**RADIOLOGY REPORT**

**Created Date:** 28/02/2017

**Study Done:**

**MRI TONGUE**

Enhancing soft tissue mass is seen along the floor of mouth in the midline infiltrating both sublingual

space,eroding the alveolar margin of mandible at the level of left incisors. Orifice of right submandibular duct

appear infiltrated causing proximal dilatation.Tongue appear free.Myelohyoid and digastric are free.

Submental space is free.

Multiple enlarged necrotic nodes noted in left Level IB and II ,largest measures 22 x25 mm.

Larynx and pharynx appear normal.

Bones appear normal.

**Impression:**

• **Enhancing soft tissue mass is seen along the floor of mouth in the midline infiltrating both**

**sublingual space,eroding the alveolar margin of mandible at the level of left incisors. Orifice**

**of right submandibular duct appear infiltrated causing proximal dilatation.-? Carcinoma**

**alveolus**

**Radiology Report**

**Created Date:** 28/02/2017

**Study Done:**

**CT CHEST - CONTRAST**

***Clinical Information:-Known case of Ca floor of mouth .***

Tracheobronchial tree appears normal with no focal parenchymal nodule . Mild ground galssing with

few atelectatic band noted in posterobasal segments of both lungs.

No pleural thickening / effusion .

Bilateral hila appears normal.

Mediastinal vascular structure appears normal.

Subcentimetric nodes noted in upper paratracheal and AP window.

Thyroid gland appears normal.

A 3mm calcific focus noted in segment VII. No other focal hepatic lesion. Rest of the limited upper

abdominal cuts are unremarkable .

Visualized bones show degenerative changes .

**Impression:**

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

• **No focal lung nodule in present study .**

**RADIOLOGY REPORT**

**Created Date:** 13/04/2017

**Study Done:**

**ULTRASOUND NECK**

Thin strip of collection about 2 cc seen along the infrahyoid neck on left side in the subcutaneous plane .

Another thin strip of collection is seen along the left submandibular space.

Carotid and jugular vessels appear normal.

No significant cervical adenopathy.

**SURGICAL PATHOLOGY REPORT**

**Ref By :** Dr. SI/KK

**Date of sample collection :** 24/03/2017

**Received on :** 24/03/2017

**Reported Date :** 05/04/2017

**Histology Lab No :** S17-3702

**Gross Description :**

Received in formalin are 14 specimens.

The Ist specimen labelled "Segmental mandibulectomy with floor of mouth lesion + segmental mandibulectomy

with level IB left side revised ".consists of the same with a segment of mandible harbouring 9 teeth (chin). An

irregular grey white ulcerative lesion is seen in the anterior floor of mouth measuring

1.6(ML)x1(AP)x0.9(SI)cm. Depth of the lesion is 0.9cm.Lesion is seen more towards the right lateral aspect

and the central area. Grossly left lateral floor of mouth and bone does not appear to be involved. Lesion is 2 cm

from posterior inked soft tissue margin, 1cm from anterior bony margin, 0.6cm from right posterior mucosal

margin, 0.7cm from right lateral bony margin, 1.7cm from left posterior mucosal margin, 2.1cm from left lateral

bony margin (Ist specimen), 3.8cm from inferior soft tissue inked margin. Separately received specimen consists

of segment of mandible with adherent level IB lymph node whole measuring 6(AP)x4(ML)x3(SI)cm. Soft tissue

measuring 6x5x3.4cm. Cut surface of soft tissue shows salivary gland adherent to the bone. Cut surface shows

areas of necrosis and cystic space adjacent to the salivary gland measuring 1.7x1.5x2.4cm. Representative

sections are submitted as follows:

A1 - Right posterior soft tissue and mucosal margin (radial)

A2 - Left posterior soft tissue and mucosal margin (lesion)

A3 to A6 - Sections from salivary gland and suspicious looking areas

AFB1 - Right lateral bony margin

AFB2 - Left lateral bony margin

AFB3 - Separately received posterior bony margin left side

AFB4 to AFB6 - From body of bone

AFB7 - Lesion with posterior soft tissue margin

AFB8- anterior bony facet

AFB9 - cut facet of mandible

AFB 10 -11 - revised mandibular segment cut face

Specimen II labelled " Left level IIA and III", consists of nodular grey brown tissue bit measuring 4.3x2.5x2cm.

Cut surface shows well circumscribed grey white area which appears slightly granular. Representative sections

are submitted in cassettes B1 to B4.

Specimen III labelled "Left Level IIB", consists of multiple nodular grey brown tissue bit in aggregate measuring

5x2.5x1.5cm. Entire specimen submitted in cassettes C1 to C5.

Specimen IV labelled "Left level IV"consists of nodular grey brown tissue bit measuring 4.5x2.7x1.7cm. Cut

surface shows grey white lobulated areas with specks of haemorrhage. Representative sections are submitted in

cassettes D1 to D4.

Specimen V labelled "Left level IV and supraclavicular fatty tissue", consists of 2 nodular tissue in aggregate

measuring 3x2x1.5cm. Entire specimen submitted in cassettes E1 to E5.

Specimen VI labelled "Left EJV node", consists of nodular tissue bit measuring 1.6x1.1x0.5cm. Entire

specimen submitted in cassette F.

Specimen VII labelled "Left level V", consists of nodular fibrofatty tissue measuring 2.7x1.5x1cm. Entire

specimen submitted in cassettes G1 to G3.

Specimen VIII labelled "Right level IB", consists nodular tissue bit measuring 5x3x2ccm. Representative

sections are submitted in cassettes H1 to H4.

Specimen IX labelled " Right level IIA", consists of nodular tissue bit measuring 3.7x1.5x1cm. Entire specimen

submitted in cassettes J1 to J5.

Specimen X labelled "Right level III", consists of nodular fibrofatty tissue measuring 3x1.5x1cm.

Representative sections are submitted in cassettes K1 to K4.

Specimen XI labelled "Right level IIB", consists of multiple nodular fibrofatty tissue measuring 3.3x1.3x1cm.

Entire specimen submitted in cassettes L1 to L5.

Specimen XII labelled "Right level IV", consists of multiple nodular fibrofatty tissue in aggregate measuring

3x1.5x1cm. Representative sections are submitted in cassettes M1 & M2.

Specimen XIII labelled " Additional lateral right soft tissue mucosal margin", consists of mucosa covered tissue

bit measuring 1.3x1.2x1cm. Entire specimen submitted in cassette N.

Specimen XIV labelled " Additional inferior lateral margin", consists of mucosa covered tissue bit measuring

1.5x1x0.5cm. Entire specimen submitted in cassette P.

**Microscopic Description :**

Sections from floor of mouth shows an infiltrating neoplasm invading in large lobules, sheets and nests. Cells

show moderate degree of pleomorphism, focal clear cell change, mitosis and occasional keratin pearls. Brisk

lymphocytic response is noted at the interface. No PNI / LVE seen. Tumour is seen infiltrating into the

submandibular gland .

MRD No:1805098 Name:Mr. GOPALAKRISHNAN NAIR

Page 2 of 4 Printed On:10/08/2024 11:07:28

**Impression :**

Right segmental mandibulectomy + revised segmental mandibulectomy + bilateral SND+ additional margins:

- Moderately differentiated squamous cell carcinoma, floor of mouth.

- Tumour size: 1.6x1x0.9cm.

- Depth of invasion : 0.9cm

- Invasive front: Noncohesive

Lymphocytic host response : Brisk

PNI - absent

LVE - Absent

Bony invasion - absent

Margin clearance:

Tumour is 2mm from right posterior soft tissue and 3mm from right posterior mucosal margin. Left posterior

mucosal margin show moderate dysplasia 0.5cm away.

Posterior soft tissue and mucosal margin - free of tumor(0.6 cms)

- Additional right lateral soft tissue and mucosal margin - Free of tumour

- Additional inferior lateral margin - Free of tumour

- Bony margins are free of tumor

Lymph nodes :

Left level IIA/III- single large node shows tumour

Metastatic focus measuring 4.3cm

ENE - Seen

Left level II B- 13 nodes - free of tumour

Left IV - 1/8 nodes shows tumour

- ENE present

Left IV + supraclavicular fatty tissue - 4 nodes - free of tumour

Left EJV node - 2 nodes and salivary gland tissue - free of tumour

Left level V - 5 nodes - Free of tumour.

Right IB - 1/3 nodes show tumour.

- Attached salivary gland free of tumour

- ENE - Present

Right level IIA - 1/2 nodes shows tumour.

- ENE - absent

Right level III - 5 nodes -free of tumour

Righ level II B - 9 nodes - free of tumour

Right level IV - 4 nodes - free of tumour

Stage : pT2N3 ( AJCC 8th edition)

16/02/2021

**Study Done:**

**MD CT NECK & CHEST CONTRAST**

**Clinical information : Known case of Ca Tongue status post Wide Local Excision + B/L SND and**

**segmental mandibulectomy, RT completed in 2017 to look for recurrence**

Post surgical changes noted in the neck. An enhancing soft tissue thickening seen in the post surgical site at the

lower alveolus extending into the under aspect of anterior third of tongue. No bony erosion - suspicious of local

recurrence.

Pharynx and larynx appear normal.

Both IJV and both CCA are normal bilaterally.

No significant lymphnodes seen bilaterally.

Thyroid gland is normal.

|  |  |
| --- | --- |
| **Date of Admission :**22/03/2017 | **Date of Procedure :**27/03/2017 |

|  |
| --- |
| **Date of Discharge :**08/04/2017 |

|  |
| --- |
|  |

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

|  |
| --- |
| **DIAGNOSIS :** |
| Carcinoma floor of mouth T4N2bM0 (final HPR pending) |

|  |
| --- |
| **PROCEDURE DONE :** |
| WLE + Segmental mandibulectomy + B/l SND (1 to 4) + FFFF reconstruction of the defect + SSG for donor site skin defect + Tracheostomy under GA on 27/03/2017 |

|  |
| --- |
| **DRUG ALLERGIES :** Not Known |

|  |
| --- |
| **HISTORY :** |
| 58 year old Mr GOPALAKRISHNAN NAIR came with complaints of vague dental pain near central arch of mandible since 3 months, was seen by a dentist who identified a lesion and was referred to RCC Trivandrum. He came here for further management |

|  |
| --- |
| **PAST HISTORY :** |
| k/c/o hypothyroidism on thyronorm 150 OD No History of DM,HTN,,DLP, Asthma, seizures,TB CAD,CVA |

|  |
| --- |
| **PERSONAL HISTORY :** |
| Normal bowel and bladder habit |

|  |
| --- |
| **CLINICAL EXAMINATION :** |
| On Examination: Proliferative lesion in FOM, 2.5x1 cm, horse shoe shaped, extending along lingual plate with bone invasion in the midline. Ventral surface of tongue free. Left submandibular gland/IB node enlarged and hard, 3x2.5 cm. Left level II 2x2 hard, mobile node. |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 22/03/2017 | 12.9 | 38.5 | 355 | 17.13 | 67.1 | 25.2 | 3.6 | - |
| 24/03/2017 | 11.0 | 33.5 | 337 | 35.2 | 88.1 | 8.4 | 0.1 | - |
| 25/03/2017 | 8.2 | 24.8 | 295 | 18.4 | 82.3 | 10.6 | 0.1 | - |
| 26/03/2017 | 7.01 | 21.3 | 266 | 20.0 | 81.5 | 12.0 | 0.4 | - |
| 27/03/2017 | 7.8 | 23.6 | 270 | 19.8 | 80.7 | 11.4 | 0.8 | - |
| 28/03/2017 | 10.2 | 29.6 | 291 | 15.25 | 79.1 | 13.0 | 2.4 | - |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 22/03/2017 | 18.1 | 0.98 | 135.8 | 3.9 |
| 24/03/2017 | 25.4 | 0.73 | 133.3 | 4.5 |

Date: 28/03/2017

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.39 M/uL | MCV-Blood : 87.3 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.1 pg | MCHC-Blood : 34.5 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.0 % | MPV-Blood : 9.3 fL |

|  |  |
| --- | --- |
| MONO -Blood : 5.0 % | BASO-Blood : 0.5 % |

Date: 27/03/2017

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.60 M/uL | MCV-Blood : 90.7 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.0 pg | MCHC-Blood : 33.1 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.2 % | MPV-Blood : 7.3 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.9 % | BASO-Blood : 0.2 % |

Date: 26/03/2017

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.26 M/uL | MCV-Blood : 90.7 fL |

|  |  |
| --- | --- |
| MCH-Blood : 29.8 pg | MCHC-Blood : 32.8 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.2 % | MPV-Blood : 7.3 fL |

|  |  |
| --- | --- |
| MONO -Blood : 5.6 % | BASO-Blood : 0.5 % |

Date: 25/03/2017

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.73 M/uL | MCV-Blood : 90.8 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.0 pg | MCHC-Blood : 33.0 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.6 % | MPV-Blood : 7.9 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.1 % | BASO-Blood : 0.9 % |

Date: 24/03/2017

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

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.70 M/uL | MCV-Blood : 90.7 fL |

|  |  |
| --- | --- |
| MCH-Blood : 29.6 pg | MCHC-Blood : 32.7 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.1 % | MPV-Blood : 7.3 fL |

|  |  |
| --- | --- |
| MONO -Blood : 3.2 % | BASO-Blood : 0.2 % |

Date: 22/03/2017

|  |  |
| --- | --- |
| Blood typing; ABO and RhD : O Rh D Positive | Compatibility test; cross match complete (3 tests) : Compatible |

|  |  |
| --- | --- |
| HBs Ag Test - Emergency Screen : 0.40 : Non reactive | Anti HCV - Emergency Screen : 0.08 : Non reactive |

|  |  |
| --- | --- |
| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.21 : Non reactive | PT[Prothrombin Time with INR]-Plasma : 13.5/14.60/0.91 sec |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 4.39 M/uL | MCV-Blood : 87.7 fL |

|  |  |
| --- | --- |
| MCH-Blood : 29.4 pg | MCHC-Blood : 33.5 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 12.4 % | MPV-Blood : 9.3 fL |

|  |  |
| --- | --- |
| MONO -Blood : 3.6 % | BASO-Blood : 0.5 % |

|  |
| --- |
|  |
| HPE done from outside: PD SCC |

|  |
| --- |
| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| 58 Year old Mr GOPALAKRISHNAN NAIR came with above mentioned complaints .After all preliminary investigation and evaluation patient was taken for surgery and he underwent WLE + Segmental mandibulectomy + B/l SND (1 to 4) + FFFF reconstruction of the defect + SSG for donor site skin defect + Tracheostomy under GA on 27/03/2017. Post operative period was uneventful. At the time of discharge patient stable and wound healthy. |

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| Findings: 4 x 3 cm lesion in anterior FOM with mandible involvement + Level 1b node stuck to the mandible laterally + Left Level 2 ,3 and 4 nodes ++++ , Level 2 node was involving the SAN and closely dissected out of the IJV + Right Level 1b nodes+++ Procedure: Under GA with all aseptic precautions , B/l Transverse skin crease incision combined with a miline lip split incision , subplatysmal flaps raised . After preplating , Segmental mandibulectomy done from right lateral incisor to the the angle of the mandible(as the level 1b node was involving the mandible) on the left side with adequate margin.The whole specimen with left level 1b node taken out intoto. SCM dissected on its medial border to expose the Spinal accessory nerve, internal jugular vein and the carotid artery. Left Level 2 ,3 and 4 nodes ++++ , Level 2 node was involving the SAN, so it was sacrificed and closely dissected out of the IJV . Specimen completely separated from the IJV and delivered. Right side Level 1 to 4 dissection also completed. Segmental defect of 10 cm corrected with FFFF harvested form the right leg with one osteotomy and FOM defect corrected with the skin paddle of the FFFF. Anastomosis done to left facial artery and Left EJV. Drains kept .Hemostasis achieved and wound closed in layers .Post procedure uneventful. Free fibula flap notes: Incision is given at the anterior border of the fibula (after marking a skin paddle on 12x 7 cm) at the lower third curving gently anteriorly over peroneus musculature at midpoint the curve is gently back to end about 2 cm above the lateral malleolus over the fibula bone. Skin flap is elevated from anteriorly under the peroneus muscular fascia. Single large septocutaneous perforator identified at the inferior third . Posterior incision down to soleus given, skin paddle elevated anteriorly and perforator preserved. Peroneus muscles are seperated from fibula.Anterior interosseus menbrane divided, anterior neruvascular bundle preserved and EHL muscles seperated away.Interosseus membrane identified and cut. Bone cuts are given with giglgy saw 5 cm from lower end and 6 cm from upper end of fibula. With lateral retraction of fibula, anterior dissection of the muscles off of fibula are done leaving FHL muscle more inferiorly since the peroneal artery exited the fibula inferiorly at halfway length. The artery and venae comitantes are traced proximally and the posterior tibial artery and veins traced till the common peroneal. Haemostasis secured. Closure is done over suction drains with SSG. A posterior splint is applied with the ankle in dorsiflexion. Single osteotomy done with power saw and bone adapted onto the already contoured reconstruction plate in place and fixed with 10 mm screws.Flap inset onto the floor of mouth and tongue base. |

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

|  |
| --- |
| **ADVICE ON DISCHARGE :** |

|  |
| --- |
| **DIET RECOMMENDATIONS :** |
| High protein diet |

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

|  |
| --- |
| **DISCHARGE MEDICATION :** |
| Tab Ciplox 500mg 1-0-1 X 2 days Tab Dolo 650 mg 1-1-1 SOS Tab Pan 40 mg 1-0-0 SOS Tab Ultracet 1tab SOS (if pain) Tab Thyronorm 150mcg OD to continue   |  | | --- | | **HEAD AND NECK - TUMOUR BOARD** |  |  |  | | --- | --- | |  |  | |  |  |  |  |  | | --- | --- | |  |  | | **Previous Treatment History:** |  | |  |  | | **Treatment:** Complete | **Modality:** Surgery + CRT | |  |  | | **Stage:** |  | | **T:** T2 | **N:** N3 | |  |  | | **M:** M0 |  | |  |  | | **Site:** Oral Cavity |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | |  | |  | | **Descriptive History and Examination:**  K/C/O Carcinoma floor of mouth cT4N2bM0 WLE + Segmental mandibulectomy + B/l SND (1 to 4) + FFFF reconstruction of the defect + SSG for donor site skin defect + Tracheostomy under GA on 27/03/2017 HPER: pT2N3 (AJCC 8th edition) Completed concurrent CT on 31/8 2017 and RT on 11/7/17 at kottayam medical college on regular follow up no complaints o/e KPS 80 mouth opening adequate oral : 5x5mm whitish indurated lesion over right FOM Neck : NED | |  | | |  | | |  | | --- | |  | |  | | **Comments:**  Hypothyroid | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Tumour Characteristics:** | |  | | |  | | |  |  | | --- | --- | |  |  | | **Oral Cavity:** FOM |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  |  | | --- | --- | |  |  | | **Length (mm):**  5 | **Breadth (mm):**  5 | |  |  | |  | **Side:** Right | |  |  | |  | **Premalignant/Feild Cancerisation:** No | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | | **Primary:**  Carcinoma in situ with suspicious invasion. |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  | | |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  | | |  | | --- | | **Diagnosis and Stage:** | |  | | |  | | |  |  | | --- | --- | | **Site:** Oral cavity | **Side:** Right | | |  | | |  |  |  | | --- | --- | --- | |  |  |  | | **Stage:** |  |  | | T1 | N0 | M0 | |  |  |  | | |  | | |  |  | | --- | --- | | **Presentation:** Recurence |  | | |  | |  | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | **Descriptive Plan:**  Recurrent Carcinoma Right FOM cT1N0M0 CTHN CXR Plan: WLE imaging awaited |  | |  |  | | --- | | **HEAD AND NECK - TUMOUR BOARD** |  |  |  | | --- | --- | |  | **TB Date:**  24/08/2022 | | **Diagnosis date:**  17/08/2022 | **Tumour Type:** Second Primary |  |  |  | | --- | --- | |  |  | | **Previous Treatment History:** |  | |  |  | | **Treatment:** Complete |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | **Previous HPR:**  Moderately differentiated squamous cell carcinoma, floor of mouth. - Tumour size: 1.6x1x0.9cm. - Depth of invasion : 0.9cm - Invasive front: Noncohesive Lymphocytic host response : Brisk PNI - absent LVE - Absent Bony invasion - absent Margin clearance: Tumour is 2mm from right posterior soft tissue and 3mm from right posterior mucosal margin. Left posterior mucosal margin show moderate dysplasia 0.5cm away. Posterior soft tissue and mucosal margin - free of tumor(0.6 cms) - Additional right lateral soft tissue and mucosal margin - Free of tumour - Additional inferior lateral margin - Free of tumour - Bony margins are free of tumor Lymph nodes : Left level IIA/III- single large node shows tumour Metastatic focus measuring 4.3cm ENE - Seen Left level II B- 13 nodes - free of tumour Left IV - 1/8 nodes shows tumour - ENE present Left IV + supraclavicular fatty tissue - 4 nodes - free of tumour Left EJV node - 2 nodes and salivary gland tissue - free of tumour Left level V - 5 nodes - Free of tumour. Right IB - 1/3 nodes show tumour. - Attached salivary gland free of tumour - ENE - Present Right level IIA - 1/2 nodes shows tumour. - ENE - absent Right level III - 5 nodes -free of tumour Righ level II B - 9 nodes - free of tumour Right level IV - 4 nodes - free of tumour Stage : pT2N3 ( AJCC 8th edition) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | |  | |  | | **Descriptive History and Examination:**  K/C/O Carcinoma floor of mouth cT4N2bM0 - WLE + Segmental mandibulectomy + B/l SND (1 to 4) + FFFF reconstruction of the defect + SSG for donor site skin defect + Tracheostomy under GA on 27/03/2017 HPER: pT2N3 (AJCC 8th edition) Completed concurrent CT on 31/8 2017 and RT on 11/7/17 at kottayam medical college c/o lesion left FOM since 1 yr- slowly increasing no bleeding no LOW/LOA no habits | |  | | |  | | |  | | --- | |  | |  | |  | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Tumour Characteristics:** | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | **Others:**  KPS-90 oral cavity-MO good edentulous 2x2 cm UP right lower alveolus into mandible into fom, right lateral border tongue Tip, BOT-free tongue Rest ned Neck : NED | |  |  | | |  | | |  |  | | --- | --- | |  |  | | **Length (mm):**  20 | **Breadth (mm):**  20 | |  |  | |  | **Side:** Right | |  |  | |  |  | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Imaging:** | |  | | |  | | |  |  | | --- | --- | | **CT:**  CT scan feb21-An enhancing soft tissue thickening seen in the post surgical site at the lower alveolus extending into the under aspect of anterior third of tongue. No bony erosion - suspicious of local recurrence. |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | | **Primary:**  HPER: FOM lesion biopsy : feb 22- Carcinoma in situ with suspicious invasion. |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  | | |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  | | |  | | --- | | **Diagnosis and Stage:** | |  | | |  | | |  |  | | --- | --- | | **Site:** Oral cavity | **Side:** Right | | |  | | |  |  |  | | --- | --- | --- | |  |  |  | | **Stage:** |  |  | | T4a | N0 | M0 | |  |  |  | | |  | | |  |  | | --- | --- | | **Presentation:** Second Primary |  | | |  | |  | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | **Descriptive Plan:**  second primary right lower alveolus T4aN0M0 Pt adv imaging & biopsy-CECT HN CT chest tentative plan -WLE+ /- MM vs segmental Mandibulectomy+NL flap/PMMC Patient not willing for any treatment  **Progress Notes**  **Date : 01/03/2024**  **ProgressNotes :**  K/C/O Carcinoma floor of mouth cT4N2bM0  - WLE + Segmental mandibulectomy + B/l SND (1 to 4) + FFFF reconstruction of the defect + SSG for donor  site skin defect + Tracheostomy under GA on 27/03/2017  HPER: pT2N3 (AJCC 8th edition) Completed concurrent CT on 31/8 2017 and RT on 11/7/17 at kottayam  medical college  HPER: FOM lesion biopsy : feb 22- Carcinoma in situ with suspicious invasion  lesion left FOM slowly increasing no bleeding  no LOW/LOA  CT scan feb21-An enhancing soft tissue thickening seen in the post surgical site at the lower alveolus  extending into the under aspect of anterior third of tongue. No bony erosion - suspicious of local recurrence.  took treatment from outside  Now C/o recurrent TMJ dislocation  Rt alveolar lesion : resolving on some medication pt is taking q15 days ?immunotherapy  adviced PIT and CT  pt would like to continue treatment at native place |  | |  |  | | |

**Progress Notes**

**Date : 27/02/2017**

**ProgressNotes :**

C/O vague dental pain near central arch of mandible since 3 months, was seen by a dentist who identified a

lesion and was referred to RCC Trivandrum. He was worked up for surgery and planned for surgery after

correcting hypothyroidism this week. S++ 30 years stopped 3 months back

O/E: Proliferative lesion in FOM, 2.5x1 cm, horse shoe shaped, extending along lingual plate with bone

invasion in the midline. Ventral surface of tongue free. Left submandibular gland/IB node enlarged and hard,

3x2.5 cm. Left level II 2x2 hard, mobile node.

HPE: PD SCC

Impression: Ca FOM T4N2bM0

Advice:

MRI head and neck and CT chest

WLE+segmental mandibulectomy+B/L SND+recon+PORT