**RADIOLOGY REPORT**

**Created Date:** 20/11/2018

**Study Done:**

**MR NECK CONTRAST**

Enhancing lesion measuring 3.13 x1.28 x3.24 cms along the lateral border and dorsum of mid and posterior third

of tongue infiltrating the sublingual space.Lesion donot cross the midline.Mylohyoid is free.

Naso and oropharynx appear normal.

Larynx appear normal.

Enlarged nodes are seen in both level IB ,and level II

Carotid and jugular vessels appear normal.

Both parotid and submandibular salivary glands appear normal.

Bones appear normal.

**Impression:**

• **Enhancing lesion measuring 3.13 x1.28 x3.24 cms along the lateral border and dorsum of mid**

**and posterior third of tongue infiltrating the sublingual space.Lesion donot cross the**

**midline.Mylohyoid is free.**

• **B/L suspicious cervical nodes**

**Radiology Report**

**Created Date:** 24/11/2018

**Study Done:**

**CT CHEST-CONTRAST**

***Clinical information:- Known case of carcinoma tongue.***

Poor inspiratory effort.

A small subpleural based soft tissue density nodule measuring 3 x 4 mm in superior basal segment of left lower

lobe - for small to characterize.

No other lung lesions.

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

No pleural pathology.

Chest wall is normal.

Gall bladder fundus shows mild mucosal thickening-could represent early adenomyosis.

**Impression:**

• **No lung lesions suspicious of secondar**ies .**The tiny subpleural based nodules needs follow up.**

• **Gall bladder fundus shows mild wall thickening-could represent early adenomyosis.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 12/12/2018

**Received on :** 12/12/2018

**Reported Date :** 17/12/2018

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received in formalin are 13 specimens.

The Ist specimen labelled "Right hemiglossectomy specimen" consists of tagged double stitch anterior and single

stitch dorsal whole measuring 5x2.5x3cm.An ulceroproliferative lesion is noted on the inferolateral aspect of the

specimen measuring 4(AP)x3(SI)x1.2(ML)cm. Depth is 0.3cm. Raw surface) is inked and specimen is serially

sliced from anterior to posterior into 8 slices.The lesion is 1.5cm from posterior resection margin , 1cm from

anterior resection margin, 0.6cm from medial deep inked margin (closest) ,1.2cm from superomedial margin

,1cm from inferolateral margin and 0.7cm from anterolateral margin. Representative sections are submitted as

follows:

A1 - Anterior radial margin (1cm)

A2 -Anterolateral radial margin

A3 - Lesion with maximum depth with medial deep inked margin (radial)

A4 - lesion with superomedial margin (radial)

A5 -Lesion with inferomedial (radial margin)

A6 -Posterior shaved margin

A7 to A11 -tumour proper

Specimen II labelled "left level IV" consists of single nodular fibrofatty tissue measuring 3x2x1.5cm.3 lymph

nodes identified measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes B1 to B5.

specimen III labelled"Left level IIa" consists of 4 nodular fibrofatty tissue measuring in aggregate measuring

5x3.5x1.5cm.2 lymph node identified , largest measuring measuring 2cm in greatest dimension.Entire specimen

submitted in cassettes C1 to C6.

Specimen IV labelled "Left level III" consists of 2 fibrofatty tissue in aggregate measuring 4.5x2x1cm.2 lymph

nodes identified, largest measuring 1.5cmin greatest dimension. Entire specimen submitted in cassettes D1 to

D5.

specimen V labelled "Additional inferior margin" consists of a single tiny fibrofatty tissue measuring

0.8x0.4x0.3cm.Entire specimen submitted in cassette E.

Specimen VI labelled "Additional deep margin"consists of a single tiny fibrofatty tissue measuring

0.5x0.5x0.3cm. Entire specimen submitted in cassette F.

Specimen VII labelled" Left level Ib" consists of a single nodular fibrofatty tissue measuring 4.5x2.5x1.5cm.

Salivary gland identified .2lymph nodes identified measuring 1cm in greatest dimension. Representative sections

are submitted in cassettes G1 to G5.

Specimen VIII labelled " Right level IV lymph node" consists of a single nodular fibrofatty tissue measuring

1.5x1.5x1.5cm. 1 lymph node identified measuring 0.5cm in greatest dimension. Entire specimen submitted in

cassettes H1 & H2.

Specimen IX labelled "Right level Ib" consists of single nodular fibrofatty tissue measuring 4.5x2x2cm. Salivary

gland identified. 2 lymph nodes identified. largest measuring 1cm in greatest dimension.Representative sections

are submitted in cassettes J1 to J4.

Specimen X labelled "Right level III" consists of fibrofatty tissue in aggregate measuring 3.5x2x1cm.3 lymph

nodes identified , largest measuring 2cm in graetest dimension. Entire specimen submitted in cassettes K1 to

K5.

Specimen XI labeled "Right level Ia" consists of 2 nodular fibrofatty tissue measuring 4.5x3x1.5cm. 2 lymph

nodes identified measuring 0.3cm each.Entire specimen submitted in cassettes L1 to L7

Specimen XII labelled "Right level IIb" consists of 3 fibrofatty tissue measuring in aggregate measuring

2x1x1cm.1 lymph node identified measuring 1cm in greatest dimension.Entire specimen submitted in cassette

M1 to M2.

Specimen XIII labelled"right level IIa" consists of 2 fibrofatty tissue in aggregate measuring 3x1.5x1cm. 3

lymph nodes identified identified.largest measuring 2cm in greatest dimension. Entire specimen submitted in

cassettes N1 to N3.

**Microscopic Description :**

Sections from right hemiglossectomy shows an ulceroproliferative neoplasm arising from mucosal

epithelium.Tumour seen invading in lobules with broad pushing fronds . Cells are polygonal with round oval

hyperchromatic to vesicular nucleus.Scattered dyskeratotic cells and keratin pearls noted.Moderate intratumoural

and peritumoral inflammatory infiltrate seen. No LVE /PNI seen.

**Impression :**

Right hemiglossectomy +bilateral lymph node dissection +Additional margins:

-Well differentiated squamous cell carcinoma

- Site -Right lateral border of tongue

- Tumour size -4x3x1.2cm

- Tumour depth - 0.3cm

- WPOI -Score 0

- LHR- Score 0

- PNI - Score 0

- No LVE seen

- Risk stratification -low risk

Margins:

-All margins are free of tumour including additionally sent inferior and deep margins.

All lymph nodes sampled show reactive changes.

(0/1 -right level IV, 0/2 - right level IB + salivary gland

0/6 right level III, 0/3- right level IA, 0/7 -left level IV

0/7 left level IIA, 0/6-left level III, 0/1 - left level Ib with salivary gland,

0/2 - right level IIB ,0/3 -right level IIA)

Stage pT2N0

|  |  |
| --- | --- |
| **Date of Admission :**10/12/2018 | **Date of Procedure :**11/12/2018 |

|  |
| --- |
| **Date of Discharge :**22/12/2018 |

|  |
| --- |
|  |

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

|  |
| --- |
| **DIAGNOSIS :** |
| Carcinoma right tongue cT2N2CM0(Final HPR Awaited) |

|  |
| --- |
| **PROCEDURE DONE :** |
| WLE+b/l snd + RAFF + Tracheostomy under ga 11-12-18 |

|  |
| --- |
| **HISTORY :** |
| 57 year famale with HTN, T2DM and h/o stroke(2015) came with c/o right tongue growth - 1month asso. minimal pain no h/o dysphagia/odynophagia/resp.distress. Admitted for further management. |

|  |
| --- |
| **MEDICINE ON ADMISSION :** |
| Tab. Clopidogrel 75mg 0-1-0 Tab. Ecosprin 75mg 0-1-0(after food) Tab. Atorvastatin 10mg 0-0-1 Tab. CTD 6.25 mg 1-0-0 Tab. Metolar-XL 25 mg 0-1-0 Tab. Nicardia-R 20mg 1-0-1 Tab.K-Glim Trio 1-1/2-1/2 Insugen(30/70) 16-0-16 S/C |

|  |
| --- |
| **PAST HISTORY :** |
| S.HTN for 3 years on T.Nicardia R 20mg 1-0-1 T.Metolar -XL 25mg 0-1-0 T2DM x 5 years on T.K-Glimi Trio 1-1/2-1/2 CVA in 2015-Left hemiparesis,resolved now DLP on T.Atorvastatin |

|  |
| --- |
| **PERSONAL HISTORY :** |
| No h/o TB/Asthma/ Seizures/Thyroid disorder/ CAD/CVA/COPD H/o Previous blood transfusions Good Effort Tolerance No Recent fever/cough Normal Bowel and bladder habits Not habituated to alcohol or smoking |

|  |
| --- |
| **CLINICAL EXAMINATION :** |
| o/e: GC Fair Vitals stable KPS-80 O/C, OPX: 5X4CM UPG over right lateral border tongue ~1.5cm away from the tip. ?TLS involved. BOT & Floor of mouth free from growth. Not crossing midline. Neck - no lap Scopy: Normal. |

|  |
| --- |
| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| This patient was admitted here for surgery. All relevant blood investigations were sent. After relevant PAC evaluations she was taken up for WLE+b/l snd + RAFF + Tracheostomy under ga 11-12-18 .She tolerated the procedure well. Postoperatively she was shifted to ICU for observation and Flap monitoring later on she was shifted to ward. Post operative period was essentially normal with no major issues. She is being discharged with an advice to follow up here. At the time of discharge, she is stable and comfortable with a healthy wound and is advised to be on regular follow up.Drains removed on POD-2 Conditions at discharge: GC Fair ,Vitals stable, Sutures and clips removed. Neck sutures in situ- to be removed on follow up |

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| Surgery: WLE+b/l snd + RAFF + Tracheostomy under ga 11-12-18 Findings: 3x3 cm Exophytic growth involving the right lateral border tongue and lesion not crossing midline. BOT/FOM/Tip of the tongue -free. Left 1.5x1.0 cm lymph node at the level-3, Left level-5 1x1cm lymph node. Right side 1x1cm multiple lymph nodes present . Procedure: Awake fiber-optic nasotracheal intubation done and patient was taken under ga with sterile and aseptic precautions. Patient postioned, cleaned and drapped. Wide Local Excision: Bite block inserted on left side. betadine wash given. 3.0x3.0cm Exophytic lesion involving the right lateral border tongue with ~0.5cm induration. FOM/BOT/tip of the tongue free from growth . Taking adequate margins wide local excision done. Hemostasis acheived. Defect was repaired with RAFF. B/L Neck dissection: Skin crease incision made. Subplatysmal flaps elevated superiorly till angle of mandible, inferiorly till clavicle. Ipsilateral and contralateral anterior belly of digastric muscle defined. Fibrofatty tissue from the level-1a taken and sent for hpe. Facial artery and common facial vein identified and ligated stump preserved for end-to-end anastomosis. Significant 1x1cm peri-facial lymph nodes and level-1b fibrofatty tissue along with submandibular gland removed in toto and sent for hpe. External jugular vein identified and stump preserved for anastomosis. Sternomastoid retracted laterally ijv, carotids and spinal accessory nerves preserved. Level-2a,2b ,3 and 4 fibrofatty tissue removed and sent for hpe separately. Same steps repeated on left side also. Hemostasis acheived. Valsalva given to check bleeding no active bleeding seen. 14# romovac drain secured. Left RFFF for Right lateral tongue defect Findings : Tongue wide local excsion defect 5x4cm Procedure : Markings : Around 6 x 5cm flap marked keeping the radial artery near to its medial edge. Part painted and draped and torniquet applied. Medial longitudinal skin incision is given. Suprafacial dissection done medial to lateral using tenotomy scissors till the lateral edge of FCR tendon without damaging its paratenon. The radial longitudinal skin incision given and performed lateral-to-medial suprafacial dissection over the brachioradialis. The dorsal radial nerve is preserved. Brachioradialis tendon is widely undermined the and retracted it laterally. The radial artery pedicle is dissected distally. The cephalic vein was not a present (huge VCs were appreciated. Fasciocutaneous paddle is pedicled by only the lateral intermuscular septum and the radial artery pedicle. Proximally, incision from the skin paddle to the antecubital fossa is given. Then, performed subcutaneous dissection to elevate skin flaps medially and laterally. Followed the radial artery pedicle to the antecubital fossa using microclips and bipolar cautery on small vascular branches between the pedicle and underlying musculature. The bifurcation of the brachial artery identified. Flap harvested and delivered. flap inset doen Anastomosis done to facial artery and vein Haemostasis secured. Donor area closed with SSG done after securing the haemostasis and placing drain. Patient withstood the procedure well. |

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

|  |
| --- |
| **WHEN TO OBTAIN URGENT CARE:** |
| -In case of bleeding -In case of infection /High grade fever |

|  |
| --- |
| **DIET RECOMMENDATIONS :** |
| Soft blend diet |

|  |
| --- |
| **PHYSICAL ACTIVITY :** |
| As tolerated |

|  |
| --- |
| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. TAB. LEVOFLOXACIN 500MG 0-1-0 x 5 DAYS T.DOLO 650mg 1-0-1 X 5days T.PAN 40mg 1-0-0 X 5days Chlorhexidine mouth gargles 1-1-1-1 and after every meals T.ATORVASTATIN 10mg 0-0-1x TO continue T.CTD 6.25mg 0-0-1 x TO continue T.METOLAR-XL 25mg 0-1-0 x TO continue T.NICARDIA-R 20mg 1-0-1 x TO continue T.CLOPIDOGREL 75mg 0-1-0 x TO continue T.ECOSPIRIN 75mg 0-1-0 x TO continue H.ACTRAPID 12-12-10 u S/C x TO continue H. NPH 0-0-0-10 U @ 10 PM TO CONTINUE |

**Tumour Board Discussion**

**Relevant clinical details :**

57 year famale with HTN, T2DM and h/o stroke(2015) came with

c/o right tongue growth - 1month

asso. minimal pain

no h/o dysphagia/odynophagia/resp.distress.

o/e:

KPS-80

O/C, OPX:

5X4CM UPG over right lateral border tongue ~1.5cm away from the tip. ?TLS involved. BOT & Floor of

mouth free from growth. Not crossing midline.

Neck - no lap

Scopy: Normal.

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

Biopsy(Medivision diagnostics, 13.11.18):

Leukoplakia with moderate-high dysplasia.

**Comments:**

Impression:

? Carcinoma right lateral border tongue cT3N0Mx

**Agreed Plan of management :**

B/L Significant nodes present, But lesion not crossing midline.

Final Plan:

WLE+B/L SND + STF f/b adj.RT.

CT Chest to be done.

27.11.18:

Ct Chest(24.11.18)

No lung lesions suspicious of secondaries .The tiny subpleural based nodules needs follow up.

Gall bladder fundus shows mild wall thickening-could represent early adenomyosis.

**Histopathology Tumour Board Discussion**

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

Right hemiglossectomy +bilateral lymph node dissection +Additional margins:

-Well differentiated squamous cell carcinoma

- Site -Right lateral border of tongue

- Tumour size -4x3x1.2cm

- Tumour depth - 0.3cm

Margins:

-All margins are free of tumour including additionally sent inferior and deep margins.

All lymph nodes sampled show reactive changes.

(0/1 -right level IV, 0/2 - right level IB + salivary gland

0/6 right level III, 0/3- right level IA, 0/7 -left level IV

0/7 left level IIA, 0/6-left level III, 0/1 - left level Ib with salivary gland,

0/2 - right level IIB ,0/3 -right level IIA)

Stage pT2N0

**Agreed Plan of management :**

tumor is borderline T2/3, in view of large size

To consider ADJ RT

**Progress Notes**

**Date : 19/11/2018**

**ProgressNotes :**

57 year famale with HTN, T2DM and h/o stroke(2015) came with

c/o right tongue growth - 1month

asso. minimal pain

no h/o dysphagia/odynophagia/resp.distress

o/e:

KPS-80

O/C, OPX:

5X4CM UPG over right lateral border tongue ~1.5cm away from the tip. ?TLS involved. BOT & Floor of

mouth free from growth. Not crossing midline.

Neck - no lap

Scopy: Normal

Biopsy(Medivision diagnostics, 13.11.18):

Leukoplakia with moderate-high dysplasia.

Impression:

? Carcinoma right lateral border tongue cT3N0Mx

Adv

MR Head and neck with contrast.

PAC Ix

PAC

HbaA1C levels

Cardiolgy and stroke medicine (Dr Vivek) referance and clearance.

Tentative plan: WLE + Right ND.(No flap - i/v/o multiple co-morbidities).

**operative notes**

**Date : 14/12/2018**

**ProgressNotes :**

Diagnosis:

Carcinoma right tongue cT2N2CM0

Surgery:

WLE+b/l snd + RAFF + Tracheostomy under ga 11-12-1-8

Findings:

3x3 cm Exophytic growth involving the right lateral border tongue and lesion not crossing midline.

BOT/FOM/Tip of the tongue -free.

Left 1.5x1.0 cm lymph node at the level-3, Left level-5 1x1cm lymph node.

Right side 1x1cm multiple lymph nodes present .

Procedure:

Awake fiber-optic nasotracheal intubation done and patient was taken under ga with sterile and aseptic

precautions.

Patient postioned, cleaned and drapped.

Wide Local Excision:

Bite block inserted on left side.

betadine wash given.

3.0x3.0cm Exophytic lesion involving the right lateral border tongue with ~0.5cm induration. FOM/BOT/tip

of the tongue free from growth .

Taking adequate margins wide local excision done.

Hemostasis acheived.

Defect was repaired with RAFF.

B/L Neck dissection:

Skin crease incision made.

Subplatysmal flaps elevated superiorly till angle of mandible, inferiorly till clavicle.

Ipsilateral and contralateral anterior belly of digastric muscle defined.

Fibrofatty tissue from the level-1a taken and sent for hpe.

Facial artery and common facial vein identified and ligated stump preserved for end-to-end anastomosis.

Significant 1x1cm peri-facial lymph nodes and level-1b fibrofatty tissue along with submandibular gland

removed in toto and sent for hpe.

External jugular vein identified and stump preserved for anastomosis.

Sternomastoid retracted laterally ijv, carotids and spinal accessory nerves preserved.

Level-2a,2b ,3 and 4 fibrofatty tissue removed and sent for hpe separately.

Same steps repeated on left side also.

Hemostasis acheived.

Valsalva given to check bleeding no active bleeding seen.

14# romovac drain secured.

**Progress Notes**

**Date : 18/01/2023**

**ProgressNotes :**

Carcinoma Right tongue Well differentiated squamous cell carcinoma S/P WLE+ b/l SND + RAFF +

Tracheostomy under GA on 11-12-18 pT2N0M0 [Boderline T3]

Completed Post Operative Adjuvant Radiation therapy using Tomotherapy technique RT Started on 14/1/2019

RT Completed on 22/2/2019

Treatment breaks- Nil Total Dose: 6000 cGy in 30 fractions

mAR 2022-Extraction of 48 done under evion cover.

Sutures placed.biopsy done freom dorsum tongue

HPE-Right tongue overlying flap tissue - Suggestive of squamous papilloma.

no complaints

L/e- flap good neck- ned

scopy- normal

r/a 4 mths

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Speciality :**  RadiationOncology | |  | |
|  |
| |  |  | | --- | --- | | **D/O Commencement of RT**  14/01/2019 | **D/O Completion of RT**  22/02/2019 | |
|  |
| |  | | --- | | **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Right tongue Well differentiated squamous cell carcinoma S/P WLE+b/l SND + RAFF + Tracheostomy under GA on 11-12-18 pT2N0M0 [Boderline T3] Completed Post Operative Adjuvant Radiation therapy using Tomotherapy technique. | |  | | **CLINICAL HISTORY AND PHYSICAL FINDINGS**  57 year lady, presented with complaints of ulceroproliferative growth right lateral border tongue since 1month associated with minimal pain. No history of dysphagia/odynophagia/respiartory distress. She came to AIMS for further management and was evaluated here at Head and Neck surgery OPD. O/E: GC Fair Vitals stable KPS-80 O/C,OPX: A 5 X4 cm ulceroproliferative growth over right lateral border tongue 1.5cm away from the tip. ?TLS involved. BOT & Floor of mouth free from growth. Not crossing midline. Neck - NED Scopy: Normal. She was evaluated with CT Chest with Contrast [Dated; 20/11/2018] A small subpleural based soft tissue density nodule measuring 3 x 4 mm in superior basal segment of left lower lobe - for small to characterize.No other lung lesions.Normal mediastinal vascular structures.The hila are normal. The tracheobronchial tree is normal. No pleural pathology. Chest wall is normal. Gall bladder fundus shows mild mucosal thickening-could represent early adenomyosis. Impression:No lung lesions suspicious of secondaries .The tiny subpleural based nodules needs follow up. Gall bladder fundus shows mild wall thickening-could represent early adenomyosis. MR neck with Contrast [Dated: 20/11/2018] Enhancing lesion measuring 3.13 x1.28 x3.24 cms along the lateral border and dorsum of mid and posterior third of tongue infiltrating the sublingual space.Lesion donot cross the midline.Mylohyoid is free. Naso and oropharynx appear normal. Larynx appear normal. Enlarged nodes are seen in both level IB ,and level II. Carotid and jugular vessels appear normal. Both parotid and submandibular salivary glands appear normal. Bones appear normal. Impression: Enhancing lesion measuring 3.13 x1.28 x3.24 cms along the lateral border and dorsum of mid and posterior third of tongue infiltrating the sublingual space.Lesion donot cross the midline. Mylohyoid is free. B/L suspicious cervical nodes She was advised for surgery and after all relevant investigation and evaluation she was underwent WLE+b/l snd + RAFF + Tracheostomy under GA on 11-12-18. Post OP HPR [Dated: 17/12/2018] Well differentiated squamous cell carcinoma Site -Right lateral border of tongue Tumour size -4x3x1.2cm Tumour depth - 0.3cm WPOI -Score 0 LHR- Score 0 PNI - Score 0 No LVE seen Risk stratification -low risk Margins: All margins are free of tumour including additionally sent inferior and deep margins. All lymph nodes sampled show reactive changes. (0/1) Right level IV 0/2 Right level IB + salivary gland, 0/6 right level III, 0/3- right level IA, 0/7 -left level IV 0/7 left level IIA, 0/6-left level III, 0/1 - left level Ib with salivary gland, 0/2 - right level IIB ,0/3 -right level IIA) She was diagnosed as a case of Carcinoma Right lateral border Tongue and pathologically staged as pT2N0M0. Her case was discussed in Head and Neck tumor board and in view of size 4CM [ Boderline T3] was planned for Post Operative Adjuvant Radiation therapy using Tomotherapy technique. The diagnosis, stage of disease, need for adjuvant RT, treatment techniques, probable side effects were discussed with patient and relatives. They opted for Tomotherapy | |  | | **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 07/01/2019 | 12.6 | 40.8 | 297 | 6.26 | 59.5 | 29.8 | 3.7 | - | | 29/01/2019 | 11.9 | 36.2 | 275 | 6.03 | 83.2 | 10.1 | 3.2 | - | | 20/02/2019 | 11.7 | 34.7 | 277 | 7.49 | 92.3 | 3.3 | 0.7 | - |   **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** | | 30/01/2019 | 0.46 | 0.17 | 17.9 | 20.7 | 101.0 | 8.3 | 4.4 | 3.93 |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 07/01/2019 | - | 0.86 | - | - | | 20/02/2019 | - | 0.72 | 136.2 | 3.3 |   Date: 20/02/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.27 M/uL | MCV-Blood : 81.3 fL |  |  |  | | --- | --- | | MCH-Blood : 27.4 pg | MCHC-Blood : 33.7 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.4 % | MPV-Blood : 9.5 fL |  |  |  | | --- | --- | | MONO -Blood : 3.3 % | BASO-Blood : 0.4 % |   Date: 29/01/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.51 M/uL | MCV-Blood : 80.3 fL |  |  |  | | --- | --- | | MCH-Blood : 26.4 pg | MCHC-Blood : 32.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.1 % | MPV-Blood : 10.0 fL |  |  |  | | --- | --- | | MONO -Blood : 3.2 % | BASO-Blood : 0.3 % |   Date: 07/01/2019   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.87 M/uL | MCV-Blood : 83.7 fL |  |  |  | | --- | --- | | MCH-Blood : 25.9 pg | MCHC-Blood : 30.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.4 % | MPV-Blood : 9.0 fL |  |  |  | | --- | --- | | MONO -Blood : 6.2 % | BASO-Blood : 0.8 % | | |  | | **HISTOPATHOLOGY REPORTS**  Post OP HPR [Dated: 17/12/2018] Well differentiated squamous cell carcinoma Site -Right lateral border of tongue Tumour size -4x3x1.2cm Tumour depth - 0.3cm WPOI -Score 0 LHR- Score 0 PNI - Score 0 No LVE seen Risk stratification -low risk Margins: All margins are free of tumour including additionally sent inferior and deep margins. All lymph nodes sampled show reactive changes. (0/1) Right level IV, 0/2 Right level IB + salivary gland 0/6 right level III, 0/3- right level IA, 0/7 -left level IV 0/7 left level IIA, 0/6-left level III, 0/1 - left level Ib with salivary gland, 0/2 - right level IIB ,0/3 -right level IIA) Stage pT2N0 | |  | | **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  CT Chest with Contrast [Dated; 20/11/2018] Poor inspiratory effort.A small subpleural based soft tissue density nodule measuring 3 x 4 mm in superior basal segment of left lower lobe - for small to characterize.No other lung lesions.Normal mediastinal vascular structures.The hila are normal.The tracheobronchial tree is normal.No pleural pathology.Chest wall is normal.Gall bladder fundus shows mild mucosal thickening-could represent early adenomyosis. Impression:No lung lesions suspicious of secondaries .The tiny subpleural based nodules needs follow up.Gall bladder fundus shows mild wall thickening-could represent early adenomyosis. MR neck with Contrast [Dated: 20/11/2018] Enhancing lesion measuring 3.13 x1.28 x3.24 cms along the lateral border and dorsum of mid and posterior third of tongue infiltrating the sublingual space.Lesion donot cross the midline.Mylohyoid is free. Naso and oropharynx appear normal. Larynx appear normal. Enlarged nodes are seen in both level IB ,and level II. Carotid and jugular vessels appear normal. Both parotid and submandibular salivary glands appear normal. Bones appear normal. Impression: Enhancing lesion measuring 3.13 x1.28 x3.24 cms along the lateral border and dorsum of mid and posterior third of tongue infiltrating the sublingual space.Lesion donot cross the midline. Mylohyoid is free. B/L suspicious cervical nodes | |  | |
|  |
| |  | | --- | | **Treatment Given:** | |  | | **SURGERY DETAILS :**  S/P WLE+b/l SND + RAFF + Tracheostomy under GA on 11-12-18 | |  | | **RADIATION DETAILS :**  Intent: Curative, as adjuvant Technique: Tomotherapy Site of Disease: Right lateral border Tongue Cat Scan Simulation on 7/1/2019 Complex Computerised Treatment Planning on 9/1/2019 RT Started on 14/1/2019 RT Completed on 22/2/2019 Treatment breaks- Nil Total Dose: 6000 cGy in 30 fractions | |  | | **Primary Tumour And Drainage Area :**  Site: Tongue + Tumor bed+ Surgical bed+ Bilateral level I, II, Right level III, IV A and V A 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: Right level IV B, V B, Left level III, IV and V Nodal station 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. | |  | |  | |  | |  | |  | |  | |  | | **TREATMENT COURSE :**  57 year old lady, diagnosed as a case of Carcinoma Right tongue, Post Operative, pT2N0M0 completed planned course of Post Operative Adjuvant Radiation therapy well without any interruptions. | |  | | **ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**  1. Review after 1 and 2 weeks in RT OPD. 2. Review after 4-6 weeks in HNS-RT Follow Up Clinic for evaluation of Primary Disease, Neck Nodes. 3. Review every month in RT OPD for one year and then as advised. Investigations: 1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT and then as advised by the Physician [CXR every 6 months]. 2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism. Oral and Skin Care: 1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as mouth wash every 4 to 6 hours. 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. | |  | |  | |  | |  | |  | |
|  |

|  |
| --- |
|  |