**Radiology Report**

**Created Date:** 18/10/2016

**Study Done:**

**CT CHEST - CONTRAST**

**Clinical history : Ca tongue to rule out lung metastasis**

**Findings:**

Bilateral lung parenchyma appears normal

No focal lung lesion. No pleural effusion.

No mediastinal nodes .

Great vessels of mediastinum is normal.

Thoracic esophagus is unremarkable.

Thoracic bony cage is normal .

A small hypodense nodule noted in the lower pole of left thyroid.

**Impression:**

• **No lung metastasis .**

10/2016

**Received on :** 18/10/2016

**Reported Date :** 19/10/2016

**Histology Lab No :** S16-13516

**Clinical Impression :**

Ca tongue

**Gross Description :**

Received in formalin is a specimen consists of multiple grey brown tissue bits in aggregate measuring

0.7x0.8x0.5cm. Entire specimen submitted in one cassette.

(Dr Chinnu,RG,BA)

**Microscopic Description :**

Biopsy showing tissue lined by dysplastic squamous epithelium on one aspect and an infiltrating neoplasm

composed of polygonal cells in lobules,nests and trbeculae. Cells show moderate degree of pleomorphism with

abundant keratin pearl formation.Stroma is desmoplastic and shows dense lymphoplasmacytic infiltrate.

**Diagnosis :**

Moderately differentiated squamous cell carcinoma,biopsy tongue

**DEPARTMENT OF NUCLEAR MEDICINE Date :** 24/10/2016

**PROVISIONAL DIAGNOSIS: Moderately differentiated squamous cell carcinoma of tongue - for**

**skeletal evaluation.**

**WHOLE BODY SKELETAL SCINTIGRAPHY REPORT**

**PROCEDURE :**

15 mCi of 99m Tc-MDP (Methylene diphosphonate) was injected intravenously. 3 hrs later whole body images

were acquired using high-resolution collimators on a Dual head variable angle Gamma Camera.

**FINDINGS:**

**Skull :** Increased tracer uptake in submental region on the left side - likely soft tissue uptake - ? Significance.

**Thorax :** Normal

**Pelvis :** Normal

**Spine :** Normal

**LongBones :** Normal

**Joints :** Normal

**Kidneys :** Both kidneys normally visualized.

**CONCLUSION :**

\* NO EVIDENCE OF ANY SKELETAL METASTASIS.

**Radiology Report**

**Created Date:** 20/10/2016

**Study Done:**

**MRI OF BRAIN - CONTRAST**

***Clinical information:- Suspected case of carcinoma right lateral border of tongue.***

An enhancing lesion seen in the left lateral borderof tongue measuring 5.5(AP()x27.9(Tr)x44.8(CC)mm.

The volume of the lesion is 28. 3cc. The volume of the tongue is 93cc.

It infiltrates styloglossus, hyoglossus and genioglossus and extends to sublingual space. Lesion crosses midline

and extends to the contralateral side . The mylohyoid is free.

Bilateral level IB,II,III and IV are enlarged, largest in left level II measures 29X31mm a few of which are

necrotic nodes

Bones show normal signals.

**Impression:**

• **Enhancing lesion in the right lateral border of tongue with enlarged lymphnodes in bilateral**

**level II and III as described.**

**RADIOLOGY REPORT**

**Created Date:** 25/05/2017

**Study Done:**

**ULTRASOUND OF NECK**

Right lobe of thyroid measures 20x16x43mm.

Left lobe of thyroid measures 16x14x39mm.

Isthmus measures 3mm.

Few (2-3) hypoechoic nodule seen in right lobe of thyroid, largest measuring 8x6mm.

Exophytic nodule with calcifications seen arising from right half of isthmus, measuring 10x6mm. A

4mm colloid nodule seen in isthmus.

Diffuse subcutaneous edema seen in left submandibular triangle at post op site. Cystic foci 13x7mm

seen at this site-? seroma/necrotic node.

**Impression:**

***Known case of Ca tongue status post op***

• **Hypoechoic nodules in right lobe and isthmus of thyroid as described.**

• **Colloid nodules in isthmus of thyroid.**

• **In the post op site, cystic foci noted as described-? post op seroma.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 25/10/2016

**Received on :** 25/10/2016

**Reported Date :** 31/10/2016

**Clinical Impression :**

Carcinoma Tongue

**Gross Description :**

Received in fresh are 4 specimens.

The Ist specimen labelled as "Posterior deep soft tissue margin midline" consists of tissue bits measuring 1.4 x

0.9 x 0.4 cm

1 - section

The II nd specimen labelled as "Posterior deep soft tissue margin left" consists of single tissue bits measuring 2.1

x 0.8 x 0.5cm

1 - section

The IIIrd specimen labelled as "Posterior mucosal margin" consists of single tissue bits measuring 1.4 x 0.6 x 0.5

cm

1 - section

The IV specimen labelled as "Posterior mucosal margin right" consists of mucosa covered tissue bits measuring

1.9 x 0.8 x 0.6 cm

1 - section

Frozen read as "All the mucosal margins are negative"

Subsequently received in formalin are 11 specimens.

The Ist specimen labelled as " Subtotal glossectomy "consists of tongue with anterior floor of mouth. Specimen

is showing an ulceroinfiltrative large tumor on left lateral border of tongue measuring 6.5 x 4.5 x 3cm. Tumor is

0.8 cm from posterior margin 1.2 cm from left lateral floor margin 2.5 cm from anterior floor margin 7.5 cm

from right lateral floor margin. Base of excision is 2.5 cm away from tumor. Representative sections are

submitted as follows:

A1- Anterior mucosal margin

A2- Right mucosal margin

A3- Posterior radial margin

A4- Lateral mucosal margin

A5 - A10 - RTS from lesion [A5- A6 - with mucosa, A7 - A8 - with deep invading margin]

A11 - Base of the specimen

B) Specimen II labelled as " Right Level I A" consists of fibrofatty tissue measuring 4 x 3 x 0.7 cm. Cut surface

shows 3 lymph nodes, largest measuring 0.8 cm. Representative sections are submitted in cassette B.

C) Specimen III labelled as " Right level I B" consists of fibrofatty tissue with salivary glands measuring 5 x 4.5

x 3 cm. Cut surface shows 5 lymph nodes, largest measuring 1.8 cm. Representative sections are submitted as

follows:

C1 -C2 - 6 Lymph nodes

C3- Salivary gland

D) Specimen IV labelled as "Right Level II A" consists of fibrofatty tissue measuring 4 x 2 x 2 cm. Cut surface

shows 6 lymph nodes, largest measuring 1 cm. Representative sections are submitted in cassettes D1 & D2.

E) Specimen V labelled as "Right Level II B" consists of fibrofatty tissue measuring 3 x2 x 1 cm. Cut surface

shows 3 lymph nodes largest measuring 0.8 cm. Representative sections are submitted in cassette E

F) Specimen VI labelled as "Right Level III and IV" consists of fibrofatty tissue measuring 4 x 3 x 2 cm. Cut

surface shows 10 Lymph nodes . Largest measuring 1 cm. Representative sections are submitted in cassettes F1

& F2.

G) Specimen VII labelled as "Left level I B" consists of fibrofatty tissue with salivary gland measuring 6 x 4.5 x

3 cm. Cut surface shows 10 Lymph nodes largest measuring 1.7 cm. Representative sections are submitted as

follows:

G1- G2 -10 Lymph nodes

G3- Salivary gland.

H) Specimen VIII labelled as "Left Level II A" consists of Fibrofatty tissue measuring 6x 4 x3 cm. Cut surface

shows 11 Lymph nodes . Largest measuring 3.5 cm. Representative sections are submitted as follows:

H1 to H3 - Largest lymph node

H4 to H7 - 10 lymph nodes

K) Specimen IX labelled as "Left Level III" consists of Fibrofatty tissue measuring 4.5x 3x2.5 cm. Cut surface

shows 10 lymph nodes. Largest measuring 1 cm. Representative sections are submitted in cassettes K1 to K3.

J) Specimen X labelled as "Left Level III B" consists of Fibrofatty tissue measuring 3 x 2x 1cm. Cut surface

shows 5 Lymph nodes . Largest measuring 1 cm. Representative sections are submitted in cassettes J1 to J3.

L) Specimen XI labelled as "Left Level IV" consists of Fibrofatty tissue measuring 3 x 2 x 1 cm. Cut surface

shows yellowish. Entire specimen submitted in cassettes L1 - L5.

**Microscopic Description :**

Frozen permanent (Fs 1 to IV A & B) are negative for tumor.

Main specimens:-

- Moderately differentiated squamous carcinoma of the left lateral border of tongue, infiltrating to a depth of 3

cms.

- All the mucosal margins (closest posterior margin 0.8 cms away ) are free of the tumor.

- The base of excision is 2.5 cm away

- Tumor dimension macroscopic 6x 4.5 cms.

- The borders of the tumor are infiltrative with cords of tumor cells.

- There is moderate peritumoral infiltrate

- Perineural invasion is noted.

- No definitive lymphovascular emboli noted.

Right Level I A - 3 negative nodes.

Right Level I B - 1 of 5 nodes shows metastasis. No extranodal extension

Right Level II A - 6 negative nodes

Right Level II B - 3 negative nodes

Right Level III and IV - 10 negative nodes.

Left Level I B - 1 of 10 nodes show metastasis with extranodal extension. Largest node 1.7 cms.

Left Level II A - 1 of 11 nodes show metastasis with extranodal extension. Largest node 3.5 cms.

Left Level II B - 5 negative nodes.

Left Level III - 10 negative nodes.

Left Level IV - 2 negative nodes.

**Impression :**

Subtotal Glossectomy :- Moderately differentiated squamous carcinoma, left lateral border of tongue.

pTNM: pT3 N 2c Mx

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| **Date of Admission :**24/10/2016 | **Date of Procedure :**25/10/2016 |

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| **Date of Discharge :**08/11/2016 |

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

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| **DIAGNOSIS :** |
| Carcinoma Tongue (Left lateral border of the tongue) HPE: Moderately differentiated squamous carcinoma pTNM: pT3N 2c Mx Known case of Type II Diabetes Mellitus Systemic Hypertension |

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| **PROCEDURE DONE :** |
| WLE (subtotal glossectomy) + BL SND (i-IV) + ALT flap + Tracheostomy under GA on 25/10/2016 reexploration under GA 27.10.2016 debridment with PMMC flap reconstruction under GA 27.10.2016 |

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| **DRUG ALLERGIES :** not known |

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| **HISTORY :** |
| 59 year old gentleman, was apparently asymptomatic until he developed tooth ache (left maxillary) about 2 months back. He was prescribed with pain killers after consulting at a local hospital for the same (Brufen), but his symptoms did not subside. He consulted a dentist (via phone) and took another course of pain killers for about 3 days (Details not known). Eventually he started feeling stiffness of tongue towards left side and slurring of speech since last 3 weeks. He consulted a physician and local hospital, and was found to have an ulcerative lesion over the left lateral border of tongue. Hence was referred here for further evaluation and management. |

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| **PAST HISTORY :** |
| Known case of Type II Diabetes Mellitus Systemic Hypertension |

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

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

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| **CLINICAL EXAMINATION :** |
| General condition fair Vitals stable OC/OP: 4x5 cm ulceroproliferative lesion involving left lateral border of the tongue Extending up to tip of the tongue till the posterior aspect - anterior tonsillar pillar level Lesion almost extending beyond 1-2 cm from midline Exntending till base of tongue Induration present crossing the midline anteriorly NECK: Large bilateral level IB , left level II,III, nodes plapable (Largest 3x2 cm ) |

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| MRI OF BRAIN - CONTRAST (20/10/16) An enhancing lesion seen in the left lateral borderof tongue measuring 5.5(AP()x27.9(Tr)x44.8(CC)mm. The volume of the lesion is 28. 3cc. The volume of the tongue is 93cc. It infiltrates styloglossus, hyoglossus and genioglossus and extends to sublingual space. Lesion crosses midline and extends to the contralateral side . The mylohyoid is free. Bilateral level IB,II,III and IV are enlarged, largest in left level II measures 29X31mm a few of which are necrotic nodes Bones show normal signals. Impression: ? Enhancing lesion in the right lateral border of tongue with enlarged lymphnodes in bilateral level II and III as described. CT CHEST (18/10/16): Normal HPE (Left lateral border of tongue): Frozen permanent (Fs 1 to IV A & B) are negative for tumor. Main specimens:- - Moderately differentiated squamous carcinoma of the left lateral border of tongue, infiltrating to a depth of 3 cms. - All the mucosal margins (closest posterior margin 0.8 cms away ) are free of the tumor. - The base of excision is 2.5 cm away - Tumor dimension macroscopic 6x 4.5 cms. - The borders of the tumor are infiltrative with cords of tumor cells. - There is moderate peritumoral infiltrate - Perineural invasion is noted. - No definitive lymphovascular emboli noted. Right Level I A - 3 negative nodes. Left Level I B - 1 of 5 nodes shows metastasis. No extranodal extension Right Level II A - 6 negative nodes Right Level II B- 3 negative nodes Right Level III and IV - 10 negative nodes. Left Level I B - 1 of 10 nodes show metastasis with extranodal extension. Largest node 1.7 cms. Level II A - 1of 11 nodes show metastatis with extranodal extension. Largest node 3.5 cms. Left Level II B - 5 negative nodes. Left Level III - 10 negative nodes. Left Level IV - 2 negative nodes. Impression: Moderately differentiated squamous carcinoma, left lateral border of tongue. pTNM: pT3N 2c Mx |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| 59 year old male patient came to our hospital with the above mentioned complaints. After all preliminary investigation and evaluation patient taken for the surgery. peri and post operative periods were uneventful. |

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| **OPERATIVE FINDINGS :** |
| Under GA with nasotracheal intubation patient was taken. Per oral wide local excision of tongue was done preserving part of base tongue on both sides. Specimen taken for grossing to confirm adequate resection margin . Transverse cervical skin crease incision kept and Bilateral selective neck dissection was done preserving BL Marginal nerve, IJV, SCM, and Spinal accessory nerve. Left 7x5 cm ALT fasciocutaneous flap was harvested for defect reconstruction .Microvascular anastomosis was done on left facial artey and branch to IJV . Flap inset was done with interdental sutures. ALT site was closed Primarily. Neck wound closed in layers keeping BL Fr14 drains. tracheostomy done with double lumen portex 8.0. Patient shifted to ICU confirming flap perfusion. Re exploration under GA on 27.10.2016 reason: salivary seepage into neck with doubtful flap ischemia, hematoma in neck  Procedure: Under GA with, the neck was re explored. Hematoma found in both sides of neck with salivary seepage and small bleeder were seen from a branch from the lingual vein on the right side.Bleeders were controlled.The vein anastomosis and the arterial anastomosis found to be thrombosed. Arterial anastomosis redone to Superior thyroid artery and vein anastomosis redone to EJV via a Cephalic vein graft. Part of the flap was seen to be viable after the procedure. Flap debridement and PMMC flap reconstruction under GA on 27.10.2016 Findings: Flap non viable Procedure : Under GA , flap was debrided and the vessels used for anastomosis was ligated and cut and Left side PMMC flap was lifted and inset into the defect. Flap Anchor sutures was taken in drilled holes in the lower part of mandible with PDS sutures and a further one more layer of sutures were taken for oro - neck separation by suturing the pedicle fascia to the submandibular area. Drains kept and wound closed in layers. Post procedure uneventful. |

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| **ADVICE ON DISCHARGE :** |
| To review in Head and Neck OPD on next tuesday  To review in Endocrinology after 2 weeks To review in Cardiology after 2 weeks |

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| **DIET RECOMMENDATIONS :** |
| discharge with PEG feeds 2.5 liters per day |

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| **DISCHARGE MEDICATION :** |
| tab levoflox 500 mg 1-0-0 for 5 days Tab Pan 40 mg 1-0-0 x 5 days Tab Dolo 650 mg 1-1-1 x 5 days Tab Ecosprin 75 mg 0-1-0 Tab Nebicad 5 mg 1-0-1/2 Tab Atorva 20 mg 1-0-0 Tab Sorbitrate 5 mg 1-0-1 Tab Clopilet 75 mg 0-1-0 Tab Lasilactone50 mg 1-0-0 tab metformin 500 mg BD |

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| **PLAN ON DISCHARGE :** |
| radiotherapy +/- chemotherapy  **Tumour Board Discussion**  **Relevant clinical details :**  K C/O T2DM, Systemic HTN  Had H/O tooth ache (left maxillary) about 2 months back  Took pain killers for the same (Brufen)  Since pain did not subside, consulted a dentist (via phone) and took another course of pain killers for about 3  days (Details not known)  According to him, after taking this medications, he started feeling stiffness of tongue towards left side and  slurring of speech since last 3 weeks  Consulted a physician and local hospital, who referred him to a surgeon, who referred him to a higher centre  He has occasional pain at the left lateral border on speaking  No C/O increased sensitivity to spicy food  No difficulty in mouth opening, chewing  No dysphagia/odynophagia  No voice change, breathing difficulty  Used to smoke (5-6 cigerretes per day for about 20 years) - stopped since 15 years  No H/O habitual alcohol consumption / tobacco chewing  No other substance abuse  O/E:  A 4x5cm ulceroproliferative lesion involving left lateral border of the tongue  Extending up to tip of the tongue till the posterior aspect - anterior tonsillar pillar level  Lesion almost extending upto 1-2 cm from midline  Entending till base of tongue  Minimal tenderness present  Induration + crossing the midline anteriorly  GB sulcus, RMT appears to be free  BOT appears free on palpation  Palpable Right level Ib and Left Level II and III lymphnodes  Laryngeal crepitus present  Scopy: BOT appears free  B/L PFS clear  B/L VC mobile and normal  Airway adequate  IMP: Carcinoma Left lateral border of tongue  cT4aN2Mx  **Agreed Plan of management :**  1. WLE + B/L ND + STF +/- Adj RT  2. gastromedicine consultation for PEG  **Progress Notes**  **Date : 18/10/2016**  **ProgressNotes :**  59 year old gentleman, retired bussinessman (Stationary)  K C/O T2DM, Systemic HTN  Had H/O tooth ache (left maxillary) about 2 months back  Took pain killers for the same (Brufen)  Since pain did not subside, consulted a dentist (via phone) and took another course of pain killers for about 3  days (Details not known)  According to him, after taking this medications, he started feeling stiffness of tongue towards left side and  slurring of speech since last 3 weeks  Consulted a physician and local hospital, who referred him to a surgeon, who referred him to a higher centre  He has occasional pain at the left lateral border on speaking  No C/O increased sensitivity to spicy food  No difficulty in mouth opening, chewing  No dysphagia/odynophagia  No voice change, breathing difficulty  Used to smoke (5-6 cigerretes per day for about 20 years) - stopped since 15 years  No H/O habitual alcohol consumption / tobacco chewing  No other substance abuse  O/E:  A 4x5cm ulceroproliferative lesion involving left lateral border of the tongue  Extending up to tip of the tongue till the posterior aspect - anterior tonsillar pillar level  Lesion almost extending upto 1-2 cm from midline  Entending till base of tongue  Minimal tenderness present  Induration + crossing the midline anteriorly  GB sulcus, RMT appears to be free  BOT appears free on palpation  Palpable Right level Ib and Left Level II and III lymphnodes  Laryngeal crepitus present  Scopy: BOT appears free  B/L PFS clear  B/L VC mobile and normal  Airway adequate  PLAN: Biopsy  MRI H&N  CT Chest  Bone scan  USG abdomen  Gastomedicine consult for PEG  WLE+ B/L ND + STF under GA  **Progress Notes**  **Date : 12/03/2024**  **ProgressNotes :**  Ca Tongue Left lateral border,pT4aN2bM0  S/P WLE (subtotal glossectomy) + BL SND (i-IV) + ALT flap + Tracheostomy under GA on 25/10/2016  reexploration under GA 27.10.2016  debridment with PMMC flap reconstruction under GA 27.10.2016  Completed adjuvant chemoradiation  Dose: 66Gy in 30# with Tomotherapy on 6.1.2017  Completed 6 cycles of weekly Carboplatin Indication forConcurrent Chemotherapy: Perinodal spread in left  level IB, II and Right Level IB.  Pt came for R/W  scopy:NAD  adv  Chest xray next year  R/A 1 yr  **Operative Notes**  **Date : 30/10/2016**  **ProgressNotes :**  Diagnosis : SCC tongue  Surgery: WLE (subtotal glossectomy ) + BL SND(i-IV) + ALT flap + Tstomy under GA  Findings: 4x5 cm ulceroproliferative lesion involving left lateral border of the tongue  Extending up to tip of the tongue till the posterior aspect - anterior tonsillar pillar level  Lesion almost extending beyond 1-2 cm from midline  Exntending till base of tongue  Induration + crossing the midline anteriorly  Neck- Large BL level IB , left level II,III, nodes present (Largest 3x2 cm )  Procedure:  Under GA with nasotracheal intubation patient was taken. Per oral wide local excision of tongue was done  preserving part of base tongue on both sides. Specimen taken for grossing to confirm adequate resection  margin . Transverse cervical skin crease incision kept and Bilateral selective neck dissection was done  preserving BL Marginal nerve, IJV, SCM, and Spinal accessory nerve. Left 7x5 cm ALT fasciocutaneous flap  was harvested for defect reconstruction .Microvascular anastomosis was done on left facial artey and branch to  IJV . Flap inset was done with interdental sutures. ALT site was closed Primarily.  Neck wound closed in layers keeping BL Fr14 drains. Tstomy done with double lumen portex 8.0. Patient  shifted to ICU confirming flap perfusion.  **Speciality :** RadiationOncology  **D/O Commencement of RT** 29/11/2016 **D/O Completion of RT** 06/01/2017  **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Left Lateral border Tongue  Post WLE (subtotal glossectomy) + BL SND (i-IV) + ALT flap + Tracheostomy under GA on 25/10/2016,  Re-exploration under GA 27.10.2016  Debridment with PMMC flap reconstruction under GA 27.10.2016.  pT4N2cM0, Stage IV A  Moderately Differentiated Squamous Cell Carcinoma.  Completed Post operative Concurrent chemo radiation therapy 66Gy in 30# along with Inj. Carboplatin 150 mg  weekly.  **CLINICAL HISTORY AND PHYSICAL FINDINGS**  59 year old gentleman, diabetic and hypertensive on medication, presented with complaints  of tooth ache, stiffness of tongue associated with slurring of speech of 3 weeks dutarion  He consulted a physician at a local hospital, and was found to have an ulcerative lesion over the left lateral  border of tongue. Hence was referred here for further evaluation and management. He was initially seen in head  and neck surgery. At time of presentation, he had occasional pain at the left lateral border of tongue on speaking.  No complaints of increased sensitivity to spicy food. No difficulty in mouth opening, chewing. No dysphagia or  odynophagia. No voice change and no breathing difficulty.  A 4x5cm ulceroproliferative lesion involving left lateral border of the tongue, extending up to tip of the tongue  till the posterior aspect - anterior tonsillar pillar level. Lesion almost extending upto 1-2 cm from midline and  extending till base of tongue. Minimal tenderness present. Induration +. crossing the midline anteriorly. GB  sulcus, RMT appears to be free. BOT appears free. On palpation, Right level Ib and Left Level II and III  lymphnodes +  Laryngeal crepitus present.  Scopy: BOT appears free. B/L PFS clear. B/L VC mobile and normal Airway adequate.  MRI Brain with Contrast [Dated:20/10/16]  An enhancing lesion seen in the left lateral borderof tongue measuring 5.5(AP()x27.9(Tr)x44.8(CC)mm. The  volume of the lesion is 28. 3cc. The volume of the tongue is 93cc. It infiltrates styloglossus, hyoglossus and  genioglossus and extends to sublingual space. Lesion crosses midline and extends to the contralateral side . The  mylohyoid is free. Bilateral level IB,II,III and IV are enlarged, largest in left level II measures 29X31mm a few  of which are necrotic nodes Bones show normal signals. Impression: ? Enhancing lesion in the right lateral  border of tongue with enlarged lymphnodes in bilateral level II and III as described.  CT Chest [Dated:18/10/16] showed no evidence of lung metastases  His case was discussed in multidisciplinary tumor board and was planned for subtotal glossectomy with neck  dissection.  He underwent WLE (subtotal glossectomy) + BL SND (i-IV) + ALT flap + Tracheostomy under GA on  25/10/2016 Re-exploration under GA 27.10.2016. Debridment with PMMC flap reconstruction under GA  27.10.2016 HPE: Main specimens:- - Moderately differentiated squamous carcinoma of the left lateral border of  tongue, infiltrating to a depth of 3 cms. - All the mucosal margins (closest posterior margin 0.8 cms away ) are  free of the tumor. - The base of excision is 2.5 cm away - Tumor dimension macroscopic 6x 4.5 cms. - The  borders of the tumor are infiltrative with cords of tumor cells. - There is moderate peritumoral infiltrate -  Perineural invasion is noted. - No definitive lymphovascular emboli noted. Right Level I A - 3 negative nodes.  Right Level I B - 1 of 5 nodes shows metastasis. No extranodal extension Right Level II A - 6 negative nodes  Right Level II B - 3 negative nodes Right Level III and IV - 10 negative nodes. Left Level I B - 1 of 10 nodes  show metastasis with extranodal extension. Largest node 1.7 cms. Left Level II A - 1 of 11 nodes show  metastasis with extranodal extension. Largest node 3.5 cms. Left Level II B - 5 negative nodes. Left Level III -  10 negative nodes. Left Level IV - 2 negative nodes.  Impression : Subtotal Glossectomy :- Moderately differentiated squamous carcinoma, left lateral border of  tongue.  pTNM: pT3 N 2c Mx  In view of stage of disease, planned for adjuvant concurrent CTRT.  Clinical Examination:  PS1  No pallor/icterus/generalised lymphadenopathy  Oral cavity:  Subtotal glossectomy with flap reconstruction. Sutures in situ. slough present at the flap suture sites. Salivation  +. Left anterior pillar shows erythema. No other obvious lesion seen.  Neck:  Scar from B/L neck dissection. Healing by primary intention. Sutures have been removed.  Induration felt in the right submandibular region.  Systems: WNL  **INVESTIGATIONS :**  **Haemogram:**  **Date: Hb: g/dl PCV: % PLT:**  **ku/ml**  **TC:**  **ku/ml**  **DC: N % L:% E: % ESR:**  **mm/1st hr**  05/12/2016 12.0 35.1 295 7.6 69.5 19.2 5.5 -  12/12/2016 11.9 35.7 227 6.50 73.8 14.2 8.3 -  19/12/2016 11.8 36.4 209 6.32 78.3 8.9 9.2 -  26/12/2016 12.3 37.1 205 5.74 75.9 11.5 6.6 -  **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**  05/12/2016 0.85 0.18 22.3 14.1 74.6 7.10 4.47 2.6  **Renal Function Test and Serum Electrolytes:**  **Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**  05/12/2016 32.8 0.94 133.8 4.3  12/12/2016 - 0.92 - -  19/12/2016 - 0.97 - -  26/12/2016 - 0.9 - -  Date: 26/12/2016  RBC-COUNT-Blood : 4.36 M/uL MCV-Blood : 85.1 fL  MCH-Blood : 28.2 pg MCHC-Blood : 33.2 g/dl  RDW-Blood : 15.2 % MPV-Blood : 8.4 fL  MONO -Blood : 5.7 % BASO-Blood : 0.3 %  Date: 19/12/2016  RBC-COUNT-Blood : 4.24 M/uL MCV-Blood : 85.8 fL  MCH-Blood : 27.8 pg MCHC-Blood : 32.4 g/dl  RDW-Blood : 15.2 % MPV-Blood : 8.7 fL  MONO -Blood : 3.3 % BASO-Blood : 0.3 %  Date: 12/12/2016  RBC-COUNT-Blood : 4.19 M/uL MCV-Blood : 85.2 fL  MCH-Blood : 28.4 pg MCHC-Blood : 33.3 g/dl  RDW-Blood : 15.1 % MPV-Blood : 8.8 fL  MONO -Blood : 3.5 % BASO-Blood : 0.2 %  Date: 05/12/2016  RBC-COUNT-Blood : 4.18 M/uL MCV-Blood : 84.0 fL  MCH-Blood : 28.6 pg MCHC-Blood : 34.1 g/dl  RDW-Blood : 16.1 % MPV-Blood : 7.3 fL  MONO -Blood : 5.5 % BASO-Blood : 0.3 %  MRD No:1759038 Name:Mr. SABU ZACHARIAH  Page 3 of 6 Printed On:21/08/2024 07:04:26  **HISTOPATHOLOGY REPORTS**  Excision Biopsy [Dated:19/10/2016, Histology Lab No :  S16-13516]  Moderately differentiated squamous cell carcinoma,biopsy tongue.  Post OP HPR [Dated:31/10/2016]  Microscopic Description :  Frozen permanent (Fs 1 to IV A & B) are negative for tumor.  Main specimens:-  Moderately differentiated squamous carcinoma of the left lateral border of tongue, infiltrating to a depth of 3  cms.  All the mucosal margins (closest posterior margin 0.8 cms away ) are free of the tumor.  The base of excision is 2.5 cm away  Tumor dimension macroscopic 6x 4.5 cms.  The borders of the tumor are infiltrative with cords of tumor cells.  There is moderate peritumoral infiltrate  Perineural invasion is noted.  No definitive lymphovascular emboli noted.  Right Level I A - 3 negative nodes.  Right Level I B - 1 of 5 nodes shows metastasis. No extranodal extension  Right Level II A - 6 negative nodes  Right Level II B - 3 negative nodes  Right Level III and IV - 10 negative nodes.  Left Level I B - 1 of 10 nodes show metastasis with extranodal extension. Largest node 1.7 cms.  Left Level II A - 1 of 11 nodes show metastasis with extranodal extension. Largest node 3.5 cms.  Left Level II B - 5 negative nodes.  Left Level III - 10 negative nodes.  Left Level IV - 2 negative nodes.  Impression :  Subtotal Glossectomy :- Moderately differentiated squamous carcinoma, left lateral border of tongue.  pTNM: pT4N2c Mx  Treatment Given:  **SURGERY DETAILS :**  Post WLE (subtotal glossectomy) + BL SND (i-IV) + ALT flap + Tracheostomy under GA on 25/10/2016,  Re-exploration under GA 27.10.2016  Debridment with PMMC flap reconstruction under GA 27.10.2016  **RADIATION DETAILS :**  Intent: Curative  Technique: Tomotherapy.  Site of Disease: Tongue  Cat Scan Simulation on 22/11/2016  Complex Computerised Treatment Planning on 29/11/2016  RT Started on 29/11/2016  RT Completed on 6/1/2017  Treatment breaks- Nil  Total Dose: 6600 cGy in 30 fractions  **Primary Tumour And Drainage Area :**  Site: PTV 66 Gy = Left level Ib, II Nodal region  Energy: 6 MV Photons  Dose: 6600 cGy in 30 fractions  Schedule: 220 cGy per fraction and 5 fractions a week  Dose prescribed to 100% isodose line.  PTV 60Gy:  Surigical bed+ Tongue+ Bilateral level I, II, III Nodal station+ Left level IV- VI Nodal region and Left RPN  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  PTV 54 Gy=Right level IV and VI 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  **CHEMOTHERAPY DETAILS :**  Received 6 cycles of Concurrent chemotherapy with Inj. Carboplatin 150 mg weekly. Last cycle on 3/1/2017  **TREATMENT COURSE :**  59 year old gentleman, diagnosed as a case of carcinoma Left lateral border Tongue, post  operative, pT4aN2cM0, Stage IV A, completed planned course of Post operative Concurrent chemo radiation  therapy well without interruptions. He was on PEG tube feeds since surgery , but is able to take oral semi solid  diet on completion of treatment. He is on step II analgesics and is comfortable with Tab Ultracet 1-1-1. He has 2  kg weight loss during treatment [78Kg now], grade 1 skin reaction and grade 3 mucositis in the left RMT and  pharyngeal wall region.  **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. |