**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 04/11/2016

**Received on :** 04/11/2016

**Reported Date :** 05/11/2016

**Clinical Impression :**

ulcerated lesion floor of mouth

**Gross Description :**

Received for review are 1 slide and 1 block labelled as "EB 11406/16"

**Microscopy and Impression :**

Incisional Biopsy, floor of mouth:-

-Moderately differentiated squamous cell carcinoma.

**Radiology Report**

**Created Date:** 04/11/2016

**Study Done:**

**CT CHEST PLAIN**

***Known case of Ca floor of mouth.***

No lung nodules noted.

No significant mediastinal lymphnodes.

Tracheobronchial tree is normal.

No pleural effusion.

Liver shows a tiny subcentimetric cyst in the subcapsular region of segment VII/ VIII.

Few subcentimetric paraaortic and mesenteric lymphnodes noted.

Rest of the visualized upper abdomen is normal.

Bones shows degenerative changes.

**Impression:**

• **No focal lung nodules.**

**Radiology Report**

**Created Date:** 08/11/2016

**Study Done:**

**MRI OF HEAD & NECK CONTRAST (4/11/2016)**

Sequences.

Axial : T2 FSE, T1+C

Coronal : T2 FSE, T1+C

Sagittal : T2 FSE, T1+C

A 3.3x1.43 x2.19 cm(APxTrxCC ) enhancing lesion seen along the right lateral border of tongue that extending

to the undersurface and the sublingual space . Here it extends to encase the neurovascular bundle and the

right lingual artery

The lesion does not cross the midline . The mylohyoid muscle is free .

Rounded T2 hypointense nodes seen in level Ia (7x5mm) and bilateral level II (largest on left 9x8mm) . No

other significant cervical lymph nodes .

The neck vessels are patent bilaterally .

**Impression:**

• **Enhancing lesion along the right lateral margin of tongue extending to the undersurface &**

**the sublingual space not crossing the midline as described .**

• **Rounded hypo intense nodes in level Ia & bilateral level II .**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 14/11/2016

**Received on :** 14/11/2016

**Reported Date :** 25/11/2016

**Clinical Impression :**

Carcinomaa. tongue right lateral border

**Gross Description :**

Received fresh is a specimen labelled "WLE of Right lateral tongue long suture anterior, short suture dorsal

surface", consists of same measuring anteroposterior 6.8 cm, lateromedial 3 cm, superoinferior 5.4 cm. An

ulcerated lesion seen on the lateral surface of tongue measuring 2.7 x 2.4 x 1.2 cm. Lesion is 0.5 cm away from

the floor of the mouth (anteroinferior) and 1cm away from the medial margin.

1.3 cm from posterior margin

1.7 cm from anterior margin

0.9 cm from superomedial

1.3 cm from inferior margin (deep margin)

The remaining specimen transferred into formalin and representative sections are submitted as follows:

A1 - Anterior margin shaved

A2 - Anteroinferior radial margin

A3 - Superomedial radial margin

A4 - Medial margin

A5 - Posterior shaved margin

A6 - Inferior margin

A7 to A12 - Lesion proper

Subsequently received in formalin are 15 specimens.

Specimen II labelled "Level IA", consists of a nodular fibrofatty tissue measuring 5.5x4x1.5cm. 4 lymph nodes

identified, largest measuring 0.8cm in greatest dimension. Representative sections are submitted in cassettes B1

- B5.

Specimen III labelled "Right level IB", consists of a nodular fibrofatty tissue measuring 5.5x3.5x2.5cm.

Salivary gland tissue identified. 3 lymph nodes identified, largest lymph node measuring 1.5cm in greatest

dimension. Representative sections are submitted in cassettes C1 - C4.

Specimen IV labelled "Right level II A", consists of a nodular fibrofatty tissue measuring 3.5x2.5x1.5cm. 4

lymph nodes identified, largest measuring 1.7cm. Representative sections are submitted in cassettes D1 - D3.

Specimen V labelled "Right level II B", consists of nodular fibrofatty tissue measuring 2.7x2x1.2cm. 4 lymph

nodes identified, largest measuring 1.7cm in greatest dimension. Entire specimen submitted in cassettes E1 - E4.

Specimen VI labelled "Right level III", consists of two nodular fibrofatty tissue in aggregate measuring

4x2.5x1.3cm. Two lymph nodes identified, largest measuring 1.4cm in greatest dimension. Representative

sections are submitted in cassettes F1 - F3.

Specimen VII labelled ?Left level I B", consists of nodular fibrofatty tissue measuring 5x2.5x2.5cm. Salivary

gland tissue identified and appears unremarkable. 3 lymph nodes identified, largest measuring 1.3cm in greatest

dimension. Representative sections are submitted in cassettes G1 - G3.

Specimen VIII labelled " Left level IIA", consists of nodular fibrofatty issue measuring 3.5x1.5x1cm. Two

lymph nodes identified, largest measuring 2cm in greatest dimension. Representative sections are submitted in

cassettes H1 - H3.

Specimen IX labelled "Left level II B" consists of nodular fibrofatty tissue measuring 2.5x1.5x1cm. 2 lymph

nodes identified, largest measuring 1cm in greatest dimension. Entire specimen submitted in cassettes J1 - J3.

Specimen X labelled "Left level III", consists of nodular fibrofatty tissue measuring 4.5x3x1.5cm. 2 lymph

nodes identified, largest measuring 2cm in greatest dimension. Representative sections are submitted in

cassettes K1 - K3.

Specimen XI labelled " Additional floor of mouth soft tissue margin (Myelohyoid) consists of grey brown tissue

bit with muscle fiber measuring 3x1.5x1cm. Entire specimen submitted in cassette L

Specimen XII labelled "Additional lateral soft tissue margin", consists of mucosa covered grey white tissue bit

measuring 2.5x1.2x0.3 cm. Entire specimen submitted in cassette M

Specimen XIII labelled " Additional lateral mucosal margin (gingiva) consists of mucosal covered grey white

tissue bit measuring 2.5x1x0.2 cm. Entire specimen submitted in cassette N.

Specimen XIV labelled " Right Anterior level III adjacent to strap muscle" consists of a nodular fibrofatty tissue

with muscle fibers measuring 4x3x0.6 cm. ? 1 lymph node identified. Entire specimen submitted in cassettes

P1 - P3.

Specimen XV labelled " Anterior mucosal margin", consists of a mucosa covered grey white tissue bit

measuring 1x0.7x0.4cm. Entire specimen submitted in cassette Q.

Specimen XVI labelled " Right Level III node stuck to IJV", consists of nodular fibrofatty tissue measuring

4x2x1.5cm. 3 lymph nodes identified, largest measuring 1.5cm in greatest dimension with a small lymph node

attached to it. Representative sections are submitted in cassettes R1 - R4.

**Impression :**

- Moderately differentiated squamous cell carcinoma, infiltrating underlying muscle to a depth of 1.4 cm.

- The tumour appears ulcerated with a maximum thickness of 1.2 cm

- There are perineural infiltration noted

- Mild peritumoural infiltrate is seen

- No definitive lymphovascular emboli seen

- The tumour is seen to infiltrate as cords at the advancing edge

- The base of excision is 0.5 cm away

- The margins of excision are free, and the anterior inferior margin appears closest. Futher resection margins

provided.

B). Right level I A - 5 negative nodes

C). Right level I B - 3 negative nodes

D). Right level II A - 4 negative nodes

E). Right level II B - 4 negative nodes

F). Right level III - 2 negative nodes

G). Left level I B - 3 negative nodes

H). Left level II A - 2 negative nodes

J). Left level II B - 5 negative nodes

K). Left level III - 2 negative nodes

L). Additional floor of mouth soft tissue margin (myelohyoid) - Negative for tumour

M). Additional lateral soft tissue margin - Negative for tumour

N). Additional lateral mucosal margin (gingiva) - Negative for tumour

P). Right level III (anterior) adjacent to strap muscle - Show metastatic node with extranodal extension (1.4 cm

in maximum dimension)

Q). Anterior margin (additional) - Negative for tumour

R). Right level III stuck to IJV - 1/5 nodes show metastatsis with extranodal extension . Node measures 1.5 cms

in maximum dimension.

WIDE LOCAL EXCION with NECK DISSECTION: Moderately differentiated squamous cell carcinoma,

infiltrating underlying muscle to a depth of 1.4 cm.

pTNM: pT2N2bMx

**DEPARTMENT OF NUCLEAR MEDICINE AND PETCT**

**Date : 29/07/2017**

**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

6.5 mCi 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 a GE Discovery PET 8 slice CT scanner.

Oral & IV contrast given for CT study.

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

Fasting Blood Sugar: 63 mg / dl

**FINDINGS :**

PET FINDINGS:

\* Abnormal increased FDG uptake noted in ill defined soft tissue attenuating lesion extending

from the lateral posterior aspect of base of tongue or right side extending anteriorly to floor

of mouth on right side upto the body of hyoid bone. Laterally it is extending into

parapharyngeal space and around the postoperative clips at the level of vallecula. The

lesion appears to erode through the upper surface of the body, greater and lesser corner

of hyoid bone and upper aspect of lamina of right thyroid cartilage (SUV Max 5.8).

\* No abnormal FDG uptake in CT detected left level II and right level V lymph nodes.

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

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

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

thermogenic brown fat (posterior cervical), myocardium, liver, intestinal loops, kidneys

and urinary bladder.

CT FINDINGS:

Brain:

\* Normal neuroparenchyma. No focal lesion.

Neck:

\* An ill defined soft tissue attenuating lesion extending from the lateral posterior aspect

of base of tongue in right side extending anteriorly to floor of mouth on right side upto

the body of hyoid bone. Laterally it is extending into parapharyngeal space and around

the postoperative clips of the level of vallecula. However the vallecula, aryepiglottic fold

and pyriform sinus are normal. The lesion appears to erode through

the upper surface of the body, greater and lesser corner of hyoid bone and upper aspect

of lamina of right thyroid cartilage. The lesion is not extending to the right carotid space.

\* Subcentimetric node in left level II and right level V.

\* Nasopharynx appear normal.

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

Chest:

\* Lung fields appear clear. No focal lesion.

\* Mediastinum is central.

\* Cardia and major vessels are normal.

\* No pleural effusion.

Abdomen:

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

\* Adrenals, kidneys and urinary bladder appear normal.

\* No retroperitoneal mass lesion.

\* No significant lymph nodes.

\* Contrast filled bowel loops are normal.

Bones:

\* No lytic / sclerotic lesion.

**CONCLUSION :**

\* FDG AVID SOFT TISSUE ATTENUATING LESION INVOLVING LATERAL

POSTERIOR ASPECT OF BASE OF TONGUE EXTENDING ANTERIORLY TO FLOOR

OF MOUTH, LATERALLY TO PARAPHARYNGEAL SPACE WITH INVOLVEMENT OF

HYOID AND LAMINA OF THYROID CARTILAGE. CAROTID SPACE INVOLVEMENT

IS NOT SEEN.

- METABOLICALLY ACTIVE RECURRENT PRIMARY MALIGNANCY OF TONGUE.

\* FDG NON AVID CT DETECTED LEFT LEVEL II AND RIGHT LEVEL V LYMPH NODE.

- METASTATIC INVOLVEMENT CANNOT BE RULED OUT.

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| **Date of Admission :**13/11/2016 | **Date of Procedure :**14/11/2016 |

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| **Date of Discharge :**24/11/2016 |

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

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| **DIAGNOSIS :** |
| Carcinoma tongue , Right lateral border (final HPR awaited) |

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| **PROCEDURE DONE :** |
| WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF + tracheostomy on 14.11.16 |

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| **DRUG ALLERGIES :** Not known |

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| **HISTORY :** |
| A 43 years old male patient, Anil kumar, A carpenter by profession, with No co-morbidities Came to OPD with c/o ulceroproliferative growth at right lateral tongue antewrior 2/3rd region x 9 months He was evaluated at Cherthala local hospital before 9 months and given medicines. O/E: Approx 3x1.5 cm ulcerative lesion with submucosal induration at right lateral border of tongue. approx. 0.5 cm away from tip, on palpation induration just crossing midline, approx. 1cm away from TL sulcus posteriorly. Neck- multiple nodes palpable at BL neck Scopy- NAD KPS- 90 |

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| **PAST HISTORY :** |
| k/c/o Seizure (15years),on medications levizam 500 BD,valparin 500 BD since 2 years. Last episode 6 months back. |

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| **PERSONAL HISTORY :** |
| non smoker, consumes alcohol occasionally No h/o DM, DLP, HTN, CVA, seizure, thyroid dysfunction, TB, asthma, CAD ,jaundice |

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| **FAMILY HISTORY :** |
| Nothing particular |

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| **CLINICAL EXAMINATION :** |
| O/E: Approx 3x1.5 cm ulcerative lesion with submucosal induration at right lateral border of tongue. approx. 0.5 cm away from tip, on palpation induration just crossing midline, approx. 1cm away from TL sulcus posteriorly. Neck- multiple nodes palpable at BL neck Scopy- NAD. GC- Fair Vital- stable |

**INVESTIGATIONS :**

**Haemogram:**

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| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 15/11/2016 | 11.5 | 33.2 | 168 | 11.4 | 73.5 | 12.3 | 0.0 | - |
| 16/11/2016 | 10.1 | 29.9 | 172 | 11.7 | 74.4 | 13.1 | 0.2 | - |
| 18/11/2016 | 10.0 | 30.1 | 287 | 8.89 | 64.6 | 27.2 | 1.8 | - |

**Renal Function Test and Serum Electrolytes:**

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| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 15/11/2016 | - | - | 134.8 | 4.5 |

Date: 18/11/2016

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| RBC-COUNT-Blood : 3.50 M/uL | MCV-Blood : 86.0 fL |

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| MCH-Blood : 28.6 pg | MCHC-Blood : 33.2 g/dl |

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| --- | --- |
| RDW-Blood : 12.7 % | MPV-Blood : 10.7 fL |

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| MONO -Blood : 5.7 % | BASO-Blood : 0.7 % |

Date: 16/11/2016

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| RBC-COUNT-Blood : 3.47 M/uL | MCV-Blood : 86.1 fL |

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| MCH-Blood : 29.1 pg | MCHC-Blood : 33.8 g/dl |

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| RDW-Blood : 13.4 % | MPV-Blood : 9.4 fL |

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| MONO -Blood : 12.0 % | BASO-Blood : 0.3 % |

Date: 15/11/2016

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

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| RBC-COUNT-Blood : 3.92 M/uL | MCV-Blood : 84.7 fL |

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| MCH-Blood : 29.3 pg | MCHC-Blood : 34.6 g/dl |

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| RDW-Blood : 13.2 % | MPV-Blood : 8.9 fL |

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| MONO -Blood : 14.0 % | BASO-Blood : 0.2 % |

Date: 13/11/2016

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

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient came in OPD with complain of UPG at right sided tongue anterior aspect, He was evaluated clinically and radiologically, His case was discussed in Tumour board, He was surgically treated. His peri and post operative periods were uneventful. On discharge- Stable, Afebrile. |

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| **OPERATIVE FINDINGS :** |
| WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF + tracheostomy on 14.11.16 Surgeons: DR Krishnakumar. Dr Deepak , Dr Shashi , Dr Adharsh, DR Priyank Findings: 3x3 x 2 indurated lesion in right lateral border tongue involving anterior 1/3 of whole tongue and right floor of mouth. Procedure- Under GA nasally intubated patient taken for OT, Position given, Painting and drapping done, Primary lesion accessed, Wide local excision done and sent for Final HPR. hemostasis achieved, Neck incision marked and given, Right sided Level Ia, Ib, IIa, IIb, III, IV removed, Node attached to IJV , so IJV also removed and ligated. Left sided Level Ia, Ib, IIa, IIb, III neck dissection done, Hemostasis achieved, Drains kept. Per oral wide local excision of tongue was done. inferiorly excision done taking gingiva as margin, posteriorly till circumvalet papillae. Defect size 6x4 cm Suprafascial Left radial forearm 7x5 cm raised with radial artery and two vena and cephalic vein. Microvascular anastomosis done on left neck with facial vessels. donor site closed with skin grafting and neck wound closed in layers keeping Fr 14 drains. Post surgery flap perfusion was confirmed. |

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| **PROGNOSIS ON DISCHARGE :** |
| Good effort tolerance No h/o recent fever Bowel and bladder habits normal Stable Afebrile |
| **DIET RECOMMENDATIONS :** | |
| Orally allowed | |

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

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| **DISCHARGE MEDICATION :** |
| Tab Pan 40 mg 1-0-0 x 5 days Tab Dolo 650 mg 1-1-1 x 5 days Tab Ciplox 500mg 1-0-1 x 5 days Tab. Ultracet 50 mg SOS on pain Chlorhexidine gargles 4-5 times a day x 10 days Prosure protein powder 2 scoops TID x 1 month Tab. Levizam 500mg 1-0-1 x continue Tab. valparin 500mg 1-0-1 x continue T-Bact ointment for LA |

**Tumour Board Discussion**

**Date of tumor board discussion :** 16/11/2016

**Attendees :**

Dr. Subramania Iyer, Dr. Krishnakumar Thankappan, Dr. Deepak Balasubramanian, Dr.Sandya C.J, Dr. Sunil,

Dr. Prameela, Dr. Pushpaja,Dr. Anoop, Dr. Sashi, Dr. Aadarsh, Dr. Samskruti, Dr. Priyank, Dr. Khyati.

**Relevant clinical details :**

A 43 years old male patient, Anil kumar, A carpenter by profession,

with No co-morbidities

Came to OPD with c/o ulceroproliferative growth at right lateral tongue antewrior 2/3rd region x 9 months

He was evaluated at Cherthala local hospital before 9 months and given medicines.

O/E: Approx 3x1.5 cm ulcerative lesion with submucosal induration at right lateral border of tongue.

approx. 0.5 cm away from tip, on palpation induration just crossing midline, approx. 1cm away from TL sulcus

posteriorly.

Neck- multiple nodes palpable at BL neck

Scopy- NAD

KPS- 90

Impression: pT2N2c right lateral border tongue CA

**Surgery / other procedures :**

WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF +tracheostomy on

14.11.16

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

Incisional Biopsy, floor of mouth:- -Moderately differentiated squamous cell carcinoma.

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

MRI OF HEAD & NECK CONTRAST (4/11/2016)

Enhancing lesion along the right lateral margin of tongue extending to the undersurface & the sublingual space

not crossing the midline as described .

Rounded hypo intense nodes in level Ia & bilateral level II .

**Histopathology Tumour Board Discussion**

**Date of tumor board discussion :** 30/11/2016

**Relevant clinical details :**

Carcinoma tongue , Right lateral border

**Surgery / other procedures :**

WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF + tracheostomy on

14.11.16

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

Moderately differentiated squamous cell carcinoma, infiltrating underlying muscle to a depth of 1.4 cm.

- The tumour appears ulcerated with a maximum thickness of 1.2 cm

- There are perineural infiltration noted

- Mild peritumoural infiltrate is seen

- No definitive lymphovascular emboli seen

- The tumour is seen to infiltrate as cords at the advancing edge

- The base of excision is 0.5 cm away

- The margins of excision are free, and the anterior inferior margin appears closest. Futher resection margins

provided.

B). Right level I A - 5 negative nodes

C). Right level I B - 3 negative nodes

D). Right level II A - 4 negative nodes

E). Right level II B - 4 negative nodes

F). Right level III - 2 negative nodes

G). Left level I B - 3 negative nodes

H). Left level II A - 2 negative nodes

J). Left level II B - 5 negative nodes

K). Left level III - 2 negative nodes

L). Additional floor of mouth soft tissue margin (myelohyoid) - Negative for tumour

M). Additional lateral soft tissue margin - Negative for tumour

N). Additional lateral mucosal margin (gingiva) - Negative for tumour

P). Right level III (anterior) adjacent to strap muscle - Show metastatic node with extranodal extension (1.4 cm

in maximum dimension)

Q). Anterior margin (additional) - Negative for tumour

R). Right level III stuck to IJV - 1/5 nodes show metastatsis with extranodal extension . Node measures 1.5

cms in maximum dimension.

WIDE LOCAL EXCION with NECK DISSECTION: Moderately differentiated squamous cell carcinoma,

infiltrating underlying muscle to a depth of 1.4 cm.

pTNM: pT2N2bMx

**Tumour Board Discussion**

**Relevant clinical details :**

Carcinoma Right lateral border Tongue

pT2N2bMx MDSCC

Post WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF + tracheostomy

on 14.11.16.

Completed Post Operative Adjuvant Radiation therapy using Tomotherapy technique

RT completion -28/1/17

PET CT- 29/07/17 FDG AVID SOFT TISSUE ATTENUATING LESION INVOLVING LATERAL

POSTERIOR ASPECT OF BASE OF TONGUE EXTENDING ANTERIORLY TO FLOOR OF MOUTH,

LATERALLY TO PARAPHARYNGEAL SPACE WITH INVOLVEMENT OF HYOID AND LAMINA OF

THYROID CARTILAGE. CAROTID SPACE INVOLVEMENT IS NOT SEEN.

- METABOLICALLY ACTIVE RECURRENT PRIMARY MALIGNANCY OF TONGUE. FDG NON AVID

CT DETECTED LEFT LEVEL II AND RIGHT LEVEL V LYMPH NODE.

- METASTATIC INVOLVEMENT CANNOT BE RULED Out.

Scopy- No ulcero-proliferative lesion seen at BOT

BL VC mobile and Normal

O/E: On palpation- tenderness + at right BOT and valecula region.

Neck- Post RT changes present

no palpable LN.

**Agreed Plan of management :**

CT guided Biopsy/ USG guided FNAC

**Progress Notes**

**Date : 02/11/2016**

**ProgressNotes :**

ULCER FLOOR OF MOUTH SINCE 9 MONTHS

slide and block review

MRI head and neck with contrast

CT scan chest

PAC investigation and review

plan : WLE + SND + FREE FLAP

**Operative Notes**

**Date : 24/11/2016**

**ProgressNotes :**

WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF + tracheostomy on

14.11.16

Findings: 3x3 x 2 indurated lesion in right lateral border tongue involving anterior 1/3 of whole tongue and

right floor of mouth.

Procedure- Under GA nasally intubated patient taken for OT, Position given, Painting and drapping done,

Primary lesion accessed, Wide local excision done and sent for Final HPR. hemostasis achieved, Neck incision

marked and given, Right sided Level Ia, Ib, IIa, IIb, III, IV removed, Node attached to IJV , so IJV also

removed and ligated. Left sided Level Ia, Ib, IIa, IIb, III neck dissection done, Hemostasis achieved, Drains

kept. Per oral wide local excision of tongue was done. inferiorly excision done taking gingiva as margin,

posteriorly till circumvalet papillae. Defect size 6x4 cm Suprafascial Left radial forearm 7x5 cm raised with

radial artery and two vena and cephalic vein. Microvascular anastomosis done on left neck with facial vessels.

donor site closed with skin grafting and neck wound closed in layers keeping Fr 14 drains. Post surgery flap

perfusion was confirmed.

**Progress Notes**

**Date : 23/11/2017**

**ProgressNotes :**

Carcinoma Right lateral border Tongue pT2N2bMx MDSCC Post WLE of tongue+ Right ND (IJV,

Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF + tracheostomy on 14.11.16. Completed Post

Operative Adjuvant Radiation therapy using Tomotherapy technique RT completion -28/1/17

PET CT done in july 2017 shows recurrent primary involving base tongue, hyoid, thyroid cartilage, carotid

space and parapharyngeal space (FNAC proven recurrence)

o/e:

neck in flexion

large necrotic oro cervical fistula at the level hyoid foul smelling +

advice: plan for best supportive care

continue RT feeds

refrred to pain and palliative medicine

Medical oncology

**Progress Notes**

**Date : 23/01/2017**

**ProgressNotes :**

WIDE LOCAL EXCION with NECK DISSECTION: Moderately differentiated squamous cell carcinoma,

infiltrating underlying muscle to a depth of 1.4 cm. pTNM: pT2N2bMx

Plan -CTRT

Had 4 week chemo

Still counts low

Prolonoged marrow supression

So chemo discointiuiued

radiation oncology

**Speciality :** RadiationOncology

**D/O Commencement of RT** 19/12/2016 **D/O Completion of RT** 28/01/2017

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Right lateral border Tongue

Post WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III) + RFFF + tracheostomy

on 14.11.16.

Moderately Differentiated Squamous cell Carcinoma

pT2N2bMx

Completed Post Operative Adjuvant Radiation therapy using Tomotherapy technique

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

43 year old gentleman, carpenter by profession, with no co-morbidities presented with

complaints of ulceroproliferative growth at right lateral tongue anterior 2/3rd region since 9 months. He was

initially evaluated at Cherthala local hospital 9months back and managed conservatively. The lesion increased in

size over the last 9 months. Incision biopsy done there reported as malignant. Patient was referred here for

further management. Initially seen in Head and Neck Surgery. Clinically at time of presentation approximately a

3x1.5 cm ulcerative lesion with submucosal induration at right lateral border of tongue. Approximately 0.5 cm

away from tip, on palpation induration just crossing midline, approx. 1cm away from TL sulcus posteriorly.

Neck- Multiple nodes palpable at bilateral neck.

Slide review done:Floor of mouth reported as Moderately differentiated squamous cell carcinoma.

His case was discussed in multidisciplinary tumor board and was planned for Wide Local Excision and Neck

dissection. Patient underwent WLE of tongue+ Right ND (IJV, Ia,Ib,IIa,IIb,III,IV) + left ND (Ia,Ib, IIa, IIb, III)

+ RFFF + tracheostomy on 14.11.16.

Post OP HPR reported as Moderately differentiated squamous cell carcinoma, infiltrating underlying muscle to a

depth of 1.4 cm. The tumour appears ulcerated with a maximum thickness of 1.2 cm. There are perineural

infiltration noted. Mild peritumoural infiltrate is seen. No definitive lymphovascular emboli seen. The tumour is

seen to infiltrate as cords at the advancing edge The base of excision is 0.5 cm away. The margins of excision are

free, and the anterior inferior margin appears closest.

Further resection margins provided. B). Right level I A - 5 negative nodes. C). Right level I B - 3 negative nodes.

D). Right level II A - 4 negative nodes. E). Right level II B - 4 negative nodes. F). Right level III - 2 negative

nodes. G). Left level I B - 3 negative nodes. H). Left level II A - 2 negative nodes. J). Left level II B - 5 negative

nodes. K). Left level III - 2 negative nodes L). Additional floor of mouth soft tissue margin (myelohyoid) -

Negative for tumour. M). Additional lateral soft tissue margin - Negative for tumour. N). Additional lateral

mucosal margin (gingiva) - Negative for tumour. P). Right level III (anterior) adjacent to strap muscle - Show

metastatic node with extranodal extension (1.4 cm in maximum dimension) Q). Anterior margin (additional) -

Negative for tumour. R). Right level III stuck to IJV - 1/5 nodes show metastatsis with extranodal extension .

Node measures 1.5 cms in maximum dimension.

IMP: Moderately differentiated squamous cell carcinoma, infiltrating underlying muscle to a depth of 1.4 cm.

He was pathologically staged as pT2N2bMx

His case was discussed in multidisciplinary tumor board and was planned for Concurrent chemoradiation therapy

using Tomotherapy technique.

**INVESTIGATIONS :**

**Haemogram:**

**Date: Hb: g/dl PCV: % PLT:**

**ku/ml**

**TC:**

**ku/ml**

**DC: N % L:% E: % ESR:**

**mm/1st hr**

19/12/2016 11.0 33.7 221 7.1 46.4 38.3 4.7 -

26/12/2016 12.5 38.7 342 6.67 65.5 24.0 2.1 -

02/01/2017 12.1 37.0 319 9.07 78.7 13.9 1.4 -

09/01/2017 12.0 35.2 249 5.21 67.3 22.1 1.7 -

16/01/2017 12.0 37.1 127 2.66 70.9 17.7 2.3 -

19/01/2017 11.5 35.6 112 2.97 63.9 17.1 1.63 -

**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**

19/12/2016 0.33 0.07 33.1 43.2 46.0 6.85 3.72 3.1

**Renal Function Test and Serum Electrolytes:**

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

19/12/2016 - 0.94 136.6 3.7

26/12/2016 - 1.01 - -

02/01/2017 - 1.04 - -

09/01/2017 - 1.16 - -

16/01/2017 - 1.1 - -

19/01/2017 - 1.08 - -

Date: 19/01/2017

RBC-COUNT-Blood : 4.13 M/uL MCV-Blood : 86.2 fL

MCH-Blood : 27.9 pg MCHC-Blood : 32.4 g/dl

RDW-Blood : 12.5 % MPV-Blood : 7.75 fL

MONO -Blood : 16.5 % BASO-Blood : .874 %

Date: 16/01/2017

RBC-COUNT-Blood : 4.34 M/uL MCV-Blood : 85.5 fL

MCH-Blood : 27.6 pg MCHC-Blood : 32.3 g/dl

RDW-Blood : 13.3 % MPV-Blood : 9.8 fL

MONO -Blood : 8.3 % BASO-Blood : 0.8 %

Date: 09/01/2017

RBC-COUNT-Blood : 4.27 M/uL MCV-Blood : 82.4 fL

MCH-Blood : 28.1 pg MCHC-Blood : 34.1 g/dl

RDW-Blood : 13.2 % MPV-Blood : 9.9 fL

MONO -Blood : 8.1 % BASO-Blood : 0.8 %

Date: 02/01/2017

RBC-COUNT-Blood : 4.42 M/uL MCV-Blood : 83.7 fL

MCH-Blood : 27.4 pg MCHC-Blood : 32.7 g/dl

RDW-Blood : 12.8 % MPV-Blood : 9.7 fL

MONO -Blood : 5.8 % BASO-Blood : 0.2 %

Date: 26/12/2016

CRP (C-reactive protein) : 5.34 mg/L RBC-COUNT-Blood : 4.53 M/uL

MCV-Blood : 85.4 fL MCH-Blood : 27.6 pg

MCHC-Blood : 32.3 g/dl RDW-Blood : 12.7 %

MPV-Blood : 9.0 fL MONO -Blood : 8.1 %

BASO-Blood : 0.3 %

Date: 19/12/2016

RBC-COUNT-Blood : 3.91 M/uL MCV-Blood : 86.2 fL

MCH-Blood : 28.1 pg MCHC-Blood : 32.7 g/dl

RDW-Blood : 14.4 % MPV-Blood : 7.5 fL

MONO -Blood : 10.3 % BASO-Blood : 0.3 %

**HISTOPATHOLOGY REPORTS**

Incisional Biopsy, floor of mouth [Dated: 05/11/2016Histology Lab No:S16-14481]

Moderately differentiated squamous cell carcinoma.

Post OP HPR [Dated: 5/11/2016, Histology Lab No :S16-14933]

Moderately differentiated squamous cell carcinoma, infiltrating underlying muscle to a depth of 1.4 cm.

The tumour appears ulcerated with a maximum thickness of 1.2 cm

There are perineural infiltration noted

Mild peritumoural infiltrate is seen

No definitive lymphovascular emboli seen

The tumour is seen to infiltrate as cords at the advancing edge The base of excision is 0.5 cm away

The margins of excision are free, and the anterior inferior margin appears closest. Futher resection margins

provided.

B). Right level I A - 5 negative nodes

C). Right level I B - 3 negative nodes

D). Right level II A - 4 negative nodes

E). Right level II B - 4 negative nodes

F). Right level III - 2 negative nodes

G). Left level I B - 3 negative nodes

H). Left level II A - 2 negative nodes

J). Left level II B - 5 negative nodes

K). Left level III - 2 negative nodes

L). Additional floor of mouth soft tissue margin (myelohyoid) - Negative for tumour

M). Additional lateral soft tissue margin - Negative for tumour N). Additional lateral mucosal margin (gingiva) -

Negative for tumour

P). Right level III (anterior) adjacent to strap muscle - Show metastatic node with extranodal extension (1.4 cm

in maximum dimension)

Q). Anterior margin (additional) - Negative for tumour

R). Right level III stuck to IJV - 1/5 nodes show metastasis with extranodal extension .

Node measures 1.5 cms in maximum dimension.

IMP:

Moderately differentiated squamous cell carcinoma, infiltrating underlying muscle to a depth of 1.4 cm.

pTNM: pT2N2bMx

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

MRI Brain with Contrast [Dated:8/11/2016]

A 3.3x1.43 x2.19 cm(APxTrxCC ) enhancing lesion seen along the right lateral border of tongue that extending

to the undersurface and the sublingual space . Here it extends to encase the neurovascular bundle and the right

lingual artery

The lesion does not cross the midline . The mylohyoid muscle is free. Rounded T2 hypointense nodes seen in

level Ia (7x5mm) and bilateral level II (largest on left 9x8mm) . No other significant cervical lymph nodes.The

neck vessels are patent bilaterally.

Impression:

Enhancing lesion along the right lateral margin of tongue extending to the undersurface & the sublingual space

not crossing the midline as described. Rounded hypo intense nodes in level Ia & bilateral level II .

Treatment Given:

**RADIATION DETAILS :**

Intent: Curative, adjuvant

Technique: Tomotherapy

Site of Disease:Right lateral border Tongue

Cat Scan Simulation on 12/12/2016

Complex Computerised Treatment Planning on 19/12/2016

RT Started on 19/12/2016

RT Completed on 28/1/2017

Treatment breaks- Nil

Total Dose: 6600 cGy in 30 fractions to HRR

6000 cGy in 30 fractions to Tongue + Surgical bed+ Right level II- V Nodal station

5400cGy in 30 fractions to Left level II- V Nodal station+ Right RPN

**Primary Tumour And Drainage Area :**

Site:CTV 66 Gy [High risk areas Right level III Nodes+ HR Nodes+ Right level II ]? GTV node - Right level IV

and V 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:CTV 60Gy [Tongue + Surgical bed+ Right level II- V Nodal station

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:CTV 54Gy [Left level II- V Nodal station]+ Right RPN

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 4 cycles of concurrent chemotherapy with Inj.Cisplatin 70 mg in 1 bottle NS >2hrs. Last was on

10/1/2017.

Further chemo deferred due to persistant low TC

**TREATMENT COURSE :**

43 year old gentleman diagnosed as a case of Carcinoma Right lateral tongue, Post operative,

pT2N2bM0, completed planned course of Post Operative Radiation therapy well without interruptions. On

completion he has Grade I skin reaction & Grade II mucositis.

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

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

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