONO -Blood : 5.7 % | BASO-Blood : 0.5 % |   Date: 02/04/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.83 M/uL | MCV-Blood : 91.8 fL |  |  |  | | --- | --- | | MCH-Blood : 29.8 pg | MCHC-Blood : 32.5 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.4 % | MPV-Blood : 8.1 fL |  |  |  | | --- | --- | | MONO -Blood : 5.2 % | BASO-Blood : 0.3 % | | |  | | **HISTOPATHOLOGY REPORTS**  Slide and Block review for second opinion [Dated: 5/2/2018] Ulceroproliferative lesion left side tongue (Slide and Block for review): Squamous cell carcinoma. Post OP HPR [Dated: 5/3/2018] Subtotal glossectomy with floor of mouth,additional margins and bilateral lymph node dissection: Histologic type - Well differentiated squamous cell carcinoma. - Tumour size - 4x3.5x1.5cm. Depth of lesion - 1.2 cm WPOI - 4+ LHR - 1+ PNI - not seen. Margins : Anterior mucosal margin (shaved) - Free of tumour - Posterior mucosal margin (shaved) - Free of tumour - Inferolateral and deep margin Additional lateral mucosal margin - Free of tumour Marginal mandibulectomy - free of tumour Lymph node dissection (bilateral level I-IV) : 2 out of 21 nodes involved (level IIA and IIB) Both nodes show ENE Right level I- IV - 16 nodes- free of tumour Sentinal node I and II - Free of tumour Largest deposit measures 2.8cm. Stage pT3N3b | |  | | **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  CT Chest Plain [Dated: 7/2/2018] No nodules are seen one in right upper lobe and other in superior segment of right lower lobe adjacent to fissure.These nodules are too small to characterise.No other lung nodules. Rest of the lung parenchyma is normal.The hila are normal.The tracheobronchial tree is normal.No pleural pathology.Chest wall is normal. Impression: Two nodules one in right upper lobe and other in superior segment of right lower lobe adjacent to fissure.These nodules are too small to characterise.No other lung nodules MRI Head and Neck with Contrast [Dated: 7/2/2018] A heterogenously enhancing mass measuring 4.39 x 2.25 x4.79 cms is noted along the left lateral border of oral tongue with lesion extending to underlying sublingual space and involving myelohyoid sling.Lesion donot cross the midline.Left submandibular gland appear atrophic.Post contrast soft tissue enhancement noted in the sockets of upper and lower molars ( inflammatory).Multiple enlarged nodes noted in bilateral level Ib and left level II largest measuring2.7 x2.84 cm in left level II.Larynx and pharynx appear normal.Both parotid salivary glands appear normal.Carotid and jugular vessels appear normal.Bones show normal signal. Impression: Enhancing lesion in left lateral border of tongue with invasion of floor of mouth.No bony erosions. Suspicious left level Ib & II nodes. | |  | |
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| |  | | --- | | **Treatment Given:** | |  | |  | |  | | **RADIATION DETAILS :**  Intent: Curative Technique: Tomotherapy Site of Disease: Left lateral border Tongue Cat Scan Simulation on 23/3/2018 Complex Computerised Treatment Planning on 28/3/2018 RT Started on 2/4/2018 RT Completed on 11/5/2018 Treatment breaks- Nil Total Dose: 6900 cGy in 30 fractions | |  | | **Primary Tumour And Drainage Area :**  Site:Left level III, IV A, V Suspicious GTV Nodes Energy: 6 MV Photons Dose: 6900 cGy in 30 fractions Schedule: 230 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site:Left level II, III ENE Nodes 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:Surgical bed, bilateral level I, II, Left level III, IVA, V A, Left RPN 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:Left level IVB, Vb, right level III, IV, V nodes. 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 :**  Cycle 1 CDDP DAY 1 Date: - 10/ 4 / 18 Inj Cisplatin 90 mg DAY 2 Date: - 11 / 4 / 18 Inj Cisplatin 80 mg Cycle 2 CDDP DAY 1 Date: - 3/ 5 / 18 Inj Cisplatin 80 mg DAY 2 Date: - 4 / 5 / 18 Inj Cisplatin 70 mg | |  | | **TREATMENT COURSE :**  49 year old gentleman, diagnosed as a case of Carcinoma Left lateral border Tongue, Post Operative, pT3N3bM0, Stage IV B, completed planned course of Concurrent chemo radiation therapy using Tomotherapy technique well without interruptions. | |  | | **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 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 annually]. 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. 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: High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in diet. | |