**RADIOLOGY REPORT**

**Created Date:** 07/08/2020

**Study Done:**

**MRI HEAD AND NECK (PLAIN AND CONTRAST)**

**Clinical information**- Case of Ca. Tongue.

A well defined enhancing lesion measuring 5 x 2.4 x 3.8 cm (AP x TR x CC) is noted involving

anterior , middle and posterior third of left lateral border of oral tongue.Lesion crosses midline. Lesion

is seen involving left sublingual space, deep lobe of submandibular gland, tonsil, left lateral wall of

oropharynx and abutting the hyoid bone.Myloyoid free.

Few lymph nodes noted in right level Ib and left level II (measuring 20x14 mm and causing

compression of left IJV).

Bilateral carotid and right jugular vessels are normal.

Larynx is normal.

Bilateral parotid and right submandibular glands are normal.

Bones show normal signal

**Impression:**

• **Ill defined enhancing lesion along left lateral border of oral tongue with extension and**

**lymphadenopathy as described - likely to be malignancy. Suggested biopsy.**

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| **Radiology Report**  **Created Date:** 07/08/2020  **Study Done:**  **CT CHEST - PLAIN**  **Clinical information : Case of Ca tongue, to rule out lung metastasis.**  Fibrocavitatory changes with traction bronchiectasis seen in the apical region of right upper lobe. Pleural  thickening along the apex is also seen.  Rest of the lung parenchyma appears normal. No nodules. No calcifications.  No mediastinal shift.  No significant mediastinal lymph nodes.  <="" p="">  No pleural effusion.  Chest wall is normal.  Kissing osteophytes seen in D9 - D11 vertebrae.  **Impression:**  1. **Fibrocavitatory areas with traction bronchiectasis and pleural thickening involving right**  **upper lobe, likely secondary to a prior infection. No lung nodules to suggest metastasis.** |

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| |  |  | | --- | --- | | **Date of sample collection :**  04/08/2020 |  | |
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| |  |  | | --- | --- | |  | **Reported Date :**  06/08/2020 | |
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| |  | | --- | | **Gross Description :**  Received formalin is a specimen consists of mucosa attached grey white tissue bit measuring 0.6x0.4x0.3cm. Entire specimen submitted in one cassette. Dr Malavika/MN/gb) | |  | |
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| |  | | --- | | **Microscopic Description :**  Biopsy shows multiple fragments of tissue with an infiltrating neoplasm composed of polygonal cells arranged in nests and cords, focally showing prominent intercellular bridges. Individual cells have abundant eosinophilic cytoplasm, distinct cell borders, round vesicular nucleus with prominent nucleoli. Squamous pearls noted. Tumour is seen infiltrating between muscle fibers. | |  | |
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| |  | | --- | | **Impression :**  Left lateral border of tongue biopsy: Moderately differentiated squamous cell carcinoma | |

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 12/08/2020

**Received on :** 12/08/2020

**Reported Date :** 18/08/2020

**Clinical Impression :**

K/C/O carcinoma tongue

**Gross Description :**

Received in formalin are 9 specimens. The Ist specimen labelled " WLE (total glossectomy) specimen with

attached soft tissue and muscle measuring 9.5x5x5cm. The base is inked and specimen serially sliced.The

posterior aspect of tongue shows circumvallate papillae.On serially slicing a well circumscribed tumour is

identified on left lateral border of tongue measuring 5x2x3cm. The tumour is seen extending from anterior 3rd

of tongue to the posterior aspect and base of tongue and seen abutting the salivary gland.The distance of the

tumour from anterior margin 1.5cm from posterior border and left lateral border of tongue. The posterior soft

tissue margin is 1cm, right lateral margin is 2.6cm and base is 1.2cm from the tumor. The maximum depth of

invasion is 2.3 cm. A small firm nodule of 1 cm x1cm is identified posterior to the right salivary gland tissue

within the deep muscles of tongue.

Representative sections are submitted as follows:

A1- Anterior shaved margin tongue

A2 - Posterior(radial)margin

A3- Right lateral mucosal margin

AFB1 -Right lateral soft tissue margin

A4, AFB2, AFB3- ? Lymph node on right side

A5- Right lateral salivary gland margin

A6- Left lateral border of tongue (radial section with tumor)

A7 -Left lateral soft tissue (shaved)

A8 - Left lateral salivary gland (radial)

A9 - Posterior (shaved) soft tissue margin

A10 - Tumour with salivary gland

A11 to A14- Tumour proper

B)Specimen II labelled "level I A" consists of fibrofatty tissue measuring 3x3x1cm. Grossly no lymph node

identified. Entire specimen submitted in cassettes B1 to B3.

C) Specimen III labelled "Left level I B " conssits of nodular fibrofatty tissue (salivary gland) whole measuring

3.5x3x2cm. ? 1 lymph nodes identified measuring 0.8cm in greatest dimension. Representative sections are

submitted in cassettes C1 to C3.

D) Specimen IV labelled "Left level II B "consists of single fibrofatty tissue measuring 0.8x0.5x05cm. Entire

specimen submitted in cassette D.

E) Specimen V labelled "Left level II A, III,IV" consists of a nodular fibrofatty tissue measuring 5x3x2cm. Cut

surface shows 1 lymphnode completely involved by tumour measuring 3x2x1.3cm. Another one lymph node

0.6cm in greatest dimension identified. Entire specimen submitted in cassettes E1 to E5.

F) Specimen VI labelled "Right level I B "consists of a nodular fibrofatty tissue (salivary gland) measuring

2.5x2x1cm. One lymph node measuring 1cm in greatest dimension identified. Representative sections submitted

in cassettes F1 & F2.

G) specimen VII labelled "Right level II" consists of a nodular fibrofatty tissue measuring 2x1x1cm.

Representative sections are submitted in cassettes G1 & G2.

H) Specimen VIII labelled "Right level III"consists of fibrofatty tissue measuring 2.5x1.5x1cm. Grossly 2

lymph nodes identified measuring 0.5cm each. Entire specimen submitted in cassettes H1 to H3.

J) Specimen IX labelled "Right level IV" consists of nodular fibrofatty tissue measuring 2x1.5x0.5cm.Entire

specimen submitted in cassette J1 & J2.

(Dr.Amritha Sao/mm)

**Microscopic Description :**

A) Section from the tongue shows an infiltrative neoplasm is seen composed of cells arranged in nests,

trabeculae and cords.The cells are polygonal with moderate amount of eosinophilic cytoplasm, vesicular

chromatin and prominent nucleoli. Numerous scattered keratin pearl formation noted.The tumour is seen to

extend into the muscle layer and involves the adjacent salivary gland (A11)

-No LVE seen

-Perineural invasion in small nerves seen (score 1) (A6)

-Mild sprinkling of lymphoid infiltrate seen (score 3)

-WPOI -Pattern 4 (score 1)

-Risk group - High risk

- Margins -All the margins are free of tumour.The cloest being the base which is 1.2cm away

-Tonsillar tissue seen- free of tumour

- Nodular tissue in the right posterior deep muscle of tongue shows tumor

B) level I A- 3 reactive lymph nodes - free of tumour

C) Left level I B - One reactive lymph node -free of tumour .Salivary gland -free of tumour

D) Left level II B -Fibrocollagenous tissue and muscle seen - Free of tumour

E) Left level IIA, III, IV - 3 out of 4 lymph nodes show metastasis.ENE seen,Largest metastatic deposit

measuring 3cm.

F) Right level I b -1 out of 2 lymph nodes show metastasis.No ENE seen. Largest metastatic deposit measuring

0.4cm.

G) Right level II -5 reactive lymph nodes-free of tumour

H) Right level III -4 reactive lymph nodes -free of tumour

J) Right level IV - Fibrofatty tissue seen. Free of tumour

**Impression :**

A) Total glossectomy +Left level I a to IV + Right level I B - IV:

-Well differentiated squamous cell carcinoma

-Left lateral border of tongue

-Tumour size - 5x2x3cm

-PNI seen (score 1)

-LHR -Score 3

-WPOI -4 (score 1)

-Risk group - High risk

-Margins -All the margins are free of tumour.The closest being the base which is 1.2cm away.

- 4 out of 19 lymph nodes show metastasis. ENE seen. Largest metastatic deposit measuring 3cm.(Left level

IIA,III,IV and right level IB)

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| **Date of Admission :**10/08/2020 | **Date of Procedure :**11/08/2020 |

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| **Date of Discharge :**22/08/2020 |

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

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

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| **PROCEDURE DONE :** |
| Surgery: WLE (Total Glossectomy) + Right SND (levels I-IV) + Left MRND + ALT Flap + PEG insertion + tracheostomy under GA done on 11.08.2020 OGD scopy + PEG insertion on 11/8/2020 |

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| **DRUG ALLERGIES :** Not Known |

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| **HISTORY :** |
| 55 year old gentleman, resident of Haripada, working in factory came with h/o ulcer noticed over left tongue since 4 months, painful in nature. h/o associated blood stained sputum present h/o odynophagia present pooling of saliva present Sharp tooth +, grinding done in march no other complaints Diabetic |

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| **MEDICINE ON ADMISSION :** |
| Glimepride 1 |

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| **PAST HISTORY :** |
| Diabetic on OHA'S |

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| **PERSONAL HISTORY :** |
| Bowel Bladder habits Normal |

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| **FAMILY HISTORY :** |
| Not significant |

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| **CLINICAL EXAMINATION :** |
| O/E KPS 90 OC:mouth opening adequate, dentate stained teeth + 5x3x3cm growth over left tongue 1cm from tip, extending to BOT, crossing midline sparing just 0.5cm of right lateral tongue border, involving left TLS, anterior pillar and tonsil appears free. Scopy: Left BOT fullness, endolarynx normal, B/L VC mobile Neck: 3x3cm node palpable in left level II, restricted mobility |

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| MRI HEAD AND NECK (PLAIN AND CONTRAST) Clinical information- Case of Ca. Tongue. A well defined enhancing lesion measuring 5 x 2.4 x 3.8 cm (AP x TR x CC) is noted involving anterior , middle and posterior third of left lateral border of oral tongue.Lesion crosses midline. Lesion is seen involving left sublingual space, deep lobe of submandibular gland, tonsil, left lateral wall of oropharynx and abutting the hyoid bone.Myloyoid free. Few lymph nodes noted in right level Ib and left level II (measuring 20x14 mm and causing compression of left IJV). Bilateral carotid and right jugular vessels are normal. Larynx is normal. Bilateral parotid and right submandibular glands are normal. Bones show normal signal Impression: Ill defined enhancing lesion along left lateral border of oral tongue with extension and lymphadenopathy as described - likely to be malignancy. Suggested biopsy. CT Chest: Fibrocavitatory changes with traction bronchiectasis seen in the apical region of right upper lobe. Pleural thickening along the apex is also seen. Rest of the lung parenchyma appears normal. No nodules. No calcifications. No mediastinal shift. No significant mediastinal lymph nodes. No pleural effusion. Chest wall is normal. Kissing osteophytes seen in D9 - D11 vertebrae. Impression:Fibrocavitatory areas with traction bronchiectasis and pleural thickening involving right upper lobe, likely secondary to a prior infection. No lung nodules to suggest metastasis. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted with above mentioned complaints.After all relevant pre operative investigations and anaesthesia clearance he underwent WLE (Total Glossectomy) + Right SND (levels I-IV) + Left MRND + ALT Flap + PEG insertion + tracheostomy under GA done on 11.08.2020 Approach: Pull through.Intra operatively PEG tube inserted.The drains were removed on POD 4/5.All sutures and clips removed on POD 7.Intra operative and post operative period was uneventful.He was discharged with the the tracheostomy tube and PEG tube in situ.At the time of discharge vitals stable. |

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| **OPERATIVE FINDINGS :** |
| Diagnosis: Carcinoma tongue Surgery: WLE (Total Glossectomy) + Right SND (levels I-IV) + Left MRND + ALT Flap + PEG insertion + tracheostomy under GA done on 11.08.2020 Approach: Pull through Surgeons: Dr SI, Dr .DB, Dr. Shravan, Dr. Tejal Findings: Growth involving almost entire anterior tongue, extending to left BOT, almost reaching hyoid. 3x3cm nodal mass in left level II with IJV involvement and adherence to SCM. On the right side, hyoglossus muscle appears to be involved. Under GA, via nasotracheal intubation, position given, parts painted and draped. Horizontal skin crease incision made. Subplatysmal flaps elevated. Fibrofatty tissue cleared from B/L levels I-IV. On the left side, nodal mass found adherent to IJV and hence IJV was ligated. Part of SCM also included in the specimen. ECA, ICA and vagus found free and preserved. B/L SAN preserved. IJV and SCM preserved on right side. Facial vessels preserved on the right side for anastamosis. no e/o chyle leak. Hemostasis achieved. Romovac suction drain number 14 placed in situ on both sides. Through the neck incision attachment of myelohyoid to the mandible cut. Genioglossus and geniohyoid attachment insertion cut. Posterior cut given at the level of valecula. Hypoglossal nerve ? involved on left side and sacrificed. Left anterior pillar and part of left tonsil included in the specimen. Right hypoglossal nerve delineated for anastamosis for the motorized flap. Specimen delivered in toto and sent for HPER. Inset: The skin paddle oriented vertically and posterior part sutured to the remnant pharynx using 3-0 vicryl. Muscle bulk oriented horizontally and used to recreate the FOM, sutured to the mandible (holes drilled) using 3-0 PDS Reconstruction:ALT free flap cover under GA Dimensions: 6X5cms horizontal skin paddle Lt thigh. After drapping and marking, The axis of the surface of the septum between the rectus femoris and the vastus lateralis is marked by a line connecting the anterior superior iliac spine and the lateral patella. Medial skin incision is given. Vastus lateralis and rectus femoris identified and lateral intermuscular septum identified. Dissection done along the septum to see the descending branch of lateral femoral circumflex vessels. Vastus muscle with nerve harvested. Incision committed posteriorly and vessel dissection done to the lateral femoral circumflex vessels. Haemostasis secured. Flap harvested and anastomed to right facial artery and facial vein.Nerve coapted to right hypoglossal nerve. Donor area closed with SSG |

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| **ADVICE ON DISCHARGE :** |
| Wound care Tracheostomy tube care |

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| **DIET RECOMMENDATIONS :** |
| PEG feeds |

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

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab PCM 650 mg TDS x 5 days then sos Tab Pan 40 mg OD x 5 days Tab Chymoral Forte 1 tab BD x 5 days Tab Zolfresh 5 mg HS x 7 days Tab Glimepride 1/2 tab OD x to continue   |  | | --- | | **HEAD AND NECK - TUMOUR BOARD** |  |  |  | | --- | --- | |  |  | |  |  |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | |  | |  | | **Descriptive History and Examination:**  55 year old gentleman, resident of Haripada, working in a biscuit factory h/o ulcer noticed over left tongue since 4 months, painful h/o blood stained sputum + h/o odynophagia +; pooling of saliva + Sharp tooth +, grinding done in march no other complaints T+ o/e: KPS 90 mouth opening adequate, dentate stained teeth + 5x3x3cm growth over left tongue 1cm from tip, extending to BOT, crossing midline sparing just 0.5cm of right lateral tongue border, involving left TLS, anterior pillar and tonsil appears free. Scopy: Left BOT fullness, endolarynx normal, B/L VC mobile Neck: 3x3cm node palpable in left level II, restricted mobility | |  | | |  | | |  | | --- | | **Co-Morbidities: Diabetes Mellitus** | |  | | **Comments:**  DM on OHAs since March 2011 | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Tumour Characteristics:** | |  | | |  | | |  |  | | --- | --- | |  |  | | **Oral Cavity:** Tongue |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  |  | | --- | --- | |  |  | | **Length (mm):**  50 | **Breadth (mm):**  30 | |  |  | | **Width (mm):**  30 | **Side:** Left | |  |  | | **Neck:** Ipsilateral | **Premalignant/Feild Cancerisation:** Yes | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  | | |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  |  |  | | --- | --- | --- | | |  | | --- | | **Histopathology Details:** | |  | | |  | | |  |  | | --- | --- | |  |  | | **Histologic Type:**  WDSCC |  | |  |  | | **Neck Nodes:** Present/Positive (+) | **ENE Pathological:1** Present/Positive (+) | |  |  | | **Perineural Invasion:** Present/Positive (+) | **Lymphovascular Invasion:** Present/Positive (+) | |  |  | |  | **Depth of invasion:**  30 mm | |  |  | | **Margin Status:** Not Involved | **Distance of tumour (or moderate/severe dysplasia) from closest margin (mm):**  The closest being the base which is 1.2cm away. | |  |  | | **WPOI-5 (worst patterns of invasion):** 4 |  | |  |  | | **Staging:** |  | | **PT:**  4 | **PN:**  3b | |  |  | |  |  | | |  | | |  | | |  | | --- | | **Diagnosis and Stage:** | |  | | |  | | |  |  | | --- | --- | | **Site:** Oral cavity | **Side:** Left | | |  | | |  |  |  | | --- | --- | --- | |  |  |  | | **Stage:** |  |  | | T4a | N2a | M0 | |  |  |  | | |  | | |  |  | | --- | --- | | **Presentation:** Primary |  | | |  | |  | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | **Descriptive Plan:**  Carcinoma Tongue cT4aN2aMx Imaging and biopsy awaited WLE + B/L ND + ALT flap done on 11.08.2020 | **Histopathology Descriptive Plan:**  Adj.CTRT | |  |  | | |  |  |  |  | | --- | --- | | |  | | --- | |  | | |

**PROGRESS NOTE**

**Progress Notes**

**Date : 03/08/2020**

**ProgressNotes :**

55 year old gentleman, resident of Haripada, working in factory

h/o ulcer noticed over left tongue since 4 months, painful

h/o blood stained sputum +

h/o odynophagia +; pooling of saliva +

Sharp tooth +, grinding done in march

no other complaints

T+

DM on OHAs since March

o/e:

KPS 90

mouth opening adequate, dentate

stained teeth +

5x3x3cm growth over left tongue 1cm from tip, extending to BOT, crossing midline sparing just 0.5cm of right

lateral tongue border, involving left TLS, anterior pillar and tonsil appears free.

Scopy: Left BOT fullness, endolarynx normal, B/L VC mobile

Neck: 3x3cm node palpable in left level II, restricted mobility

adv: MRI HN with contrast

CT Chest Plain

PAC, PAC Ix

Biopsy under LA

Plan: Total Glossectomy + B/L ND + Motorised gracilis vs rectus flap

Preoperative PEG - GI Med consult

USG abdomen and LFT

Pain and palliative consult for pain management

Diagnosis: Carcinoma tongue

Surgery: WLE (Total Glossectomy) + Right SND (levels I-IV) + Left MRND + ALT Flap + PEG insertion +

tracheostomy under GA done on 11.08.2020

Approach: Pull through

Surgeons: Dr SI, Dr .DB, Dr. Shravan, Dr. Tejal

Findings: Growth involving almost entire anterior tongue, extending to left BOT, almost reaching hyoid.

3x3cm nodal mass in left level II with IJV involvement and adherence to SCM. On the right side, hyoglossus

muscle appears to be involved.

Under GA, via nasotracheal intubation, position given, parts painted and draped. Horizontal skin crease

incision made. Subplatysmal flaps elevated. Fibrofatty tissue cleared from B/L levels I-IV. On the left side,

nodal mass found adherent to IJV and hence IJV was ligated. Part of SCM also included in the specimen. ECA,

ICA and vagus found free and preserved. B/L SAN preserved. IJV and SCM preserved on right side. Facial

vessels preserved on the right side for anastamosis. no e/o chyle leak. Hemostasis achieved. Romovac suction

drain number 14 placed in situ on both sides.

Through the neck incision attachment of myelohyoid to the mandible cut. Genioglossus and geniohyoid

attachment insertion cut. Posterior cut given at the level of valecula. Hypoglossal nerve ? involved on left side

and sacrificed. Left anterior pillar and part of left tonsil included in the specimen. Right hypoglossal nerve

delineated for anastamosis for the motorized flap. Specimen delivered in toto and sent for HPER.

Inset: The skin paddle oriented vertically and posterior part sutured to the remnant pharynx using 3-0 vicryl.

Muscle bulk oriented horizontally and used to recreate the FOM, sutured to the mandible (holes drilled) using

3-0 PDS.

**Progress Notes**

**Date : 04/09/2020**

**ProgressNotes :**

55 year old gentleman,

resident of Haripada, working in factory

Prior Presenting H/O:

He came with H/O ulcer noticed over left

tongue since 4 months, painful in nature.

h/o associated blood stained sputum present

h/o odynophagia present

pooling of saliva present

Sharp tooth +, grinding done in march no other complaints

Diabetic

MRI HEAD AND NECK (PLAIN AND CONTRAST)

A well defined enhancing lesion measuring 5 x 2.4 x 3.8 cm (AP x TR x CC) is noted involving anterior ,

middle and posterior third of left lateral border of oral tongue.Lesion crosses midline. Lesion is seen involving

left sublingual space, deep lobe of submandibular gland, tonsil, left lateral wall of oropharynx and abutting the

hyoid bone.Myloyoid free.

Few lymph nodes noted in right level Ib and left level II (measuring 20x14 mm and causing compression of

left IJV).

Bilateral carotid and right jugular vessels are normal.

Larynx is normal.

Bilateral parotid and right submandibular glands are normal.

Bones show normal signal

Impression:

Ill defined enhancing lesion along left lateral border of oral tongue with extension and lymphadenopathy as

described - likely to be malignancy.

ISO Document Number : 439439

MRD No:2192071 Name:Sri. MOHANAN

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Excision Biopsy:

Left lateral border of tongue biopsy: Moderately differentiated squamous cell carcinoma

He Underwent WLE (Total Glossectomy) + Right SND (levels I-IV) + Left MRND + ALT Flap + PEG

insertion + tracheostomy under GA done on 11.08.2020 OGD scopy + PEG insertion on 11/8/2020

Post Op HPR:

Total glossectomy +Left level I a to IV + Right level I B - IV:

-Well differentiated squamous cell carcinoma

-Left lateral border of tongue

-Tumour size - 5x2x3cm

-PNI seen (score 1)

-LHR -Score 3

-WPOI -4 (score 1) -Risk group - High risk

-Margins -All the margins are free of tumour.

The closest being the base which is 1.2cm away.

- 4 out of 19 lymph nodes show metastasis. ENE seen.

Largest metastatic deposit measuring 3cm.(Left level IIA,III,IV and right level IB)

AJCC Staging - pT4N3b

Plan:

COVID RT PCR test - 10/9

CT Sim - 14/9 ,RT Start - 21/9

**Progress Notes**

**Date : 04/09/2020**

**ProgressNotes :**

Carcinoma tongue

PROCEDURE DONE :

Surgery: WLE (Total Glossectomy) + Right SND (levels I-IV) + Left MRND + ALT Flap + PEG insertion +

tracheostomy under GA done on 11.08.2020 OGD scopy + PEG insertion on 11/8/2020

A) Total glossectomy +Left level I a to IV + Right level I B - IV:

-Well differentiated squamous cell carcinoma

-Left lateral border of tongue -Tumour size - 5x2x3cm

-PNI seen (score 1)

-LHR -Score 3

-WPOI -4 (score 1)

-Risk group - High risk

-Margins -All the margins are free of tumour.The closest being the base which is 1.2cm away.

- 4 out of 19 lymph nodes show metastasis. ENE seen.

Largest metastatic deposit measuring 3cm.(Left level IIA,III,IV and right level IB)

AJCC Staging - pT4N3b

Adv-Doing good

flap - good

Advise:

Dental Consult

Swallowing consult - Meet Aarya

Plan for De-cannulation

Rad.Onco consult for Adj.CTRT