**Radiology Report**

**Created Date:** 25/08/2016

**Study Done:**

**CT CHEST - PLAIN**

Minimal paraseptal changes noted in bilateral apical lobes.

Rest of lung fields are normal. No focal lesions.

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

No pleural pathology.

Chest wall is normal.

**Impression:**

***Case of Carcinoma floor of mouth . To rule out metastasis.***

• **No pulmonary lesions**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 01/09/2016

**Received on :** 01/09/2016

**Reported Date :** 03/09/2016

**Clinical Impression :**

SCC FOM

**Gross Description :**

Received fresh is a specimen labelled "WLE + a segmental mandibulectomy", consists of a part of tongue with

attached soft tissue ,bilateral sublingual salivary glands, segment of mandible harboring 11 teeth. Tongue

measuring 5x6x2.4cm adjacent soft tissue measuring 6x5.5x3.5cm. Right sublingual salivary gland

3.5x1.5x2.5cm. Left measuring 2.3x1.7x1.8cm. Mandible measuring 10.2x2.4x1.6cm. On slicing the tongue, a

grey white ulcerative lesion is noticed on the floor of the mouth extending to the ventral part of the tongue

measuring 2.5x3.2x2.3cm. This lesion is 0.5cm from posterior tongue margin, 1.7cm from right lateral tongue

margin, 2.3cm from the left lateral tongue margin, 5.5cm from the prehyoid posterior soft tissue margin and

2.7cm from superior soft tumour margin.Tumor is seen extending upto the mandible anteriorly.Right bony

margin is 1.3 cms away;left bony margin is 2.4 cms away.

Frozen read as - Right lateral soft tissue appear grossly close.

Left lateral margin - appear free

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

A1 - Posterior tongue margin

A2 - Left lateral margin

A3 - Right lateral margin

A4 - Right digastric muscle margin

A5 - Left digastric muscle margin

A6 - Prehyoid posterior soft tissue area

A7 - Superior soft tissue margin

A8 - Left sublingual gland

A9 - Right sublingual gland

A10 to A13 - Lesion

A14 - Lymph node

A15 - Lymph node

A16 - 3 lymph nodes

A17 - Right bony margin

A18 - Left bony margin

A19 to A23 - Lesion with bone

Subsequently received in formalin are 11 specimens.

Specimen II labelled "Right level II A", consists of fibrofatty tissue measuring 3.5x3x1.5cm. Multiple nodes

largest measuring 1.3cm in greatest dimension. Entire specimen submitted in cassettes B1 to B5

Specimen III labelled "Right level IIB", consists of nodular fatty tissue measuring 1.5x1.5x1cm. Entire

specimens ubmitted in cassette C.

Specimen IV labelled "Right level III", consists of nodular fatty tissue measuring 2.5x2x1.2cm. Cut surface

shows tiny lymph nodes. Entire specimen submitted in cassettes D1 & D2.

Specimen V labelled "Right level IV", consists of linear piece of fibrofatty tissue measuring 4.5x1x0.7cm. Cut

surface shows multiple tiny nodes. Entire specimen submitted in cassettes E1 & E2.

Specimen VI labelled "Left level IIA", consists of multiple fibrofatty tissue measuring 4x4x1.5cm. Cut surface

shows multiple lymph nodes, largest measuring 1cm in greatest dimension. Entire specimen submitted in

cassettes F1 to F6.

Specimen VII labelled "Left level II B", consists of tissue measuring 2x1x0.2cm. Entire specimen submitted in

cassette G.

Specimen VIII labelled "Left level III", consists of fibrofatty tissue measuring 3x1.5x1cm. Consists of multiple

lymph node largest lymph node measuring 1cm in greatest dimension. Entire specimen submitted in casettes H1

& H2.

Specimen IX labelled "Left level IV" consists of nodular fatty tissue measuring 3.2x1.7x1cm. Cut surface

shows multiple small nodes. Entire specimen submitted in cassettes J1 to J3.

Specimen X labelled "Additional right lateral soft tissue margin", consists of fatty tissue measuring

1.3x0.8x0.8cm. Entire specimen submitted in cassette K

Specimen XI labelled "Additional right lateral mucosal margin", consists of piece of tissue mucosa on one aspect

measuring 1.8x0.8x1cm. Entire specimen submitted in cassette L.

Specimen XII labelled "Left perifacial node", consists of node measuring 1x0.6x0.5cm. Entire specimen

submitted in cassette M.

**Microscopic Description :**

Sections from floor of mouth shows an ulcerating neoplasm composed of dysplastic squamous cells arranged in

angulated sheets and nests with marked desmoplastic and inflammatory response. Focal perineural invasion seen

(<1mm)

**Diagnosis :**

WLE segmental mandibulectomy with bilateral neck ND:

Moderately differentiated squamous cell carcinoma anterior floor of mouth

Tumor dimensions:3.2x2.5x2.3cms.

Depth of invasion:2.3 cms

Invasive front : noncohesive

WPOI :Pattern 4(score 1+)

LHR : score 0

Risk : intermediate

Perineural invasion:seen (<1 mm)

Vascular invasion :absent

Bony invasion : absent

Margin clearance:

posterior (tongue ) soft tissue margin - 5 mm

prehyoid soft tissue margin - free

Right and left sublingual glands - show tumor

left lateral mucosal - 2.3 cm

right lateral mucosal -1.7 cm

right digastric muscle inferior margin - involved

left digastric muscle inferior margin - free

Additional margins

right lateral soft tissue - free

right lateral mucosal margin - free

Dysplasia at margins - absent

Lymph nodes:

Right cervical LN

level IIA -9 nodes -free

level IIB -salivary gland -free

level III -6 nodes -free

level IV - 4 nodes -free

Left cervical LN

level IIA -7 nodes - free

level IIB - 3 nodes - free

level III - 4 nodes - free

level IV -8 nodes - free

pT4N0

**Radiology Report**

**Created Date:** 14/06/2017

**Study Done:**

**MDCT NECK CONTRAST**

*Clinical Information: Known case of carcinoma floor of mouth; status post wide local excision and*

*radiotherapy*

Postop and post RT changes seen in the neck.

Suspicious mass lesion with illdefined margins is noted in the region of base tongue at the posterior margin of

the flap protruding into the vallecula.-?Recurrence -suggest biopsy correlation

Carotid and jugular vessels apear normal.

Thyroid gland appear normal.

No significant cervical lymphadenopathy.

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| **Date of Admission :**31/08/2016 | **Date of Procedure :**01/09/2016 |

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| **Date of Discharge :**19/09/2016 |

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

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| **DIAGNOSIS :** |
| Carcinoma floor of mouth. |

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| **PROCEDURE DONE :** |
| WLE+ Segmental mandibulectomy + BL SND + PEG insertion. Left radial forearm free flap harvest under GA on 1/9/16. Left radial forearm donor site re-exploration under GA on 2/9/16. |

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| **DRUG ALLERGIES :** Not known. |

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| **HISTORY :** |
| 56 Year old male patient presented with lesion in the floor of the tongue and right side of the neck ,biopsy showed from floor of mouth invasive squamous cell carcinoma - moderately differentiated grade with desmoplatic stromal reaction. no co morbidities. MRI of neck done on 19/8/16-ca floor of mouth -Focal soft tissue lesion at the floor of the mouth with ulceration on either side of midline invading the right sub lingual space with secondry submandibular sialadenitis . - no significant lymphadenopathy based in size criteria -Loss of definition, hidh signal with enhacement at the mylohyoid , hyoglossus muscle and the deep lobe of the submandibular gland , anterior belly of digastric on right side noted which can represent infiltration. |

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| **PAST HISTORY :** |
| nothing particular |

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| **PERSONAL HISTORY :** |
| nothing particular |

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| **FAMILY HISTORY :** |
| nothing particular |

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| **CLINICAL EXAMINATION :** |
| On examination KPS: 80 . oral cavity : induration palpable over floor mouth extending from right first molar to left second premolar. tongue tithered to floor of mouth. ventral tongue tip indurated. no tongue dorsum induration. mouth opening - normal. neck: right level IB 2x2cm hard node palpble. submental node 1x1cm palpable. left: no LN. impression: carcinoma FOM T4aN2b. case seen by DR DB advice: CT Chest, PAC, PAC inv, USG abdomen. plan: WLE+ Segmental mandibulectomy + BL SND + PEG insertion.(mandibulectomy defect will be large extending from right angle to keft mid body, anastomosis to left neck vessels) Patient G C fair Vital stable |

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| CT CHEST - PLAIN : Minimal paraseptal changes noted in bilateral apical lobes. Rest of lung fields are normal. No focal lesions. Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. No pleural pathology. Chest wall is normal. Impression: Case of Carcinoma floor of mouth . To rule out metastasis. No pulmonary lesions. ULTRASOUND OF ABDOMEN LIVER Measures 14.6 cm. Mild fatty. No focal lesion seen. IHBR not dilated. G.B Physiologically distended. Echo free lumen. Wall thickness is normal. CBD/PV CBD appears normal. Portal vein shows normal calibre. SPLEEN Measures 9 cm. Normal size and echotexture. No focal lesion seen. PANCREAS Head and body appears normal. Tail is obscured by overlying bowel gas . KIDNEYS Right kidney measures 10 cm. Normal in size, shape, position and echotexture. Corticomedullary differentiation is preserved. Cortical thickness is normal. Sinus echoes are normal. No hydronephrosis. Left kidney measures 9.7 cm. Shows a simple cortical cyst in the upper pole measuring 1 x 1.2 cm. No hydronephrosis / hydroureter / calculi. BLADDER Partially distended grossly normal. PROSTATE Measures 21 cc, Appears normal Upper Retroperitoneum is clear. Impression: v Mild fatty liver. v Left simple renal cortical cyst. Mibg Sensitivity Report: Organism(s) isolated Klebsiella pneumoniae \* Colony count - 100000cfu/ml Pseudomonas aeruginosa Colony count - 10000cfu/ml \*Multi drug resistant isolate. Please nurse the patient in isolation. Endoscopy Procedure Report : Scope passed upto D2. Esophagus: Normal Stomach: Normal Duodenum : Normal A 24 Fr Wilson cook PEG tube was placed under aseptic precautions via the pull technique. No post procedure complications. Impression/Recommendation PEG placement done |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient brought to the hospital with above mentioned complaints. After all investigation and evaluation patient was taken for the surgery. He underwent Left radial forearm free flap harvest under GA on 1/9/16. Left radial forearm donor site re-exploration under GA on 2/9/16. And the post operative period was uneventful. |

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| **OPERATIVE FINDINGS :** |
| 11 OT Diagnosis: Ca.FOM Surgery: WLE + segmental mandibulectomy + b/l SND + Fibula free flap+ RFFF + tracheostomy under GA. Findings: Infiltrative lesion in the FOM and the ventral tongue. 3 c 3 cms in size. Under GA.Lip split, b/l neck transverse incision. Bilateral level 1 dissection done. cheek flap elevated. Mandible exposed and pre-plated. Fom lesion marked out with margins and ventral/anterior tongue included in the specimen. Segmental mandibulectomy + wle done. B/l I-IV ND done. Fibula flap harvested from the right leg based on the peroneal artery and single sc perforator. Fibula detached, osteotomised and inset into the mandibular defect. Anastamosis to the right facial artery and facial vein. Radial forearm harvested from the left arm. Rfff inset into the tongue defect. Anastamosis to the left facial artery and vein. Skin paddle of fibula not perfusing well at the end of the operation. Hence perforator of fibula skin paddle anastamosed to the end of the radial artery in the RFFF. Bleeding confirmed. wound closed with 3-0 vicryl and 4-0 nylon. SSG for both fibula and RFFF donor site.Tracheostomy with 8 double lumen portex tube. Left radial forearm free flap harvest under GA by Dr SI/KK/BD/Narayana on 1/9/16: Skin paddle of around 5x4 cm marked and radial artery and cephalic vein marked. Distal and medial aspects of flap skin incised and raised. Incision deepened till the deep fascia. Cephalic vein and radial artery with venae comitantes identified and ligarted distal to the flap. Sensory branch of radial cutaneous nerve identified and flap portion divided. Cephalic vein and radial artery freed and traced proximally. Radial artery divided just proximal to the confluence, cephalic vein divided at the same level. Flap disconnected. Haemostasis achieved and closure performed in layers after placing 14F suction drain and use of a split skin graft harvested from right thigh. Left radial forearm donor site re-exploration under GA on 2/9/16 by Dr SI/KK/DB/Janardhanan/Shashikant/Narayana Findings: Previous sutures opened and pedicle explored. Radial artery ligated at the confluence with brachial artery, knot from tie was compressed the ulnar artery causing minimal compression and early contusion. Tie was released, however in view of contusion it was decided to excise the segment and replace with a vein graft. Great saphenous vein graft of around 5 cm harvested from right thigh. Proximal ulnar artery excised uptil brachial confluence, around 4 cm. Two end to end anastomoses performed between the brachial artery and the distal end of vein graft, and the proximal end of vein graft and the ulnar artery with nylon 8-0. Patency confirmed. SpO2 in the radial artery territory was confirmed as 100%. 14F drain placed and forearm closed in layers. Skin graft reapplied with tie-over and dressing applied. |

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| **ADVICE ON DISCHARGE :** |
| To review in Head and Neck OPD on 01.10.2016 ( dr deepak b.) |

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| **DIET RECOMMENDATIONS :** |
| PEG feeds at the rate of 2.5 liters per day |

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

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| **DISCHARGE MEDICATION :** |
| Tab Pan 40 mg x 5 days Tab Dolo 650 mg x 5 days tab linezolid 600 mg 1-0-1 5 days tab chymoral forte 1-1-1 for 5 days tab clonazepam 0.5 mg HS T BACT onitment for local application 1-1-1 soframycin onitment 1-1-1 cabipro powder saline nebulization |

**Tumour Board Discussion**

**Relevant clinical details :**

patient presented with lesion in the floor of the tongue and right side of the neck ,biopsy showed from FOM

invasive squamous cell carcinoma - moderately differentiated grade with desmoplatic stromal reaction. No

tobacco chewing. no co morbidities. MRI of neck done on 18/8/16-ca floor of mouth -Focal soft tissue lesion at

the floor of the mouth with ulceration on either side of midline invading the right sub lingual space with

secondry submandibular sialadenitis . - no significant lymphadenopathy bsed in size criteria -Loss of definition,

hidh signal with enhacement at the mylohyoid , hyoglossus muscle and the deep lobe of the submandibular gland

, anterior belly of digastric on right side noted wich can represent infiltration. o/e: KPS: 80 . oral cavity :

induration palpable over floor mouth extending from right first molar to left second premolar. tongue tithered to

floor of mouth. ventral tongue tip indurated. no tongue dorsum induration. mouth opening - normal. neck: right

level IB 2x2cm hard node palpble. submental node 1x1cm palpable. left: no LN. impression: carcinoma FOM

T4aN2b. case seen by DR DB advice: CT Chest, PAC, PAC inv, USG abdomen. plan: WLE+ Segmental

mandibulectomy + BL SND + PEG insertion.(mandibulectomy defect will be large extending from right angle to

keft mid body, anastomosis to left neck vessels)

**Agreed Plan of management :**

CT+RT

**HISTOPATHOLOGY TUMOUR BOARD**

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

Diagnosis :

WLE segmental mandibulectomy with bilateral neck ND:

Moderately differentiated squamous cell carcinoma anterior floor of mouth

Tumor dimensions:3.2x2.5x2.3cms.

Depth of invasion:2.3 cms

Invasive front : noncohesive

WPOI :Pattern 4(score 1+)

LHR : score 0

Risk : intermediate

Perineural invasion:seen (<1 mm)

Vascular invasion :absent

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Margin clearance:

posterior (tongue ) soft tissue margin - 5 mm

prehyoid soft tissue margin - free

Right and left sublingual glands - show tumor

left lateral mucosal - 2.3 cm

right lateral mucosal -1.7 cm

right digastric muscle inferior margin - involved

left digastric muscle inferior margin - free

Additional margins

right lateral soft tissue - free

right lateral mucosal margin - free

Dysplasia at margins - absent

Lymph nodes:

Right cervical LN

level IIA -9 nodes -free

level IIB -salivary gland -free

level III -6 nodes -free

level IV - 4 nodes -free

Left cervical LN

level IIA -7 nodes - free

level IIB - 3 nodes - free

level III - 4 nodes - free

level IV -8 nodes - free

pT4N0

**Agreed Plan of management :**

adjuvant RT

**Tumour Board Discussion**

**Relevant clinical details :**

Carcinoma Floor of Mouth S/P WLE+ Segmental mandibulectomy + BL SND + PEG insertion. Left radial

forearm free flap harvest under GA on 1/9/16.

Left radial forearm donor site re-exploration under GA on 2/9/16.

Moderately differentiated squamous cell carcinoma anterior floor of mouth

pT4N0M0

Completed adjuvant Concurrent chemoradiation therapy 66Gy in 33# with 3DCRT on 30.11.2016

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

CT HN

Suspicious mass lesion with illdefined margins is noted in the region of base tongue at the posterior margin of

the flap protruding into the vallecula.-?Recurrence -suggest biopsy correlation

**Agreed Plan of management :**

symptomatic care

metronomic chemotherapy

MRD

**Progress Notes**

**Date : 25/05/2019**

**ProgressNotes :**

Carcinoma Floor of Mouth S/P WLE+ Segmental mandibulectomy + BL SND + PEG insertion. Left radial

forearm free flap harvest under GA on 1/9/16.

Left radial forearm donor site re-exploration under GA on 2/9/16.

Moderately differentiated squamous cell carcinoma anterior floor of mouth pT4N0M0

Completed adjuvant Concurrent chemoradiation therapy 66Gy in 33# with 3DCRT on 30.11.2016.

PEG tube insitu

locoregionally swelling present

discharging sinus present

explained to bystanders abt disease n chances of plate exposure and infection

ciplox, pan X 3 weeks

Gasro-medicine review for PEG tubeG insertion

**PROGRESS NOTE**

**Operation notes**

**Date : 19/09/2016**

**ProgressNotes :**

11 OT

Diagnosis: Ca.FOM

Surgery: WLE + segmental mandibulectomy + b/l SND + Fibula free flap+ RFFF + tracheostomy under GA.

Findings: Infiltrative lesion in the FOM and the ventral tongue. 3 c 3 cms in size.

Under GA.Lip split, b/l neck transverse incision. Bilateral level 1 dissection done. cheek flap elevated.

Mandible exposed and pre-plated. Fom lesion marked out with margins and ventral/anterior tongue included in

the specimen. Segmental mandibulectomy + wle done. B/l I-IV ND done. Fibula flap harvested from the right

leg based on the peroneal artery and single sc perforator. Fibula detached, osteotomised and inset into the

mandibular defect. Anastamosis to the right facial artery and facial vein. Radial forearm harvested from the left

arm. Rfff inset into the tongue defect. Anastamosis to the left facial artery and vein. Skin paddle of fibula not

perfusing well at the end of the operation. Hence perforator of fibula skin paddle anastamosed to the end of the

radial artery in the RFFF. Bleeding confirmed. wound closed with 3-0 vicryl and 4-0 nylon. SSG for both

fibula and RFFF donor site.Tracheostomy with 8 double lumen portex tube

**Speciality :** RadiationOncology

**D/O Commencement of RT** 17/10/2016 **D/O Completion of RT** 30/11/2016

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Floor of Mouth

S/P WLE+ Segmental mandibulectomy + BL SND + PEG insertion. Left radial forearm free flap harvest under

GA on 1/9/16. Left radial forearm donor site re-exploration under GA on 2/9/16.

Moderately differentiated squamous cell carcinoma anterior floor of mouth

pT4N0M0

Completed adjuvant Concurrent chemoradiation therapy 66Gy in 33# with 3DCRT on 30.11.2016

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

60 year old gentleman, farmer who presented with history of swelling noticed medial to the

angle of mandible on the right side in November 2015 . Initially evaluated at a local center and treated

conservatively with antibiotics, following which the swelling subsided. Swelling was again noticed in between

June-July of 2016 and was evaluated.

Biopsy from floor of mouth showed invasive squamous cell carcinoma - Moderately differentiated with

desmoplatic stromal reaction. No comorbidities.

MRI Neck [Dated:19/8/16]

Focal soft tissue lesion at the floor of the mouth with ulceration on either side of midline invading the right sub

lingual space with secondary submandibular sialadenitis. No significant lymphadenopathy based in size criteria.

Loss of definition, high signal with enhancement at the mylohyoid , hyoglossus muscle and the deep lobe of the

submandibular gland , anterior belly of digastric on right side noted which can represent infiltration.

His case was discussed in multidiciplinary tumor board and planned for surgery.

He underwent WLE+ Segmental mandibulectomy + BL SND + PEG insertion. Left radial forearm free flap

harvest under GA on 1/9/16. Left radial forearm donor site re-exploration under GA on 2/9/16.

Post OP HPR: WLE segmental mandibulectomy with bilateral neck- ND:

-Moderately differentiated squamous cell carcinoma anterior floor of mouth.

-Tumor dimensions:3.2x2.5x2.3cms.

-Depth of invasion:2.3 cms

-Invasive front : noncohesive.

-WPOI :Pattern 4(score 1+).

-LHR : score 0.

-Risk : intermediate.

-Perineural invasion:seen (<1 mm).

-Vascular invasion :absent.

-Bony invasion : absent.

-Margin clearance:

Posterior (tongue ) soft tissue margin - 5 mm;

Prehyoid soft tissue margin - free;

Right and left sublingual glands - show tumor;

Left lateral mucosal - 2.3 cm;

Right lateral mucosal -1.7 cm;

Right digastric muscle inferior margin - involved;

Left digastric muscle inferior margin - free;

Additional margins: right lateral soft tissue - free;

Right lateral mucosal margin - free;

Dysplasia at margins - absent;

Lymph nodes:

Right cervical LN level IIA -9 nodes -free

level IIB -salivary gland -free

level III -6 nodes -free

level IV - 4 nodes -free

Left cervical LN level IIA -7 nodes - free

level IIB - 3 nodes - free

level III - 4 nodes - free

level IV -8 nodes - free

He was pathologically staged as pT4N0.

The case was again discussed in tumour board and in view of the T4 disease with right digastric muscle margin

involvement, it was decided to offer him concurrent chemoradiation therapy.

He was hence referred here for adjuvant concurrent chemoradiation.

O/E

PS 1

Vitals stable

Systemic: NAD

L/E

Oral cavity: Normal. Flap seen. Healing.

Neck: Post op scar seen. Healing. No nodes palpable

**INVESTIGATIONS :**

**Haemogram:**

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

**ku/ml**

**TC:**

**ku/ml**

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

**mm/1st hr**

17/10/2016 12.9 39.5 284 8.50 59.6 30.2 5.9 -

24/10/2016 12.5 38.1 261 7.33 72.7 19.4 3.4 -

31/10/2016 12.5 36.8 210 7.61 79.5 13.7 2.4 -

07/11/2016 11.9 35.2 183 6.2 76.4 12.7 1.6 -

14/11/2016 11.3 32.7 93 4.32 81.8 11.6 1.2 -

16/11/2016 10.9 31.9 74 3.60 77.3 13.3 1.9 -

18/11/2016 10.3 30.0 70 3.44 75.4 17.4 1.7 -

21/11/2016 10.1 29.2 64 2.41 71.8 17.4 2.5 -

23/11/2016 10.2 30.1 76 1.75 65.7 22.3 2.3 -

24/11/2016 10.2 30.2 91 4.30 78.4 12.1 1.6 -

**Renal Function Test and Serum Electrolytes:**

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

17/10/2016 - 0.81 - -

24/10/2016 - 0.84 - -

31/10/2016 - 0.78 - -

07/11/2016 - 0.89 - -

14/11/2016 - 0.89 - -

18/11/2016 - - 132.2 4.3

Date: 24/11/2016

RBC-COUNT-Blood : 3.35 M/uL MCV-Blood : 90.1 fL

MCH-Blood : 30.4 pg MCHC-Blood : 33.8 g/dl

RDW-Blood : 14.6 % MPV-Blood : 10.0 fL

MONO -Blood : 7.7 % BASO-Blood : 0.2 %

Date: 23/11/2016

RBC-COUNT-Blood : 3.38 M/uL MCV-Blood : 89.1 fL

MCH-Blood : 30.2 pg MCHC-Blood : 33.9 g/dl

RDW-Blood : 14.4 % MPV-Blood : 10.0 fL

MONO -Blood : 9.7 % BASO-Blood : 0.0 %

Date: 21/11/2016

RBC-COUNT-Blood : 3.33 M/uL MCV-Blood : 87.7 fL

MCH-Blood : 30.3 pg MCHC-Blood : 34.6 g/dl

RDW-Blood : 14.2 % MPV-Blood : 9.9 fL

MONO -Blood : 7.9 % BASO-Blood : 0.4 %

Date: 18/11/2016

Calcium; total - Serum : 9.2 mg/dl Magnesium : 2.1 mg/dl

RBC-COUNT-Blood : 3.45 M/uL MCV-Blood : 87.0 fL

MCH-Blood : 29.9 pg MCHC-Blood : 34.3 g/dl

RDW-Blood : 13.9 % MPV-Blood : 10.0 fL

MONO -Blood : 5.2 % BASO-Blood : 0.3 %

Date: 16/11/2016

RBC-COUNT-Blood : 3.66 M/uL MCV-Blood : 87.2 fL

MCH-Blood : 29.8 pg MCHC-Blood : 34.2 g/dl

RDW-Blood : 13.7 % MPV-Blood : 10.2 fL

MONO -Blood : 6.9 % BASO-Blood : 0.6 %

Date: 14/11/2016

RBC-COUNT-Blood : 3.75 M/uL MCV-Blood : 87.2 fL

MCH-Blood : 30.1 pg MCHC-Blood : 34.6 g/dl

RDW-Blood : 13.6 % MPV-Blood : 9.6 fL

MONO -Blood : 4.9 % BASO-Blood : 0.5 %

Date: 07/11/2016

RBC-COUNT-Blood : 3.96 M/uL MCV-Blood : 88.9 fL

MCH-Blood : 30.2 pg MCHC-Blood : 34.0 g/dl

RDW-Blood : 15.1 % MPV-Blood : 6.8 fL

MONO -Blood : 8.9 % BASO-Blood : 0.4 %

Date: 31/10/2016

RBC-COUNT-Blood : 4.26 M/uL MCV-Blood : 86.4 fL

MCH-Blood : 29.3 pg MCHC-Blood : 34.0 g/dl

RDW-Blood : 13.4 % MPV-Blood : 9.0 fL

MONO -Blood : 4.1 % BASO-Blood : 0.3 %

Date: 24/10/2016

RBC-COUNT-Blood : 4.24 M/uL MCV-Blood : 89.9 fL

MCH-Blood : 29.5 pg MCHC-Blood : 32.8 g/dl

RDW-Blood : 13.3 % MPV-Blood : 8.8 fL

MONO -Blood : 4.1 % BASO-Blood : 0.4 %

Date: 17/10/2016

CRP (C-reactive protein) : 8.66 mg/L RBC-COUNT-Blood : 4.35 M/uL

MCV-Blood : 90.8 fL MCH-Blood : 29.7 pg

MCHC-Blood : 32.7 g/dl RDW-Blood : 14.0 %

MPV-Blood : 8.4 fL MONO -Blood : 3.9 %

BASO-Blood : 0.4 %

**HISTOPATHOLOGY REPORTS**

Post OP HPR [Dated: 3/9/2016]

WLE segmental mandibulectomy with bilateral neck ND:

Moderately differentiated squamous cell carcinoma anterior floor of mouth

Tumor dimensions:3.2x2.5x2.3cms.

Depth of invasion:2.3 cms

Invasive front : noncohesive

WPOI :Pattern 4(score 1+)

LHR : score 0

Risk : intermediate

Perineural invasion:seen (<1 mm)

Vascular invasion :absent

Bony invasion : absent

Margin clearance:

posterior (tongue ) soft tissue margin - 5 mm

prehyoid soft tissue margin - free

Right and left sublingual glands - show tumor

left lateral mucosal - 2.3 cm

right lateral mucosal -1.7 cm

right digastric muscle inferior margin - involved

left digastric muscle inferior margin - free

Additional margins

right lateral soft tissue - free

right lateral mucosal margin - free

Dysplasia at margins - absent

Lymph nodes:

Right cervical LN

level IIA -9 nodes -free

level IIB -salivary gland -free

level III -6 nodes -free

level IV - 4 nodes -free

Left cervical LN

level IIA -7 nodes - free

level IIB - 3 nodes - free

level III - 4 nodes - free

level IV -8 nodes - free

pT4N0

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

MRI Neck done outside [Dated:19/8/16]

Focal soft tissue lesion at the floor of the mouth with ulceration on either side of midline invading the right sub

lingual space with secondary submandibular sialadenitis. No significant lymphadenopathy based in size criteria.

Loss of definition, high signal with enhancement at the mylohyoid , hyoglossus muscle and the deep lobe of the

submandibular gland , anterior belly of digastric on right side noted which can represent infiltration.

CT Chest Plain [Dated: 25/8/2016]

Minimal paraseptal changes noted in bilateral apical lobes.

Rest of lung fields are normal. No focal lesions.Normal mediastinal vascular structures.The hila are normal.The

tracheobronchial tree is normal.No pleural pathology.Chest wall is normal.

Impression:

No pulmonary lesions.

USG abdomen [Dated 26/8/2016]:

LIVER : Measures 14.6 cm. Mild fatty. No focal lesion seen. IHBR not dilated.

G.B : Physiologically distended. Echo free lumen. Wall thickness is normal.

CBD/PV : CBD appears normal. Portal vein shows normal calibre.

SPLEEN : Measures 9 cm. Normal size and echotexture. No focal lesion seen.

PANCREAS : Head and body appears normal. Tail is obscured by overlying bowel gas .

KIDNEYS : Right kidney measures 10 cm. Normal in size, shape, position and echotexture. Corticomedullary

differentiation is preserved. Cortical thickness is normal. Sinus echoes are normal. No hydronephrosis. Left

kidney measures 9.7 cm. Shows a simple cortical cyst in the upper pole measuring 1 x 1.2 cm. No

hydronephrosis / hydroureter / calculi.

BLADDER : Partially distended grossly normal. PROSTATE Measures 21 cc, Appears normal Upper

Retroperitoneum is clear.

Impression:

-Mild fatty liver.

-Left simple renal cortical cyst.

Treatment Given:

**SURGERY DETAILS :**

He underwent WLE+ Segmental mandibulectomy + BL SND + PEG insertion. Left radial forearm free flap

harvest under GA on 1/9/16. Left radial forearm donor site re-exploration under GA on 2/9/16

**RADIATION DETAILS :**

Intent: Curative, as adjuvant

Technique: 3 D Conformal radiotherapy

Site of Disease: Floor of mouth

Cat Scan Simulation on 6/10/2016

Complex Computerised Treatment Planning on 17/10/2016

RT Started on 17/10/2016

RT Completed on 30/11/2016

Treatment breaks- Nil

Total dose: 66 Gy in 33 fractions

**Primary Tumour And Drainage Area :**

Site:PTV 60Gy (Surgical bed+ Bilateral level Ib- VI Nodal stations)

Portals: Right and left lateral APW and ISW

Energy: 6 MV photons

Dose: 4000 cGy in 20 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

Site: Low anterior neck 40Gy

Portals: LAN AP

Energy: 6 MV and 15 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:Off cord 40-50Gy

Portals: Right and left lateral off cord

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: Posterior neck 40-50Gy

Portals: Right and left posterior neck electrons

Energy: 8 MeV electrons

Dose: 1000 cGy in 5 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 90% isodose line

Site:Lower Anterior Neck 40-50 Gy

Portals:LAN AP

Energy: 6 MV and 15 MV photons

Dose: 1000 cGy in 5 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 2.3 cm depth

Site:Lower Anterior neck 40-50Gy (Electrons)

Portals: LAN Electrons

Energy: 8 MeV electrons

Dose: 1000 cGy in 5 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line

Site:Off cord 50-60Gy

Portals: Right and left off cord

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:Posterior Neck 50-60Gy

Portals: RPN and LPN electrons

Energy: 8 MeV electrons

Dose: 1000 cGy in 5 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 90% isodose line

Site:Low anterior neck 50-60 Gy

Portals: LAN AP

Energy: 6 MV and 15 MV photons

Dose: 1000 cGy in 5 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line

Site:LAN 50-60Gy (Electrons)

Portals:LAN

Energy: 6 MeV Electrons

Dose: 1000 cGy in 5 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line

**Boost Fields :**

Site:PTV 66Gy[High Risk - Close margin region]

Portals: Right lateral and left lateral

Energy: 15 MV Photons

Dose: 600 cGy in 3 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line

**CHEMOTHERAPY DETAILS :**

He received concurrent chemotherapy with weekly Inj Cisplatin 50mg/m2.5th cycle due on 14/11/2016 was

delayed due to thrombocytopaenia.He received his 5th and last cycle with reduced dose 40mg/m2 on 28/11/2016

after platelet correction. .

**TREATMENT COURSE :**

56 year old gentleman, diagnosed as a case of Carcinoma Floor of Mouth, Post Operative,

pT4N0M0 was planned for concurrent chemoradiation with 66Gy in 33 fractions with weekly cisplatin. He was

on PEG feeds post operatively and completed his planned course of treatment well without interruptions.He had

grade I skin reactions at completion.

**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 every 6 months].

2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.

Oral and Skin Care:

1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as

mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised.

2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with

towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as

per Doctors' advice.

3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing].

Specific:

1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of

liquid diet. Orally as tolerated.