**Radiology Report**

**Created Date:** 22/03/2018

**Study Done:**

**MDCT CHEST PLAIN**

**Clinical info : Known case of carcinoma tongue to assess lung metastasis.**

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

Normal lung parenchyma.

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A tiny pleural based nodule measuring 3.4 mm is seen in the posterior segment of right lower lobe

-? significance. No other pleural pathology.

Chest wall is normal.

A 1.2 cm x1.2 cm parapelvic cyst seen in the interpolar region of right kidney ( average 6 HU)

**Impression:**

1. **A tiny pleural based nodule in the posterior segment of right lower lobe - ? significant.**

2. **Right parapelvic cyst in the inter polar region**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 22/03/2018

**Received on :** 22/03/2018

**Reported Date :** 27/03/2018

**Clinical Impression :**

Right lateral border carcinoma tongue.

**Gross Description :**

Received in formalin is a specimen labelled 'Near total glossectomy tagged as long anterior short superior"

consists of same measuring 8x4.5x3.5cm. Raw surface is inked and specimen serially sliced. Right lateral

border of tongue shows an ulceroproliferative lesion measuring 6 (AP)x2.8(ML)x3.5(SI)cm. Lesion is at a

distance of 0.7cm from tip of tongue and 1cm from posterior resected margin. Lesion is seen as right lateral

portion of tongue extending to ventral surface and is 1cm from lateral mucosal margin, 1.5cm from anterior

mucosal margin, 0.5cm from inferior inked soft tissue margin . Depth of lesion is 2cm. Thickness of lesion is

2.5cm. Salivary gland tissue identified at the ventral tongue measuring 1.5x0.7x1.8cm. Representative sections

are submitted as follows:

A -Anterior shaved tip of the tongue

B -Anterior mucosal margin shaved

C - Right lateral mucosal margin shaved

D to E - Lesion proper

F - Posterior shaved margin

G - Lesion with posterior soft tissue radial

H - Lesion with maximum depth and salivary gland

J - Lesion with left side inked margin.

**Microscopic Description :**

Sections from tongue shows an infiltrating neoplasm arising from the epithelium composed of cells arranged as

large islands, nests, cords and singly infiltrating into skeletal muscle.Cells are polygonal with round to oval

nuclei, fine chromatin, prominent nucleoli, dense eosinophilic cytoplasm. Individual cell keratinisation and

keratin pearl formation noted. Lesion is seen infiltrating as nests and single cords. Dense continous

lymphoplasmacytic infiltration noted at the interface.No lymphovascular / perineural invasion seen.

**Impression :**

Near total glossectomy :

- Well differentaited squamous cell carcinoma

- Tumour measures 6x2.8x3.5cm.

- Depth 1.3cm

- No lymphovascular / perineural invasion seen

- WPOI - type 4 (score 1+)

- Lymphoid infiltrate - Pattern 1 (score 0)

- Risk group - intermediate.

- All margins are free of tumour, closest being inferior inked margin (0.5cm).

Stage pT3Nx

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 23/03/2018

**Received on :** 23/03/2018

**Reported Date :** 02/04/2018

**Clinical Impression :**

Right Ca. tongue

**Gross Description :**

Received in formalin are 11 specimens.

The Ist specimen labelled "Level Ib lymph node" consists of a nodular fibrofatty tissue measuring 4x3.5x1.5cm.

Cut surface shows grey white areas of necrosis and haemorrhage. Representative sections are in cassettes A1 &

A2.

Specimen II labelled "Right level IIA lymph node" consists of nodular fibrofatty tissue measuring 5x3x2.5cm. 3

lymph nodes identified, largest lymph node measuring 2x0.5x0.8cm. Representative sections are submitted in

cassettes B1 to B4.

Specimen III labelled "Right level II B" consists of 2 nodular fibrofatty tissue aggregate measuring 1x0.8x0.5cm.

2 lymph nodes identified.Entire specimen submitted in cassettes C.

Specimen IV labelled "Right level III" consists of a nodular fibrofatty tissue measuring 1x1x0.8cm. One lymph

node identified.Entire specimen submitted in cassette D.

Specimen V labelled "Right level IV lymph node" consists of lymph node measuring 1.5x0.8x0.3cm. Entire

specimen submitted in cassette E.

Specimen VI labelled "Right level Ia lymph node" consists of a nodular fibrofatty tissue measuring 3x2.5x0.8cm.

One lymph node identified and measuring 0.8x0.6x0.4cm. Representative sections are submitted in cassettes F1

& F2.

Specimen VII labelled "Left Level IB lymph node" consists of salivary gland tissue aggregate measuring

4x3x2cm. One lymph node identified. Representative sections are submitted in cassettes G1 & G2.

Specimen VIII labelled "Left level IIA" consists of a nodular fibrofatty tissue aggregate measuring 4x3x1cm. 3

lymph nodes identified, largest measuring 1.5x1x0.5cm. Representative sections are submitted in cassettes H1

to H4.

Specimen IX labelled " Left level IIIA lymph node" consists of nodular fibrofatty tissue aggregate measuring

2x2x0.5cm. Entire specimen submitted in cassettes J1 & J2.

Specimen X labelled "Left level III lymph node" consists of nodular fibrofatty tissue measuring 2x2x0.4cm.

Entire specimen submitted in cassettes K1 & K2.

Specimen XI labelled "Left level IV lymph node" consists of a nodular fibrofatty measuring 1.5x0.8x0.4cm.

Entire specimen submitted in cassettes L1 & L2.

**Impression :**

A. Right level IB lymph node - Only salivary gland tissue identified. No evidence of tumour infiltration. No

lymph nodes identified.

B. Right level IIA lymph node - 1/4 node shows macrometastasis with extranodal extension (minor) - Metastatic

focus is measuring 0.8cm.

C. Right level IIB 0 (0/5) nodes- free of tumour

D. Right level III - (0/5) nodes - free of tumour

E. Right level IV lymph node - single node -free of tumour

F. Right level Ia (0/1) free of tumour

G. Left level IB - 0/1 node- free of tumour .Salivary gland tissue identified - free of tumour

H. Left level IIA (0/7) nodes -free of tumour

J. Left level IIIA (0/4) nodes - free of tumour

K. Left level III lymph node (0/6) nodes - free of tumour

L. Left level IV nodes - (0/7) nodes - free of tumour

Stage pN2a

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| **Date of Admission :**21/03/2018 | **Date of Procedure :**22/03/2018 |

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| **Date of Discharge :**06/04/2018 |

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

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| **DIAGNOSIS :** |
| Carcinoma tongue. |

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| **PROCEDURE DONE :** |
| Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA |

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| **HISTORY :** |
| 44year old male hailing from Karoor, Tamilnadu with no other comorbidities presented to the OPD with history of Right lateral border tongue ulcer since 2 months associated with pain while swallowing (Patient takes semiliquid /blend diet only) and difficulty in articulation.He has undergone Imaging and biopsy outside |

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| **CLINICAL EXAMINATION :** |
| O/E : GC F MOd Oral: Mo adequate . tongue movement restricted Rt lateral border tongue Ulcer 4cm X 3.5cmalong whole of oral tongue involving FOM and TLs on Rt side, induration crossing midline on dorsum of tongue. BOT supple on palpation NecK : B/L Level II LN palpable R> L Rt side 1.5 X 1 cm firm non tender Scopy: BOT free , Valleculae free b/L VC mobile . Biopsy (outside hospital ): Keratinising MDSCC CT chest : Normal lung parenchyma. A tiny pleural based nodule measuring 3.4 mm is seen in the posterior segment of right lower lobe -? significance. No other pleural pathology. |

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| Surgical Pathology Report Near total glossectomy : - Well differentaited squamous cell carcinoma - Tumour measures 6x2.8x3.5cm. - Depth 1.3cm - No lymphovascular / perineural invasion seen - WPOI - type 4 (score 1+) - Lymphoid infiltrate - Pattern 1 (score 0) - Risk group - intermediate. - All margins are free of tumour, closest being inferior inked margin (0.5cm). Stage pT3Nx Impression : A. Right level IB lymph node - Only salivary gland tissue identified. No evidence of tumour infiltration. No lymph nodes identified. B. Right level IIA lymph node - 1/4 node shows macrometastasis with extranodal extension (minor) - Metastatic focus is measuring 0.8cm. C. Right level IIB 0 (0/5) nodes- free of tumour D. Right level III - (0/5) nodes - free of tumour E. Right level IV lymph node - single node -free of tumour F. Right level Ia (0/1) free of tumour G. Left level IB - 0/1 node- free of tumour .Salivary gland tissue identified - free of tumour H. Left level IIA (0/7) nodes -free of tumour J. Left level IIIA (0/4) nodes - free of tumour K. Left level III lymph node (0/6) nodes - free of tumour L. Left level IV nodes - (0/7) nodes - free of tumour Stage Stage pT3N2a |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| After all preliminary evaluation and examination he was admitted .he underwent the procedure Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA.The procedure went uneventful.He was shifted to ICU and later to the ward for post opeartive care.During the post opeartive days his drain was removed and sutures were removed. He developed neck abscess which was drained and daily dressings were done. At the time of discharge: vitals stable,,Sutures removed. |

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| **OPERATIVE FINDINGS :** |
| Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA Findings: Moderate trismus noted. Ulcerative lesion noted in the right lateral tongue roughly 2x2 cm, however submucosal induration involved almost the entire middle third of the tongue. Uninvolved portion of the tongue was left posterior tongue 2 cm in from th eof the circumvallate papillae. Deep extension of the tumour was up to the extrinsic muscles - digastric and mylohyoid were uninvolved. Bilateral enlarged nodes noted in right and left level IIA, largest 2.5x2 cm in size Procedure: Transverse neck crease incision placed at the level of the thyroid notch and subplatysmal flaps raised till just above the lower border of the mandible. Level IA and IB neck dissection performed and bilateral facial vessels preserved with long stumps. Digastric muscle insertion freed from the central arch attachment and mylohoid freed through blunt dissection. Geniohyoid muscle cut flush to the mandible attachment. Intraoral cut placed at the alveolar mucosa and subperiosteal dissection performed to perform a pull-through. Bilateral tonsillolingual sulcus and styloglossus tendons cut under vision to improve exposure. WLE performed with 1 cm circumferential margin. Both lingual arteries ligated at the resection stump. Bilateral levels II-IV cleared preserving SAN, SCM and IJV. Hemostasis achieved. Flap inset with epithelialized portion of the flap functioning as dorsum of the neo-tongue and the de-epithelialized portion tucked into the floor of mouth defect with the fascia lata fixed to the mandible with 3-0 PDS to prevent leak. Tongue stump was sutured to the flap edge. Water-seal confirmed. Neck closed in layers with platysmal 3-0 vicryl and interrupted 4-0 nylon for skin closure after 2x14F suction drains placed. Tracheostomy performed in 2nd tracheal ring with size 7.5 double lumen cuffed Portex tube, Reconstruction notes: ALT free flap done for total glossectomy defect done under GA on 22/03/18 Notes: Part painted and draped. Markings done. Skin perforator identified with the ahnd held doppler and skin paddle marked around it. Medial incision given and extended distally as well as proximally. Rectus femoris muscle identified as a bipennate muscle. The dissection continued in subfacial plane from medial to lateral till the intermuscular septum between rectus femoris and vastus lateralis. A musculocutaneous perforator identified. Dissection proceeded along the i.m.septum to identify the pedicle, descending branch of lateral circumflex femoral artery and the intermuscular perforator entering the muscle. The perforator dissected along with a cuff of muscle around it. The pedicle dissected till the main vessel, clipping and dividing all the branches. Posterior cut given and the flap delivered by dividing the pedicle. Donor site closed primarily after achieving haemostasis and placing the drain. Inset done and anastomosis done to facial artery and vein. Closure done in layers. |

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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. Chlrohexidine mouth gargles. Tab.Tramadol SOS x cont. |

**Tumour Board Discussion**

**Relevant clinical details :**

44yr/M hailing from Karoor Tamilnadu

No known comorbidities /

h/o TC +

c/o Right lateral border tongue ulcer X 2 months

a/w pain while swallowing (Patient takes semiliquid /blend diet only)

a/w difficulty in articulation

Imaging and biopsy done outside

O/E : GC F MOd

Oral: Mo adequate .tongue movement restricted Rt lateral border tongue Ulcer 4cm X 3.5cmalong whole of

oral tongue involving FOM and TLs on Rt side, induration crossing midline on dorsum of tongue.BOT supple

on palpation

NecK : B/L Level II LN palpable R> L Rt side 1.5 X 1 cm firm non tender

Scopy: BOT free , Valleculae free b/L VC mobile .

Biopsy (outside hospital ): Keratinising MDSCC

CT chest : Normal lung parenchyma.

A tiny pleural based nodule measuring 3.4 mm is seen in the posterior segment of right lower lobe -?

significance. No other pleural pathology.

Impresion :cT N2cM0

**Agreed Plan of management :**

Near total glossectomy + B/L SND + STF (alt)

**Histopathology Tumour Board Discussion**

**Date of tumor board discussion :** 04/04/2018

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

submitted in cassettes F1 & F2.

Specimen VII labelled "Left Level IB lymph node" consists of salivary gland tissue aggregate measuring

4x3x2cm. One lymph node identified. Representative sections are submitted in cassettes G1 & G2.

Specimen VIII labelled "Left level IIA" consists of a nodular fibrofatty tissue aggregate measuring 4x3x1cm.

3 lymph nodes identified, largest measuring 1.5x1x0.5cm. Representative sections are submitted in cassettes

H1 to H4.

Specimen IX labelled " Left level IIIA lymph node" consists of nodular fibrofatty tissue aggregate measuring

2x2x0.5cm. Entire specimen submitted in cassettes J1 & J2.

Specimen X labelled "Left level III lymph node" consists of nodular fibrofatty tissue measuring 2x2x0.4cm.

Entire specimen submitted in cassettes K1 & K2.

Specimen XI labelled "Left level IV lymph node" consists of a nodular fibrofatty measuring 1.5x0.8x0.4cm.

Entire specimen submitted in cassettes L1 & L2.

(Dr. Menila/mm)

Impression :

A. Right level IB lymph node - Only salivary gland tissue identified. No evidence of tumour infiltration. No

lymph nodes identified.

B. Right level IIA lymph node - 1/4 node shows macrometastasis with extranodal extension (minor) -

Metastatic focus is measuring 0.8cm.

C. Right level IIB 0 (0/5) nodes- free of tumour

D. Right level III - (0/5) nodes - free of tumour

E. Right level IV lymph node - single node -free of tumour

F. Right level Ia (0/1) free of tumour

G. Left level IB - 0/1 node- free of tumour .Salivary gland tissue identified - free of tumour

H. Left level IIA (0/7) nodes -free of tumour

J. Left level IIIA (0/4) nodes - free of tumour

K. Left level III lymph node (0/6) nodes - free of tumour

L. Left level IV nodes - (0/7) nodes - free of tumour

Stage pN2a

Near total glossectomy : - Well differentaited squamous cell carcinoma - Tumour measures 6x2.8x3.5cm. -

Depth 1.3cm - No lymphovascular / perineural invasion seen - WPOI - type 4 (score 1+) - Lymphoid infiltrate -

Pattern 1 (score 0) - Risk group - intermediate. - All margins are free of tumour, closest being inferior inked

margin (0.5cm). Stage pT3Nx

**Agreed Plan of management :**

CT RT

**Progress Notes**

**Date : 21/03/2018**

**ProgressNotes :**

44yr/M hailing

No known comorbidities /

h/o TC +

c/o Right lateral border tongue ulcer X 2 months

a/w pain while swallowing (Patient takes semiliquid /blend diet only)

a/w difficulty in articulation

Imaging and biopsy done outside

O/E : GC F MOd

Oral: Mo adequate .tongue movement restricted Rt lateral border tongue Ulcer 4cm X 3.5cmalong whole of

oral tongue involving FOM and TLs on Rt side, induration crossing midline on dorsum of tongue.BOT supple

on palpation

NecK : B/L Level II LN palpable R> L Rt side 1.5 X 1 cm firm non tender

Scopy: BOT free , Valleculae free b/L VC mobile .

Biopsy (outside hospital ): Keratinising MDSCC

Adv

NEAr total glossectomy + B/L SNd + STF

PAC

admission

CT chest to r/o mets

**Progress Notes**

**Date : 12/04/2019**

**ProgressNotes :**

Carcinoma Tongue

S/P Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA on 22/3/2018

pT3N2aM0

Well differentiated squamous cell carcinoma

Completed Post Operative concurrent chemo radiation therapy with Inj. Cisplatin 3 weekly regimen. .

RT Started on 8/5/2018

RT Completed on 23/6/2018

Treatment breaks- Nil

3DCRT

Total Dose: 6600 cGy in 33 fractions. to HRR right IIA nodal site

6000cGy in 30 fractions to surgical bed, entire tongue bed, B/L I,II,III, RIGHT RPN

5000cGy in 25 fractions to lower neck nodes

After 10 fractions adapative planning & immobilization done due to weight loss

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CHEMOTHERAPY DETAILS :

Received 3 cycles of 3 weekly Inj. CDDP 120 mg on two divided doses

[Inj Cisplatin 80 mg on Day 1 and Inj Cisplatin 70 mg on Day 2 of the cycles]. Last was on 19/6/2018.

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POST RT 10 MONTHS

o/e doing well

locoregional NED

**Operative Notes**

**Date : 24/03/2018**

**ProgressNotes :**

Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA

Findings: Moderate trismus noted. Ulcerative lesion noted in the right lateral tongue roughly 2x2 cm, however

submucosal induration involved almost the entire middle third of the tongue. Uninvolved portion of the tongue

was left posterior tongue 2 cm in from th eof the circumvallate papillae. Deep extension of the tumour was up

to the extrinsic muscles - digastric and mylohyoid were uninvolved. Bilateral enlarged nodes noted in right and

left level IIA, largest 2.5x2 cm in size

Procedure: Transverse neck crease incision placed at the level of the thyroid notch and subplatysmal flaps

raised till just above the lower border of the mandible. Level IA and IB neck dissection performed and bilateral

facial vessels preserved with long stumps. Digastric muscle insertion freed from the central arch attachment

and mylohoid freed through blunt dissection. Geniohyoid muscle cut flush to the mandible attachment.

Intraoral cut placed at the alveolar mucosa and subperiosteal dissection performed to perform a pull-through.

Bilateral tonsillolingual sulcus and styloglossus tendons cut under vision to improve exposure. WLE

performed with 1 cm circumferential margin. Both lingual arteries ligated at the resection stump. Bilateral

levels II-IV cleared preserving SAN, SCM and IJV. Hemostasis achieved. Flap inset with epithelialized portion

of the flap functioning as dorsum of the neo-tongue and the de-epithelialized portion tucked into the floor of

mouth defect with the fascia lata fixed to the mandible with 3-0 PDS to prevent leak. Tongue stump was

sutured to the flap edge. Water-seal confirmed. Neck closed in layers with platysmal 3-0 vicryl and interrupted

4-0 nylon for skin closure after 2x14F suction drains placed. Tracheostomy performed in 2nd tracheal ring with

size 7.5 double lumen cuffed Portex tube

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| |  | | --- | | **Speciality :**  RadiationOncology | |  | |
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| |  |  | | --- | --- | | **D/O Commencement of RT**  08/05/2018 | **D/O Completion of RT**  23/06/2018 | |
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| |  | | --- | | **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Tongue S/P Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA on 22/3/2018 pT3N2aM0 Well differentiated squamous cell carcinoma Completed Post Operative concurrent chemo radiation therapy with Inj. Cisplatin 3 weekly regimen. . | |  | | **CLINICAL HISTORY AND PHYSICAL FINDINGS**  , 45 year old male hailing from Karoor, Tamilnadu with no other comorbidities, presented to the OPD with history of Right lateral border tongue ulcer since 2 months associated with pain while swallowing (Patient takes semi liquid /blend diet only) and difficulty in articulation. He has undergone Imaging and biopsy outside. Clinical Examination Oral: mouth opening adequate . Tongue movement restricted Right lateral border tongue Ulcer 4cm X 3.5cmalong whole of oral tongue involving FOM and TLs on Right side, induration crossing mid line on dorsum of tongue. BOT supple on palpation Neck : B/L Level II LN palpable R> L Rt side 1.5 X 1 cm firm non tender Scopy: BOT free , Valleculae free b/L VC mobile . Biopsy (outside hospital ): Keratinising MDSCC CT chest : Normal lung parenchyma. A tiny pleural based nodule measuring 3.4 mm is seen in the posterior segment of right lower lobe -? significance. No other pleural pathology. He was advised for surgery and after all preliminary evaluation and examination he underwent the Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA on 22/3/2018. HPR [Dated: 27/3/2018] Near total glossectomy reported as Well differentaited squamous cell carcinoma. Tumour measures 6x2.8x3.5cm. Depth 1.3cm. No lymphovascular / perineural invasion seen - WPOI - type 4 (score 1+). Lymphoid infiltrate - Pattern 1 (score 0). Risk group - intermediate. All margins are free of tumour, closest being inferior inked margin (0.5cm). Stage pT3 HPR [Dated: 2/4/2018] A. Right level IB lymph node - Only salivary gland tissue identified. No evidence of tumour infiltration. No lymph nodes identified. B. Right level IIA lymph node - 1/4 node shows macrometastasis with extranodal extension (minor) - Metastatic focus is measuring 0.8cm. C. Right level IIB 0 (0/5) nodes- free of tumour D. Right level III - (0/5) nodes - free of tumour E. Right level IV lymph node - single node -free of tumour F. Right level Ia (0/1) free of tumour G. Left level IB - 0/1 node- free of tumour .Salivary gland tissue identified - free of tumour H. Left level IIA (0/7) nodes -free of tumour J. Left level IIIA (0/4) nodes - free of tumour K. Left level III lymph node (0/6) nodes - free of tumour L. Left level IV nodes - (0/7) nodes - free of tumour Stage pN2a His case was discussed in multidisciplinary tumor board and was planned for Post Operative Concurrent chemo radiation therapy. | |  | | **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 14/05/2018 | 13.9 | 41.6 | 334 | 5.03 | 75.7 | 15.6 | 3.9 | - | | 22/05/2018 | 13.4 | 38.2 | 219 | 6.83 | 87.1 | 8.6 | 1.0 | - | | 26/05/2018 | 12.4 | 36.6 | 227 | 3.01 | 76.3 | 15.7 | 3.5 | - | | 28/05/2018 | 13.1 | 37.3 | 249 | 3.41 | 68.4 | 21.1 | 3.5 | - | | 05/06/2018 | 13.1 | 36.1 | 174 | 3.66 | 79.8 | 12.6 | 0.8 | - | | 08/06/2018 | 12.0 | 35.5 | 155 | 3.94 | 81.8 | 8.6 | 0.3 | - | | 16/06/2018 | 12.0 | 33.8 | 182 | 2.35 | 77.5 | 14.0 | 2.1 | - |   **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** | | 14/05/2018 | 0.61 | 0.25 | 24.9 | 43.6 | 78.0 | 7.2 | 4.2 | 3.08 | | 22/05/2018 | 0.53 | 0.17 | 17.1 | 27.6 | 89.0 | 7.3 | 4.5 | 2.79 |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 14/05/2018 | 27.0 | 0.79 | 133.9 | 3.5 | | 22/05/2018 | 22.0 | 0.77 | 134.5 | 3.6 | | 26/05/2018 | - | 0.81 | - | - | | 08/06/2018 | - | 0.83 | - | - | | 12/06/2018 | - | - | 137.8 | 4.0 | | 16/06/2018 | - | 0.92 | - | - |   Date: 16/06/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.61 M/uL | MCV-Blood : 73.3 fL |  |  |  | | --- | --- | | MCH-Blood : 26.0 pg | MCHC-Blood : 35.5 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.5 % | MPV-Blood : 9.1 fL |  |  |  | | --- | --- | | MONO -Blood : 6.0 % | BASO-Blood : 0.4 % |   Date: 08/06/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.75 M/uL | MCV-Blood : 74.8 fL |  |  |  | | --- | --- | | MCH-Blood : 25.1 pg | MCHC-Blood : 33.5 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.8 % | MPV-Blood : 8.7 fL |  |  |  | | --- | --- | | MONO -Blood : 9.0 % | BASO-Blood : 0.3 % |   Date: 05/06/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 5.10 M/uL | MCV-Blood : 70.8 fL |  |  |  | | --- | --- | | MCH-Blood : 25.7 pg | MCHC-Blood : 36.3 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.6 % | MPV-Blood : 9.3 fL |  |  |  | | --- | --- | | MONO -Blood : 6.0 % | BASO-Blood : 0.8 % |   Date: 28/05/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 5.05 M/uL | MCV-Blood : 73.9 fL |  |  |  | | --- | --- | | MCH-Blood : 25.9 pg | MCHC-Blood : 35.1 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.5 % | MPV-Blood : 9.2 fL |  |  |  | | --- | --- | | MONO -Blood : 6.7 % | BASO-Blood : 0.3 % |   Date: 26/05/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.90 M/uL | MCV-Blood : 74.7 fL |  |  |  | | --- | --- | | MCH-Blood : 25.3 pg | MCHC-Blood : 33.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.2 % | MPV-Blood : 9.8 fL |  |  |  | | --- | --- | | MONO -Blood : 4.2 % | BASO-Blood : 0.3 % |   Date: 22/05/2018   |  |  | | --- | --- | | CRP (C-reactive protein) : 4.05 mg/L | Magnesium : 1.8 mg/dl |  |  |  | | --- | --- | | Phosphorus inorganic (phosphate)Serum : 4.1 mg/dl | Calcium; total - Serum : 8.99 mg/dl |  |  |  | | --- | --- | | RBC-COUNT-Blood : 5.22 M/uL | MCV-Blood : 73.2 fL |  |  |  | | --- | --- | | MCH-Blood : 25.7 pg | MCHC-Blood : 35.1 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.0 % | MPV-Blood : 10.1 fL |  |  |  | | --- | --- | | MONO -Blood : 2.9 % | BASO-Blood : 0.4 % |   Date: 14/05/2018   |  |  | | --- | --- | | Hs Trop T : 0.0160 ng/ml | CK MB : 0.84 ng/ml |  |  |  | | --- | --- | | Creatine kinase (CK), Total-Serum : 18.0 U/L | Calcium; total - Serum : 8.91 mg/dl |  |  |  | | --- | --- | | Magnesium : 1.8 mg/dl | Phosphorus inorganic (phosphate)Serum : 3.8 mg/dl |  |  |  | | --- | --- | | CRP (C-reactive protein) : 1.20 mg/L | RBC-COUNT-Blood : 5.53 M/uL |  |  |  | | --- | --- | | MCV-Blood : 75.1 fL | MCH-Blood : 25.2 pg |  |  |  | | --- | --- | | MCHC-Blood : 33.5 g/dl | RDW-Blood : 12.8 % |  |  |  | | --- | --- | | MPV-Blood : 9.0 fL | MONO -Blood : 4.5 % |  |  |  | | --- | --- | | BASO-Blood : 0.3 % |  | | |  | | **HISTOPATHOLOGY REPORTS**  HPR [Dated: 27/3/2018] Near total glossectomy : - Well differentaited squamous cell carcinoma - Tumour measures 6x2.8x3.5cm. - Depth 1.3cm - No lymphovascular / perineural invasion seen - WPOI - type 4 (score 1+) - Lymphoid infiltrate - Pattern 1 (score 0) - Risk group - intermediate. - All margins are free of tumour, closest being inferior inked margin (0.5cm). Stage pT3Nx HPR [Dated: 2/4/2018] A. Right level IB lymph node - Only salivary gland tissue identified. No evidence of tumour infiltration. No lymph nodes identified. B. Right level IIA lymph node - 1/4 node shows macrometastasis with extranodal extension (minor) - Metastatic focus is measuring 0.8cm. C. Right level IIB 0 (0/5) nodes- free of tumour D. Right level III - (0/5) nodes - free of tumour E. Right level IV lymph node - single node -free of tumour F. Right level Ia (0/1) free of tumour G. Left level IB - 0/1 node- free of tumour .Salivary gland tissue identified - free of tumour H. Left level IIA (0/7) nodes -free of tumour J. Left level IIIA (0/4) nodes - free of tumour K. Left level III lymph node (0/6) nodes - free of tumour L. Left level IV nodes - (0/7) nodes - free of tumour Stage pN2a | |  | | **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  CT Chest Plain [Dated: 22/3/2018] Normal mediastinal vascular structures.The hila are normal.The tracheobronchial tree is normal.Normal lung parenchyma.A tiny pleural based nodule measuring 3.4 mm is seen in the posterior segment of right lower lobe -? significance. No other pleural pathology.Chest wall is normal. A 1.2 cm x1.2 cm parapelvic cyst seen in the interpolar region of right kidney ( average 6 HU) | |  | |
|  |
| |  | | --- | | **Treatment Given:** | |  | | **SURGERY DETAILS :**  S/P Near total glossectomy+B/L SND (I-IV)+ALT flap reconstruction+tracheostomy under GA on 22/3/2018 | |  | | **RADIATION DETAILS :**  Intent: Curative, postoperative adjuvant Technique: 3 D Conformal Radiotherapy. Site of Disease: Tongue Cat Scan Simulation on 26/4/2018 Complex Computerised Treatment Planning on 5/5/2018 RT Started on 8/5/2018 RT Completed on 23/6/2018 Treatment breaks- Nil Total Dose: 6600 cGy in 33 fractions. to HRR right IIA nodal site 6000cGy in 30 fractions to surgical bed, entire tongue bed, B/L I,II,III, RIGHT RPN 5000cGy in 25 fractions to lower neck nodes After 10 fractions adapative planning & immobilization done due to weight loss | |  | | **Primary Tumour And Drainage Area :**  Site:Tongue bed+ Surgical bed+ Bilateral level I, II, III, IV, V and Right RPN Portals: Right and left lateral APW and ISW, 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 also added to compensate dose deficit Site:Set I Offcord Portals: Right and left lateral ISW 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:RPN Portals:RPNE Energy: 10 MeV Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 95% isodose line Site:LPN Portals:LPNE Energy: 10 MeV Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 95% isodose line Site:LAN 40- 50 Portals:AP with cord block Energy: 6 MV 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 Portals:LAN E Energy: 15 MeV Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line Site:Set II 50- 60 Portals:Right and left lateral ISW Energy: 6MV Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line Site:RPN Portals:RPNE Energy: 10 MeV Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 95% isodose line. Site:LPN Portals:LPNE Energy: 10 MeV Dose: 1000 cGy in 5 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 95% isodose line. | |  | | **Boost Fields :**  Site:Boost 60- 66 Gy, Right level II A Nodal station Portals: AP, RPO Energy: 6 MV photons Dose: 600 cGy in 3 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 95% isodose line. | |  | |  | |  | | **CHEMOTHERAPY DETAILS :**  Received 3 cycles of 3 weekly Inj. CDDP 120 mg on two divided doses [Inj Cisplatin 80 mg on Day 1 and Inj Cisplatin 70 mg on Day 2 of the cycles]. Last was on 19/6/2018. | |  | | **TREATMENT COURSE :**  45 year old gentleman, diagnosed as a case of Carcinoma Tongue, post Operative, pT3N2aM0, completed planned course of Concurrent chemoradiation 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 annually]. 2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism. Oral and Skin Care: 1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised. 2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as per Doctors' advice. 3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing]. Specific: 1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of liquid diet. | |