**RADIOLOGY REPORT**

**Created Date:** 18/05/2019

**Study Done:**

**MRI HEAD AND NECK ( CONTRAST )**

**Clinical information:** Ulcero-proliferative lesion in the right lateral border of the tongue under evaluation.

Heterogenously enhancing lesion is seen in the right lateral border of the anterior ,mid and posterior third of

oral tongue measuring approximately 6.5 x2.7 cms which is seen to cross the midline and diffuse surrounding

rim of fluid seen. The lesion is seen to extend uptil the tonsilolingual groove.Lesion involves right sublingual

space .Floor of mouth is free..

Both sub-mandibular gland and parotid glands are normal. Masticator space appear normal.

Multiple enlarged lymph nodes are seen in cervical region as follows.

Level Ia largest measuring 7 x 8 mm, Bilateral level IB largest in the right level Ib measuring 10 x 6 mm,

Bilateral level II largest measuring 5 x 7 mm in right side,Bilateral level III largest in the right side measuring

1.4 x 1cms and bilateral sub-centimetric level V lymph nodes.. No areas of necrosis / calcification within.Nodes

in right level IB ,II ,III appear suspicious

Mucosal thickening seen in the bilateral maxillary sinuses and ethmoid sinuses.

Bilateral neck vessels are normal.

Bones appear normal.

**Impression:**

• **Heterogenously enhancing lesion is seen along the right lateral border of the anterior ,mid**

**and posterior third of oral tongue crossing the midline and right sublingual space .Floor of**

**mouth is free.**

• **Ipsilateral cervical lymphadenopathy.**

**Radiology Report**

**Created Date:** 18/05/2019

**Study Done:**

**CT CHEST-CONTRAST**

**Clinical information: K/C/O carcinoma tongue to rule out lung metastasis.**

Both lung fields appear clear.

No pleural effusion noted.

Trachea and major bronchi appear normal.

No significant mediastinal or hilar adenopathy noted.

Great vessels of mediastinum appear normal.

Both domes of diaphragm appear normal. No subdiaphragmatic pathology noted.

Bony thorax appear normal.

A subcentimetric cyst noted in the segement II of the liver.

**Impression:**

• **No obvious abnormality noted.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 14/06/2019

**Received on :** 14/06/2019

**Reported Date :** 19/06/2019

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received in formalin are 14 specimens.

The Ist specimen labelled "WLe tongue subtotal glossectomy"consists of same measuring

10.5x6.5x5.5cm.Anterior end and superior ends are tagged. On the right lateral aspect an irregular grey white

ulceroproliferative lesion is noted measuring 3.5x2.5x2.5cm.The soft tissue is inked and specimen is serially

sliced from one end to another. Specimen is serially sliced from one end to another. The lesion seems to cross

the midline.

The lesion is

0.5cm from right lateral mucosal and soft tissue margin

0.7cm from anterior mucosal and soft tissue margin

1.5cm from posterior mucosal and soft tissue margin

3cm from left lateral mucosal and soft tissue margin and

2cm from inferior soft tissue margin.

Depth -2.8cm.

Representative sections are submitted as follows:

A1- Lesion with right lateral mucosal and soft tissue margin

A2 - Anterior mucosal and soft tissue margin shaved

A3 - Posterior soft tissue and mucosal margin radial

A4 - Lesion with left lateral and soft tissue margin shaved

A5 - Inferior soft tissue margin shaved

A6 to A11- Lesion proper

A12- Posterior end of tongue soft tissue

Specimen II labelled " Level I A"consists of fibrofatty tissue measuring 4x2x0.5cm. 3 lymph nodes identified ,

largest measuring 1cm and smallest measuring 0.5cm.Entire specimen submitted in cassettes B1 to B6.

Specimen III labelled "Right level I B " consists of a salivary gland with attached fibrofatty tissue. The salivary

gland measuring 4.5x5.5cm. Attached fibrofatty tissue measuring 3.5x2.5x1cm.Cut surface from the salivary

gland appear unremarkable. 2 lymph nodes identified in the attached fibrofatty tissue,one measuring 0.8cm and

other measuring 1.5cm. Representative sections are submitted in cassettes C1 to C4.

Specimen IV labelled "Right II A"consists of multiple fibrofatty tissue altogether measuring 4x4.5x1.5cm.

12lymph nodes identified, largest measuring 2cm ,smallest measuring 0.5cm.Entire specimen submitted in

cassettes D1 to D14.

Specimen V labelled"Right level II B" consists of a fibrofatty tissue measuring 2x1.5x0.5cm. consists of 3

lymph nodes, smallest measuring 0.3cm and largest measuring 1cm in greatest dimension.Entire specimen

submitted in cassettes E1 to E4.

Specimen VI labelled"Right level III" consists of 2 fibrofatty tissue one measuring 2.5x2x1cm. Other

measuring 3x1.5x0.5cm.4 lymph nodes identified,smallest measuring 0.5cm. Largest measuring1.5cm.Entire

specimen submitted in cassettes F1 to F6.

Specimen VII labelled"Left level I B" consists of salivary gland with attached fibrofatty tissue whole measuring

6x2x3cm.The salivary gland measuring 4.5x3x1.5cm.Cut surface of salivary gland appears unremarkable.

3lymph nodes identified in attached fibrofatty tissue smallest measuring0.8cm,largest measuring 1.5cm in

greatest dimension.Representative sections are submitted as follows:

G1 to G4- Lymph nodes

G5 & G6- Attached fibrofatty tissue

G7 & G8- Salivary gland

Specimen VIII labelled"Left II A" consists of fibrofatty tissue measuring 3.5x2x2cm. 7 lymph nodes identified,

smallest measuring 0.5cm largest measuring1.5cm.Entire specimen submitted in cassettes H1 to H7.

Specimen IX labelled "left level II b " consists of 2fiborfatty tissues, one measuring 2x1.5x0.5cm. Other

measuring 1.5x1x0.5cm.2 lymph nodes identified each measuring 0.5cm in greatest dimension. Entire specimen

submitted in cassettes J1 to J4.

Specimen X labelled" Left level III"consists of multiple fibrofatty tissue altogether measuring4x3.5x1cm. 6

lymph nodes identified, smallest measuring 0.8cm ,largest measuring 1.5cm in greatest dimension. Entire

specimen submitted in cassettes K1 to K12.

Specimen XI labelled "Left level IV" consists of a single fibrofatty tissue measuring 2.5x2.5x0.5cm. 5 lymph

nodes identified ,smallest measuring 0.5cm.Largest measuring 1.5cm.Entire specimen submitted in cassettes L1

to L5.

Specimen XII labelled "Additional left lateral mucosal margin" consists of mucosa covered tissue bit measuring

1x0.5x0.2cm. Entire specimen submitted in cassette M.

Specimen XIII labelled"Additional right lateral mucosal margin (gingiva) consists of mucosa covered flap of

tissue measuring 4x1x0.3cm.Entire specimen submitted in cassettes N1 & N2.

Specimen XIV labelled "Right tonsil" consists of a pale brown tissue measuring 3.5x1.5x1cm.Cut surface

appear unremarkable and homogenous pale brown.Entire specimen submitted in cassettes P1 to P3.

**Microscopic Description :**

A.Section studied from tongue shows an infiltrating neoplasm composed of dysplastic squamous cells arranged

in lobules, nests and trabeculae.Dense patchy intra and peritumoral lymphoid infiltrate seen.Extensive area of

keratin pearl formation seen. Extensive PNI noted. LVE seen. All margins are free of tumour,closest being

right lateral soft tissue margin which is 0.3cm away.

B.Level I A - 3 reactive lymph nodes

C.Right level I b -2 reactive lymph nodes and salivary gland tissue - free of tumour

D.Right levelII A- 14 reactive lymph nodes

E.Right level II B - 6 reactive lymph nodes

F.Right level III - 8 reactive lymph nodes

G. Left level IB - 2 reactive lymph nodes and salivary gland tissue free of tumour

H.Left level II A-15 reactive lymph nodes

J.Left levelII b -3 reactive lymph nodes

K.Left levelIII -9 reactive lymph nodes and salivary gland tissue - free of tumour

L.Left level Iv- 5 reactive lymph nodes

M.Additional left lateral mucosal margin -free of tumour

N.Additional right lateral mucosal margin - free of tumour

P.Right tonsil -free of tumour

**Impression :**

Subtotal glossectomy +bilateral lymph node dissection+Additional margins:

- Moderately differentaited squamous cell carcinoma, right lateral tongue

- Tumour size - 3.5x2.5x2.5cm.

- Tumour involves right lateral border of tongue and is crossing the midline focally.

- Depth of invasion - 2.8cm

- LVE seen

- PNI seen

- WPOI -Pattern 4 (score 1)

- LHR- Score 1

- Risk assessment -Intermediate risk

- All margins including additional margins are -free of tumour

- Lymph nodes - 62 reactive lymph nodes- free of tumour

pTN- pT3N0

**RADIOLOGY REPORT**

**Created Date:** 29/01/2020

**Study Done:**

**ULTRASOUND NECK**

Thyroid gland appears normal except for a small colloid nodule in right lobe of thyroid .

No significant cervical lymphnodes .

Carotid and internal jugular veins are patent bilaterally .

**DEPARTMENT OF NUCLEAR MEDICINE AND PETCT**

**Date : 04/02/2020**

**S/p Subtotal glossectomy + bilateral selective neck dissection (13.06.2019), S/p Adjuvant radiotherapy**

**(25.09.2019), now complains of right jaw pain - For evaluation.**

**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

7.10mCi of 18F FlouroDeoxy Glucose (FDG) was injected IV in euglycemic 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.

Fasting Blood Sugar: 79 mg / dl.

**FINDINGS :**

PET FINDINGS:

\* Abnormal increased FDG uptake along the resected site on right side extending upto right hyoid,

with corresponding CT detected stranding & suspicious erosion of the bone (SUV Max 10.3).

\* Abnormal increased FDG uptake in left submental region, corresponding to flap margin,

with no obvious CT detected lesion (SUV Max 6.9).

\* Abnormal increased FDG uptake in soft tissue density in anterior segment of left lung and another

similar lesion close to mediastinum in anterior segment of left lung.

\* Abnormal increased FDG uptake in soft tissue deposits in a) left para-colic gutter

(SUV Max 4.9), b) deposit in right upper thigh (SUV Max 3.8).

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

liver, spleen, adrenal glands and in skeleton imaged up to mid thigh.

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

liver, intestinal loops, kidneys and urinary bladder.

CT FINDINGS:

Brain:

\* Normal neuroparenchyma. No focal lesion.

Neck:

\* Soft tissue stranding seen at the post operative site and at the level of hyoid bone on the

right side with suspicious erosion of bone. Needs: Regional MRI to rule out residual /

recurrent lesion.

\* No enlarged lymphnodes.

\* Oropharynx, nasopharynx, laryngopharynx and thyroid gland appear normal.

\* Common carotid artery and internal jugular vein appear normal.

Chest:

\* Soft tissue density mass in anterior segment of left upper lobe and a 1.3 x 1.2 cm soft

tissue density nodule seen in anterior segment of left upper lobe.

Rest of lung parenchyma appear clear. No focal lesion.

\* No pleural effusion.

\* Mediastinum is central.

\* Cardia and major vessels are normal.

Abdomen:

\* A 4.6 x 4.0 cm deposit seen along splenic flexure.

\* Liver, gall bladder, spleen, pancreas, adrenals, kidneys and urinary bladder appear normal.

\* No retroperitoneal mass lesion.

\* No significant lymph nodes.

\* Contrast filled bowel loops are normal.

Bones:

\* Soft tissue subcutaneous deposit in adjacent to right iliac blade.

\* No lytic / sclerotic lesions in bone.

**CONCLUSION :**

\* FDG UPTAKE AT THE POST-OPERATIVE SITE ON RIGHT SIDE, EXTENDING UPTO

RIGHT HYOID BONE AND SUSPICION OF EROSION OF BONE

- CAN REPRESENT RECURRENT PRIMARY MALIGNANCY.

HOWEVER WARRANTS MRI CORRELATION.

\* FDG UPTAKE IN LEFT SUBMENTAL REGION, PROBABLE CORRESPONDING TO

FLAP MARGIN - WARRANTS FOLLOW UP / MRI CORRELATION.

\* FDG AVID SOFT TISSUE IN ANTERIOR SEGMENT OF RIGHT LUNG UPPER

LOBE - SUSPICIOUS FOR PULMONARY METASTASIS.

\* FDG AVID MULTIPLE SOFT TISSUE DEPOSITS IN LEFT PARACOLIC GUTTER

AND IN RIGHT UPPER THIGH - METASTATIC DEPOSITS.

\* FDG NON-AVID CT DETECTED MESENTERIC, PARA-AORIC, BILATERAL COMMON

ILIAC AND BILATERAL EXTERNAL ILIAC LYMPHNODAL METASTASES.

\* FDG AVID RIGHT AXILLARY LYMPHNODE. SUGGESTED: FOLLOW-UP.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 13/02/2020

**Received on :** 13/02/2020

**Reported Date :** 14/02/2020

**Clinical Impression :**

Subcutaneous mass in right iliac region

**Gross Description :**

Received in formalin is a specimen consists of 2 linear cores of tissue + fragment largest tissue measuring

1.4x0.1x0.1cm.Smallest measuring 1.2x0.1x0.1cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Section shows 2 cores of neoplastic squamous epithelium with individual cells showing moderate to abundant

eosinophilic cytoplasm, round to oval pleomorphic nuclei, few of them showing binucleation and prominent

eosinophilic nucleoli. Intranuclear vacuoles / inclusions noted. Keratin pearl formation noted. Occasional

atypical mitosis seen. No necrosis seen.

**Impression :**

Core biopsy from subcutaneous lesion in right iliac region : Consistent with metastatic Squamous cell

carcinoma, well differentiated ( K/C/O carcinoma tongue).

Adv. Clinical and radiological correlation.

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| **Date of Admission :**12/06/2019 | **Date of Procedure :**13/06/2019 |

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| **Date of Discharge :**25/06/2019 |

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

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| **DIAGNOSIS :** |
| Ca Tongue |

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| **PROCEDURE DONE :** |
| Sub-total glossectomy + B/L SND = ALT flap reconstruction under GA on 13.06.2019 Reconstruction with ALT for total glossectomy defect under GA on 13/06/2019. |

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| **DRUG ALLERGIES :** Not known |

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| **HISTORY :** |
| A 46 years old male patient, with no co-morb, no habits c/o right lateral tongue ulcerative lesion x 8 months not painful, gradually progressive, can eat soft diet from opposite side no breathing difficulty, no respiratory distress. Now came for further management. |

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| **PAST HISTORY :** |
| No h/o DM/ HTN/ DLP/ Asthma/ TB/ Seizures/ CAD / CVA / Thyroid Dysfunction No recent h/o fever and cough |

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| **PERSONAL HISTORY :** |
| Bowel and bladder normal Good effort tolerance No Habituation to alcohol or smoking. |

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| **CLINICAL EXAMINATION :** |
| On examination GC fair vitals stable KPS90 mouth opening adequate fully dentate approx 6 x 4 cm large ulceroproliferative lesion at right lateral tongue indurated induration crossing midline at posterior aspect Gingivo-lingual sulcus free BOT on palpation supple Neck- palpable LN at Ipsilateral side level Ib, II |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with above mentioned complaints. His intra and post operative period was uneventful with no major issues. He underwent the procedure Reconstruction with ALT for total glossectomy defect. His intra and post operative period was uneventful with no major issues. Decannulated on pod-7. Alternate clips was removed on POD 12. The patient is being discharged with a follow up advice. At the time of discharge the patient was afebrile and stable. Ryle's tube insitu. |

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| **OPERATIVE FINDINGS :** |
| Procedure- Sub-total glossectomy + B/L SND = ALT flap reconstruction under GA on 13.06.2019 Findings- Right side Ulcero-proliferative growth involving the entire right side of oral tongue and extending beyond the midline to the opposite side. Under GA Patient positioned and draped Cerival skin crease incision taken Sub platysmal flaps elevated. Marginal mandibular nerve identified and delineated on either side Level I A nodes and fibrofatty tissue cleared Level I B and submandibular gland excised on either side. Facial vessels were identified and the stump preserved for anastomosis. Hypoglossal nerve and lingual artery identified bilaterally. Inferior margin of the mandible delineated Muscular attachment at the genial tubercle was freed and mylohyoid muscle cut to enter the floor of mouth. Peroral mucosal cuts made along the lingual surface of the mandible at the floor of mouth Posteriorly the excision margin was extended upto the tonsillar fossa including the fossa and right side vallecula in the specimen. Left side BOT and vallecula was preserved. Resection included almost the entire left side of the oral tongue with mucosal margins. Muscular attachment to the hyoid bone was freed. Specimen excise in toto and oriented for HPE. Bilateral additional mucosal margins were sent from the lingual surface of lower alveolus. Level II A, II B and III nodes were cleared preserving the SAN, IJV and carotids. ALT flap harvest. ... Flap inset done. Anastomosis done to the left side facial artery and the EJV. Hemostasis checked B/L Romovac drain number 14 placed. Incision closed in layers Patient shifted to 1-1 ICU for post - operative care. Reconstruction with ALT for total glossectomy defect Surgeons: Dr.Jimmy Mathew, Dr.Nirav, Dr.Swayambhu Procedure: Patient supine, parts painted and draped. 15 x 8 cm skin paddle marked centred on perforators(preoperatively doppler marked) Anterior exploratory incision placed, deepened, deep fascia incised, rectus femoris and vastus lateralis identified, plane between deep fascia and vastus lateralis developed, musculocutaneous perforator identified, descending branch of lateral circumflex femoral artery identified between rectus and vastus lateralis, pedicle dissected, branhes clipped and divied. Posterior incision placed and flap raised, perforator dissceted along with a cuff of muscle. edges of flap vascular at the end of flap dissection, vessels clipped and divided, flap transferred to recipeint site, donor site- hemostasis secured, suction drain placed and closed with vicryl 2-0 and staples. |

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| **PROGNOSIS ON DISCHARGE :** |
| Good |

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| **ADVICE ON DISCHARGE :** |
| To keep the surgical site clean and dry |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of infection, Bleeding, High grade fever |

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| **DIET RECOMMENDATIONS :** |
| Ryles tube feed - 100ml/hr, HPD,HCD |

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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 500mg bd x 5days Tab Dolo 650mg tid x 5days Tab Pantop 40mg od x 5days Hexidine mouth wash 4times/day x 1wk |

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| **HEAD AND NECK - TUMOUR BOARD** |

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|  | **TB Date:**  12/02/2020 |
| **Diagnosis date:**  06/02/2020 | **Tumour Type:** Metastatic |
| **Previous HPR:**  - Moderately differentaited squamous cell carcinoma, right lateral tongue - Tumour size - 3.5x2.5x2.5cm. - Tumour involves right lateral border of tongue and is crossing the midline focally. - Depth of invasion - 2.8cm - LVE seen - PNI seen - WPOI -Pattern 4 (score 1) - LHR- Score 1 - Risk assessment -Intermediate risk - All margins including additional margins are -free of tumour - Lymph nodes - 62 reactive lymph nodes- free of tumour pTN- pT3N0 | | |
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| |  | | --- | | **Imaging:** | |  | | |
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| |  |  | | --- | --- | |  |  | | **USG:**  usg neck 29.01.2020- Thyroid gland appears normal except for a small colloid nodule in right lobe of thyroid . No significant cervical lymphnodes . Carotid and internal jugular veins are patent bilaterally . | **PET:**  PET - FDG UPTAKE AT THE POST-OPERATIVE SITE ON RIGHT SIDE, EXTENDING UPTO RIGHT HYOID BONE AND SUSPICION OF EROSION OF BONE - CAN REPRESENT RECURRENT PRIMARY MALIGNANCY. HOWEVER WARRANTS MRI CORRELATION. \* FDG UPTAKE IN LEFT SUBMENTAL REGION, PROBABLE CORRESPONDING TO FLAP MARGIN - WARRANTS FOLLOW UP / MRI CORRELATION. \* FDG AVID SOFT TISSUE IN ANTERIOR SEGMENT OF RIGHT LUNG UPPER LOBE - SUSPICIOUS FOR PULMONARY METASTASIS. \* FDG AVID MULTIPLE SOFT TISSUE DEPOSITS IN LEFT PARACOLIC GUTTER AND IN RIGHT UPPER THIGH - METASTATIC DEPOSITS. \* FDG NON-AVID CT DETECTED MESENTERIC, PARA-AORIC, BILATERAL COMMON ILIAC AND BILATERAL EXTERNAL ILIAC LYMPHNODAL METASTASES. \* FDG AVID RIGHT AXILLARY LYMPHNODE. SUGGESTED: FOLLOW-UP. | |  |  | | |
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| |  | | --- | |  | | |  |  | | --- | --- | | **Descriptive Plan:**  recurrence kco ca tongue with distant mets cT4N0M1 Plan: USG guided FNAC/Biopsy of thigh lesion lesion in the lung maybe second primary hence HPE diagnosis necessary 19.02.2020: Core biopsy from subcutaneous lesion in right iliac region : Consistent with metastatic Squamous cell carcinoma, well differentiated ( K/C/O carcinoma tongue). Palliative Chemotherapy with Paclitaxel/ Carboplatin. |  | |  |  |   **Tumour Board Discussion**  **Date of tumor board discussion :** 22/05/2019  **Relevant clinical details :**  A 46 years old male patient  No co-morb  No habits  C/O right lateral tongue ulcerative lesion x 8 months  not painful,  gradually progressive,  can eat soft diet from opposite side  no breathing difficulty, no respi distress  O/E: KPS90  mouth opening adequate  fully dentate  approx 6 x 4 cm large ulceroproliferative lesion at right lateral tongue  indurated  induration crossing midline at posterior aspect  Gingivo-lingual sulcus free  BOT- on palpation supple  Neck- palpable LN at Ipsilateral side level Ib, II  Gen Hospital  biopsy 4.5.19- Well Diff SCC  **Other relevant investigations (including metastatic workup) :**  MRI HN  Heterogenously enhancing lesion is seen in the right lateral border of the anterior ,mid and posterior third of  oral tongue measuring approximately 6.5 x2.7 cms which is seen to cross the midline and diffuse surrounding  rim of fluid seen. The lesion is seen to extend uptil the tonsilolingual groove.Lesion involves right sublingual  space .Floor of mouth is free.  Both sub-mandibular gland and parotid glands are normal. Masticator space appear normal.  Multiple enlarged lymph nodes are seen in cervical region as follows.  Level Ia largest measuring 7 x 8 mm, Bilateral level IB largest in the right level Ib measuring 10 x 6 mm,  Bilateral level II largest measuring 5 x 7 mm in right side,Bilateral level III largest in the right side measuring  1.4 x 1cms and bilateral sub-centimetric level V lymph nodes.  No areas of necrosis / calcification within.  Nodes in right level IB ,II ,III appear suspicious.  Mucosal thickening seen in the bilateral maxillary sinuses and ethmoid sinuses.  Bilateral neck vessels are normal.  Bones appear normal.  CT chest- normal  **Comments:**  Ca Tongue (right side) cT4N0M0  **Recommendations :**  WLE + b/l SND + TUG flap  **Histopath Tumour Board Discussion**  **Relevant clinical details :**  Ca Tongue  PROCEDURE DONE :  Sub-total glossectomy + B/L SND = ALT flap reconstruction under GA on 13.06.2019 Reconstruction with ALT  for total glossectomy defect under GA on 13/06/2019.  **Histology (include histology done / reviewed elsewhere) :**  Subtotal glossectomy +bilateral lymph node dissection+Additional margins:  - Moderately differentaited squamous cell carcinoma, right lateral tongue  - Tumour size - 3.5x2.5x2.5cm.  - Tumour involves right lateral border of tongue and is crossing the midline focally.  - Depth of invasion - 2.8cm  - LVE seen  - PNI seen  - WPOI -Pattern 4 (score 1)  - LHR- Score 1  - Risk assessment -Intermediate risk  - All margins including additional margins are -free of tumour  - Lymph nodes - 62 reactive lymph nodes- free of tumour  pTN- pT3N0  **Agreed Plan of management :**  Adj.RT  **Progress Notes**  **Date : 17/05/2019**  **ProgressNotes :**  A 46 years old male patient, from Allepy  working as an accountant  No co-morb  No habits  C/O right lateral tongue ulcerative lesion x 8 months  not painful,  gradually progressive,  can eat soft diet from opposite side  no breathing difficulty, no respi distress  O/E: KPS90  mouth opening adequate  fully dentate  approx 6 x 4 cm large ulceroproliferative lesion at right lateral tongue  indurated  induration crossing midline at posterior aspect  Gingivo-lingual sulcus free  BOT- on palpation supple  Neck- palpable LN at Ipsilateral side level Ib, II  gen hospital  biopsy 4.5.19- Well Diff SCC  adv  MRI HN  CT Chest  **Operative Notes- Ressection**  **Date : 20/06/2019**  **ProgressNotes :**  Diagnosis- Ca Tongue T3 N0  Procedure- Sub-total glossectomy + B/L SND = ALT flap reconstruction under GA on 13.06.2019  Findings- Right side Ulcero-proliferative growth involving the entire right side of oral tongue and extending  beyond the midline to the opposite side.  Under GA Patient positioned and draped  Cerival skin crease incision taken  Sub platysmal flaps elevated.  Marginal mandibular nerve identified and delineated on either side  Level I A nodes and fibrofatty tissue cleared  Level I B and submandibular gland excised on either side.  Facial vessels were identified and the stump preserved for anastomosis.  Hypoglossal nerve and lingual artery identified bilaterally.  Inferior margin of the mandible delineated  Muscular attachment at the genial tubercle was freed and mylohyoid muscle cut to enter the floor of mouth.  Peroral mucosal cuts made along the lingual surface of the mandible at the floor of mouth  Posteriorly the excision margin was extended upto the tonsillar fossa including the fossa and right side  vallecula in the specimen. Left side BOT and vallecula was preserved.  Resection included almost the entire left side of the oral tongue with mucosal margins.  Muscular attachment to the hyoid bone was freed. Specimen excise in toto and oriented for HPE.  Bilateral additional mucosal margins were sent from the lingual surface of lower alveolus.  Level II A, II B and III nodes were cleared preserving the SAN, IJV and carotids.  ALT flap harvest. ...  Flap inset done.  Anastomosis done to the left side facial artery and the EJV.  Hemostasis checked  B/L Romovac drain number 14 placed.  Incision closed in layers  Patient shifted to 1-1 ICU for post - operative care.  **Progress Notes**  **Date : 12/02/2020**  **ProgressNotes :**  Carcinoma Right lateral border tongue.  S/P Sub-total glossectomy + B/L SND + ALT flap reconstruction under GA + Reconstruction with ALT for  total glossectomy defect under GA on 13/06/2019.  pTN- pT3N0M0  Completed Post Operative Adjuvant Radiation Therapy [60 Gy /30 #] D/O Completion of RT 25/09/2019  c/o pain over the right jaw and submandibular region; severe tenderness+  o/e: scopy: e/o growth over the right tonsillar fossa and valleculla+ B/L VC mobile  usg neck 29.01.2020- Thyroid gland appears normal except for a small colloid nodule in right lobe of thyroid .  No significant cervical lymphnodes . Carotid and internal jugular veins are patent bilaterally .  PET - FDG UPTAKE AT THE POST-OPERATIVE SITE ON RIGHT SIDE, EXTENDING UPTO RIGHT  HYOID BONE AND SUSPICION OF EROSION OF BONE - CAN REPRESENT RECURRENT PRIMARY  MALIGNANCY. HOWEVER WARRANTS MRI CORRELATION. \* FDG UPTAKE IN LEFT  SUBMENTAL REGION, PROBABLE CORRESPONDING TO FLAP MARGIN - WARRANTS FOLLOW  UP / MRI CORRELATION. \* FDG AVID SOFT TISSUE IN ANTERIOR SEGMENT OF RIGHT LUNG  UPPER LOBE - SUSPICIOUS FOR PULMONARY METASTASIS. \* FDG AVID MULTIPLE SOFT  TISSUE DEPOSITS IN LEFT PARACOLIC GUTTER AND IN RIGHT UPPER THIGH - METASTATIC  DEPOSITS. \* FDG NON-AVID CT DETECTED MESENTERIC, PARA-AORIC, BILATERAL COMMON  ILIAC AND BILATERAL EXTERNAL ILIAC LYMPHNODAL METASTASES. \* FDG AVID RIGHT  AXILLARY LYMPHNODE. SUGGESTED: FOLLOW-UP.  adv: USG guided FNAC/Biopsy from the thigh nodule.  review with above   |  |  |  | | --- | --- | --- | | |  | | --- | | **Speciality :**  RadiationOncology | |  | | |  | | |  |  | | --- | --- | | **D/O Commencement of RT**  12/08/2019 | **D/O Completion of RT**  25/09/2019 | | |  | | |  | | --- | | **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Right lateral border tongue. S/P Sub-total glossectomy + B/L SND + ALT flap reconstruction under GA + Reconstruction with ALT for total glossectomy defect under GA on 13/06/2019. pTN- pT3N0 cM0 Completed Post Operative Adjuvant Radiation Therapy. | |  | | **CLINICAL HISTORY AND PHYSICAL FINDINGS**  46 year old male, resident of Alapuzha district is a diagnosed case of Ca Tongue S/P Sub-total glossectomy + B/L SND + ALT flap reconstruction under GA + Reconstruction with ALT for total glossectomy defect under GA on 13/06/2019 .pT3N0. He was apparently alright 8 months back when he c/o an ulcerative lesion on right lateral aspect of tongue, which was small to start with and gradually progressed to its current size. It was not associated with pain. It caused difficulty in swallowing foods and he was able to swallow only soft foods from opposite side. History of 18kg weight loss since 1st noticing the lesion No h/o respiratory distress No comorbidities He was first evaluated at general hospital, Ernakulam where biopsy was done and reported as Well Differentiated Squamous Cell Carcinoma. He came to AIMS for further management and was evaluated here at Head and Neck surgery OPD O/E KPS 90 Mouth opening adequate fully dentate approximately 6 x 4 cm large ulceroproliferative lesion at right lateral tongue indurated induration crossing midline at posterior aspect. Gingivo-lingual sulcus free. BOT- on palpation supple. Neck- palpable LN at Ipsilateral side level Ib, II MRI Head and Neck [Dated: 18.05.19]: Heterogenously enhancing lesion is seen in the right lateral border of the anterior, mid and posterior third of oral tongue measuring approximately 6.5 x2.7 cms which is seen to cross the midline and diffuse surrounding rim of fluid seen. The lesion is seen to extend until the tonsilolingual groove.Lesion involves right sublingual space. Floor of mouth is free. Both sub-mandibular gland and parotid glands are normal. Masticator space appear normal. Multiple enlarged lymph nodes are seen in cervical region as follows. Level Ia largest measuring 7 x 8 mm, Bilateral level IB largest in the right level Ib measuring 10 x 6 mm,Bilateral level II largest measuring 5 x 7 mm in right side,Bilateral level III largest in the right side measuring 1.4 x 1cms and bilateral sub-centimetric level V lymph nodes. No areas of necrosis / calcification within. Nodes in right level IB ,II ,III appear suspicious. Mucosal thickening seen in the bilateral maxillary sinuses and ethmoid sinuses. Bilateral neck vessels are normal. Bones appear normal. His case was discussed in multidisciplinary tumor board and was planned for surgery After all pre operative evaluation and investigations he underwent Sub-total glossectomy + B/L SND + ALT flap reconstruction under GA + Reconstruction with ALT for total glossectomy defect under GA on 13/06/2019. HPR: Subtotal glossectomy + bilateral lymph node dissection+ Additional margins: Moderately differentaited squamous cell carcinoma, right lateral tongue. Tumour size - 3.5x2.5x2.5cm. Tumour involves right lateral border of tongue and is crossing the midline focally. Depth of invasion - 2.8cm. LVE seen. PNI seen. WPOI -Pattern 4 (score 1). LHR- Score 1 - Risk assessment -Intermediate risk. All margins including additional margins are- free of tumour. Lymph nodes - 62 reactive lymph nodes- free of tumour. He was pathologically staged as pTN- pT3N0cM0. His case was discussed in multidisciplinary tumor board and was planned for Post Operative Adjuvant Radiation Therapy. The diagnosis, stage of disease, prognosis, need for adjuvant radiation, treatment techniques, probable side effects were explained in detail with patient. They opted for 3DCRT. Pre RT dental prophylaxis done. | |  | | **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 12/06/2019 | 10.6 | 34.0 | 490 | 7.88 | 67.8 | 19.9 | 7.9 | - | | 13/06/2019 | 9.5 | 30.1 | 421 | 13.11 | 92.6 | 4.7 | 0.0 | - | | 14/06/2019 | 8.7 | 27.9 | 384 | 11.55 | 84.8 | 10.1 | 0.0 | - | | 15/06/2019 | 9.0 | 29.6 | 391 | 11.22 | 85.9 | 8.9 | 0.7 | - | | 17/06/2019 | 8.9 | 29.0 | 423 | 11.63 | 83.7 | 9.5 | 0.9 | - | | 18/06/2019 | 9.6 | 30.3 | 437 | 9.94 | 77.2 | 13.0 | 4.8 | - | | 03/08/2019 | 10.1 | 33.8 | 383 | 7.94 | 66.7 | 23.3 | 6.5 | - | | 20/08/2019 | 10.5 | 34.5 | 373 | 7.74 | 73.4 | 18.0 | 5.0 | - | | 03/09/2019 | 11.9 | 37.8 | 396 | 9.92 | 82.3 | 8.0 | 6.7 | - | | 16/09/2019 | 11.0 | 36.0 | 331 | 6.96 | 83.5 | 5.7 | 7.8 | - |   **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** | | 14/06/2019 | - | - | - | - | - | - | 2.3 | - |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 12/06/2019 | - | - | - | 4.1 | | 13/06/2019 | 6.8 | 0.52 | 133.7 | 4.1 | | 14/06/2019 | - | - | 134.6 | - | | 03/08/2019 | - | 0.87 | - | - | | 20/08/2019 | - | 0.76 | - | - | | 16/09/2019 | - | 0.82 | - | - |   Date: 16/09/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.62 M/uL | MCV-Blood : 77.9 fL |  |  |  | | --- | --- | | MCH-Blood : 23.8 pg | MCHC-Blood : 30.6 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.7 % | MPV-Blood : 10.1 fL |  |  |  | | --- | --- | | MONO -Blood : 2.7 % | BASO-Blood : 0.3 % |   Date: 03/09/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.84 M/uL | MCV-Blood : 78.1 fL |  |  |  | | --- | --- | | MCH-Blood : 24.6 pg | MCHC-Blood : 31.5 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.9 % | MPV-Blood : 9.4 fL |  |  |  | | --- | --- | | MONO -Blood : 2.8 % | BASO-Blood : 0.2 % |   Date: 20/08/2019   |  |  | | --- | --- | | Glucose [R]-Plasma : 97.3 mg/dl | RBC-COUNT-Blood : 4.39 M/uL |  |  |  | | --- | --- | | MCV-Blood : 78.6 fL | MCH-Blood : 23.9 pg |  |  |  | | --- | --- | | MCHC-Blood : 30.4 g/dl | RDW-Blood : 16.5 % |  |  |  | | --- | --- | | MPV-Blood : 9.8 fL | MONO -Blood : 3.2 % |  |  |  | | --- | --- | | BASO-Blood : 0.4 % |  |   Date: 03/08/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.23 M/uL | MCV-Blood : 79.9 fL |  |  |  | | --- | --- | | MCH-Blood : 23.9 pg | MCHC-Blood : 29.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 16.1 % | MPV-Blood : 9.5 fL |  |  |  | | --- | --- | | MONO -Blood : 3.1 % | BASO-Blood : 0.4 % |   Date: 18/06/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.71 M/uL | MCV-Blood : 81.7 fL |  |  |  | | --- | --- | | MCH-Blood : 25.9 pg | MCHC-Blood : 31.7 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.0 % | MPV-Blood : 9.7 fL |  |  |  | | --- | --- | | MONO -Blood : 4.5 % | BASO-Blood : 0.5 % |   Date: 17/06/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.42 M/uL | MCV-Blood : 85.0 fL |  |  |  | | --- | --- | | MCH-Blood : 26.0 pg | MCHC-Blood : 30.6 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.9 % | MPV-Blood : 8.0 fL |  |  |  | | --- | --- | | MONO -Blood : 5.8 % | BASO-Blood : 0.1 % |   Date: 15/06/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.43 M/uL | MCV-Blood : 86.3 fL |  |  |  | | --- | --- | | MCH-Blood : 26.3 pg | MCHC-Blood : 30.5 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.0 % | MPV-Blood : 8.6 fL |  |  |  | | --- | --- | | MONO -Blood : 4.3 % | BASO-Blood : 0.2 % |   Date: 14/06/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.24 M/uL | MCV-Blood : 85.9 fL |  |  |  | | --- | --- | | MCH-Blood : 26.7 pg | MCHC-Blood : 31.0 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.2 % | MPV-Blood : 8.3 fL |  |  |  | | --- | --- | | MONO -Blood : 4.9 % | BASO-Blood : 0.2 % |   Date: 13/06/2019   |  |  | | --- | --- | | PT[Prothrombin Time with INR]-Plasma : 13.90/14.0/0.99 sec | RBC-COUNT-Blood : 3.65 M/uL |  |  |  | | --- | --- | | MCV-Blood : 82.5 fL | MCH-Blood : 26.0 pg |  |  |  | | --- | --- | | MCHC-Blood : 31.6 g/dl | RDW-Blood : 15.6 % |  |  |  | | --- | --- | | MPV-Blood : 9.4 fL | MONO -Blood : 2.5 % |  |  |  | | --- | --- | | BASO-Blood : 0.2 % |  |   Date: 12/06/2019   |  |  | | --- | --- | | Compatibility test; cross match complete (3 tests) : Compatible | Blood typing; ABO and RhD : A Rh D Positive |  |  |  | | --- | --- | | HBs Ag Test - Emergency Screen : 0.17 : Non reactive | Anti HCV - Emergency Screen : 0.13 : Non reactive |  |  |  | | --- | --- | | HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.21 : Non reactive | RBC-COUNT-Blood : 3.99 M/uL |  |  |  | | --- | --- | | MCV-Blood : 85.2 fL | MCH-Blood : 26.6 pg |  |  |  | | --- | --- | | MCHC-Blood : 31.2 g/dl | RDW-Blood : 14.9 % |  |  |  | | --- | --- | | MPV-Blood : 9.0 fL | MONO -Blood : 3.8 % |  |  |  | | --- | --- | | BASO-Blood : 0.6 % |  | | |  | | **HISTOPATHOLOGY REPORTS**  Post OP HPR [Dated: 19/6/2019] Subtotal glossectomy +bilateral lymph node dissection+Additional margins: Moderately differentaited squamous cell carcinoma, right lateral tongue Tumour size - 3.5x2.5x2.5cm. Tumour involves right lateral border of tongue and is crossing the midline focally. Depth of invasion - 2.8cm LVE seen PNI seen WPOI -Pattern 4 (score 1) LHR- Score 1 Risk assessment -Intermediate risk All margins including additional margins are -free of tumour Lymph nodes - 62 reactive lymph nodes- free of tumour pTN- pT3N0 | |  | | **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  MRI Head and Neck with Contrast [Dated: 18/5/2019] Heterogenously enhancing lesion is seen in the right lateral border of the anterior ,mid and posterior third of oral tongue measuring approximately 6.5 x2.7 cms which is seen to cross the midline and diffuse surrounding rim of fluid seen. The lesion is seen to extend uptil the tonsilolingual groove.Lesion involves right sublingual space .Floor of mouth is free. Both sub-mandibular gland and parotid glands are normal. Masticator space appear normal. Multiple enlarged lymph nodes are seen in cervical region as follows. Level Ia largest measuring 7 x 8 mm, Bilateral level IB largest in the right level Ib measuring 10 x 6 mm, Bilateral level II largest measuring 5 x 7 mm in right side,Bilateral level III largest in the right side measuring 1.4 x 1cms and bilateral sub-centimetric level V lymph nodes.. No areas of necrosis / calcification within. Nodes in right level IB ,II ,III appear suspicious Mucosal thickening seen in the bilateral maxillary sinuses and ethmoid sinuses. Bilateral neck vessels are normal. Bones appear normal. Impression: Heterogenously enhancing lesion is seen along the right lateral border of the anterior ,mid and posterior third of oral tongue crossing the midline and right sublingual space .Floor of mouth is free. Ipsilateral cervical lymphadenopathy. | |  | | |  | | |  | | --- | | **Treatment Given:** | |  | |  | |  | | **RADIATION DETAILS :**  Intent: Curative, as adjuvant Technique: 3 D Conformal radiotherapy Site of Disease: Tongue Cat Scan Simulation on 3/8/2019 Complex Computerised Treatment Planning on 12/8/2019 RT Started on 12/8/2019 RT Completed on 25/9/2019 Treatment breaks- Nil Total Dose: 6000 cGy in 30 fractions | |  | | **Primary Tumour And Drainage Area :**  Site: Tongue bed+ Entire tongue+ Surgical bed+ Bilateral I, II, III Nodal station Portals: Right and left lateral APW and ISW Energy: 6 MV Photons Dose: 4000 cGy in 20 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: LAN Portals:LAN AP Energy: 6 MV Photons Dose: 4000 cGy in 20 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Additional PA compensatory field added to compensate dose deficit. Site: Offcord Portals: Right and left Offcord Energy: 6 MV Photons Dose: 2000 cGy in 10 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: RPN Portals: RPN electrons Energy: 10 mev electrons Dose: 2000 cGy in 10 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 98% isodose line. Site: LPN Portals: RPN electrons Energy: 10 mev electrons Dose: 2000 cGy in 10 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: LAN 40- 50 Portals: AP Energy: 6 MV photons Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: LAN electrons 40- 50 Portals: AP electron Energy: 8 MeV electron Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: Right LAO Portals: LAO Energy: 6 MV photons Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. | |  | |  | |  | |  | |  | |  | |  | | **TREATMENT COURSE :**  46 year old gentleman, diagnosed as a case of Carcinoma Right Lateral border Tongue, Post Operative, pT3N0M0, completed planned course of Post Operative Adjuvant Radiation therapy 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 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. 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. | |   **PROXY VISIT - S/P 4 cycles Pacli Carbo**  **Date : 08/05/2020**  **ProgressNotes :**  BY PROXY - Brother  Carcinoma Right lateral border tongue.  S/P Sub-total glossectomy + B/L SND + ALT flap reconstruction under GA + Reconstruction with ALT for  total glossectomy defect under GA on 13/06/2019.  pTN- pT3N0M0  Completed Post Operative Adjuvant Radiation Therapy [60 Gy /30 #]  D/O Completion of RT 25/09/2019  Now came with pain over the right jaw and submandibular region  PET - FDG UPTAKE AT THE POST-OPERATIVE SITE ON RIGHT SIDE, EXTENDING UPTO RIGHT  HYOID BONE AND SUSPICION OF EROSION OF BONE - CAN REPRESENT RECURRENT PRIMARY  MALIGNANCY. HOWEVER WARRANTS MRI CORRELATION.  \* FDG UPTAKE IN LEFT SUBMENTAL REGION, PROBABLE CORRESPONDING TO FLAP MARGIN  - WARRANTS FOLLOW UP / MRI CORRELATION.  \* FDG AVID SOFT TISSUE IN ANTERIOR SEGMENT OF RIGHT LUNG UPPER LOBE - SUSPICIOUS  FOR PULMONARY METASTASIS.  \* FDG AVID MULTIPLE SOFT TISSUE DEPOSITS IN LEFT PARACOLIC GUTTER AND IN RIGHT  UPPER THIGH - METASTATIC DEPOSITS.  \* FDG NON-AVID CT DETECTED MESENTERIC, PARA-AORIC, BILATERAL COMMON ILIAC AND  BILATERAL EXTERNAL ILIAC LYMPHNODAL METASTASES.  \* FDG AVID RIGHT AXILLARY LYMPHNODE.  SUGGESTED: FOLLOW-UP.  USG guided FNAC/Biopsy from the thigh nodule - Features consistent with metastatic deposit of well  differentiated squamous cell carcinoma in a K/C/O carcinoma tongue  Discussed the nature of disease with the patient and his brother  Palliative Chemotherapy with Paclitaxel/ Carboplatin was offered  The regimen, common side effects and precautions needed have been explained along with logistics associated.  The patient and the brother understand the issues and are willing for chemotherapy.  Paclitaxel 300mg Carboplatin 600mg every 3 weeks  Taking chemotherapy at outside  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  S/P 4 cycles of chemotherapy (Cycle 4 - 24/04/2020)  Severe fatigue, weakness+  Planning to reduce doses of chemotherapy OR Defer chemotherapy till symptomatically better  Explained the palliative nature if therapy to the brother and the concerns associated with regard to poor general  condition and ongoing COVID 19 pandemic.  Decision on deferring chemotherapy v/s reducing drug doses as per treating physician's discretion. | | |
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