**Radiology Report**

**Created Date:** 15/01/2015

**Study Done:**

**MDCT NECK - CONTRAST**

***Clinical info: - Known case of Ca left lateral aspect tongue for evaluation.***

Ill defined enhancing lesion / foci noted right lateral aspect tongue of maximum thickness 1.25cm involving both

extrinsic and intrinsic muscles and extending upto the median raphe not crossing the midline and appears to not

involve the buccongingival sulcus. No evidence of any adjacent bone involvement. Base of tongue appears

spared.

Multiple level Ia, bilateral level IB, right level II and bilateral level III and level IV lymphnodes noted largest

measuring 1.3 x 1cm right level II.

Thyroid/cricoid and arytenoid cartilages are normal.

The larynx and the tracheal air way are normal.

Hypopharynx and laryngopharynx are normal.

No evidence of any retropharyngeal lesion.

Parapharyngeal spaces are normal.

Bilateral neck vessels are normal.

Thyroid gland shows multiple hypodense nodes.

Visualized bones appear grossly normal.

**Impression:**

***Known case of Ca left lateral aspect tongue for evaluation.***

• Ill defined enhancing right lateral aspect tongue lesion as described with multiple cervical

lymphadenopathy.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 28/01/2015

**Received on :** 28/01/2015

**Reported Date :** 2/02/2015

**Gross Description :**

Received in formalin are 14 specimens. The I specimen labelled as "WLE tongue tagged with suture, double

short anterior, single long medial", consists of the same measures 7.5x6.5x3cm. Raw surface inked. External

surface of tongue shows an ulceroproliferative lesion with a punched out ulcer measures 6cm (A-P), 3cm (M-L),

2.5cm (S-I). The edges of the ulcer -------------, base of the ulcer shows a yellow necrotic stuff. The lesion is

1.4cm from the anterior mucosal and soft tissue margin, 1cm from the posterior margin (mucosal and soft tissue

margin), 1.4cm from the supero medial margin, abutting the inferior surface, 0.2cm deep inked margin.

Representative sections are submitted as follows:-

A1 - Anterior mucosal and soft tissue margin

A2 - Lesion with posterior mucosal and soft tissue margin

A3 - Supero medial margin

A4 - Inferior margin

A5 - Lesion wtih deep inked margin

A6 - A7 - Lesion proper

Specimen II labelled as "Level Ia", consists of fibrofatty tissue measures 5.5x3.2x0.5cm. 2 lymph nodes

identified. Largest measures 1cm in greater dimension. Representative sections are submitted in cassette B.

Specimen III labelled as "Right level I B", consists of fibrofatty tissue measures 7x4x2cm. 2 lymph nodes

identified. Representative sections are submitted in C1 - C2 cassettes.

Specimen IV labelled as "Right level IIA", consists of fibrofatty tissue measures 6x2x1.2cm. 2 lymph nodes

identified. Largest lymph node measures 1.4cm in greater dimension. Representative sections are submitted in

D1 - D2 cassettes.

Specimen V labelled as "Right level IIb", consists of fibrofatty tissue measures 3.2x1.9x1cm. 3 lymph nodes

identified. Largest lymph node measures 0.4cm. Entire specimen submitted in E1 - E2 cassettes.

Specimen VI labelled as "Right level III and IV", consists of fibrofatty tissue measures 6x3x1.5cm. 3 lymph

nodes identified, largest lymph node is 0.7cm in greater dimension. Representative sections are submitted in F1 -

F2 cassettes.

Specimen VII labelled as "Left level IB", consists of fibrofatty tissue measures 5.5x3x1.5cm. Cut section shows

salivary gland. 1 lymph node identified. Representative sections are submitted in G1 - G2 cassettes.

Specimen VIII labelled as "Left prefacial node", consists of fibrofatty tissue measures 2x1x0.3cm. Entire

specimen submitted in cassette H.

Specimen IX labelled as "Left level IIa", consists of fibrofatty tissue measures 2.6x1.3x1cm. 2 lymph nodes

identified largest lymph node measures 1.2cm in greater dimension. Representative sections are submitted in

cassette J.

Specimen X labelled as "Left level IIb", consists of fibrofatty tissue measures 2x2.5x0.7cm. 1 lymph node

identified. -----------------cm in greater dimension. Entire specimen submitted in cassette K.

Specimen XI labelled as "Left level III", consists of fibrofatty tissue measures 5.3x2.1x1cm. 2 lymph nodes

identified largest measures 1.5cm in greater dimension. Entire specimen submitted in L1 - L2 cassettes.

Specimen XII labelled as "Left level IV", consists of fibrofatty tissue measures 3x2.6x0.9cm. 1 lymph node

identified. Representative sections are submitted in cassette M.

Specimen XIII labelled as "Additional portion superior mucosal margin", consists of grey white tissue bit

measures 0.9x0.6x0.2cm. Entire specimen submitted in cassette N.

Specimen XIV labelled as "Additional tonsillar mucosal margin", consists of mucosa covered tissue bit measures

1.5x0.5x0.2cm. Entire specimen submitted in cassette P.

**Microscopic Description :**

A: Type of specimen: WLE tongue (right lateral border)

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Maximum tumor size- 6x3x2.5cm

Invasive front: Cohesive

Maximum depth of invasion: 2.5cm

Vascular invasion- present

Nerve invasion - present

Margins:

Await fresh bit on inferior margin

"Additional posterosuperior mucosal margin" and "Additional tonsillar mucosal margin": free of tumor.

Lymph nodes:

B: "Level IA": One lymph node, free of tumor.

C: "Right level IB": Two lymph nodes, free of tumor.

D: "Right level IIA": Two lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis- 1.7cm

Perinodal tumor deposit- present.

E: "Right level IIB": Seven lymph nodes, free of tumor.

F: "Right level III and IV": 1/6 lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis- 0.7cm

Perinodal tumor deposit- present.

G: "Left level IB": Shows fibroadipose tissue and salivary gland - free of tumor.

H: "Left prefacial node": One lymph node, free of tumor.

J: "Left level IIA": Two lymph nodes, free of tumor.

K: "Left level IIB": Three lymph nodes, free of tumor.

L: "Left level III": Four lymph nodes, free of tumor.

M: "Left level IV": One lymph node, free of tumor.

**Diagnosis :**

Type of specimen: WLE tongue (right lateral border)

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Maximum tumor size- 6x3x2.5cm

Invasive front: Cohesive

Maximum depth of invasion: 2.5cm

Vascular invasion- present

Nerve invasion - present

Margins:

The tumor is 1.4cm from anterior, 1cm from posterior, 1.4cm from superomedial margins.

Await fresh bit on inferior margin

"Additional posterosuperior mucosal margin" and "Additional tonsillar mucosal margin": free of tumor.

Lymph nodes:

B: "Level IA": One lymph node, free of tumor.

C: "Right level IB": Two lymph nodes, free of tumor.

D: "Right level IIA": Two lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis- 1.7cm

Perinodal tumor deposit- present.

E: "Right level IIB": Seven lymph nodes, free of tumor.

F: "Right level III and IV": 1/6 lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis- 0.7cm

Perinodal tumor deposit- present.

G: "Left level IB": Shows fibroadipose tissue and salivary gland - free of tumor.

H: "Left prefacial node": One lymph node, free of tumor.

J: "Left level IIA": Two lymph nodes, free of tumor.

K: "Left level IIB": Three lymph nodes, free of tumor.

L: "Left level III": Four lymph nodes, free of tumor.

M: "Left level IV": One lymph node, free of tumor.

pTNM stage: pT3N2b

**RADIOLOGY REPORT**

**Created Date:** 24/06/2016

**Study Done:**

**ULTRASOUND OF NECK**

Right lobe of thyroid measures - 1.6x1.8cm.

Left lobe of thyroid measures - 1.5x2.0cm

Isthmus measures - 0.3cm.

Right lobe shows a well defined hypodense lesion measuring 1x1.1cm with peripheral hypoechoic halo

and vascularity .

Few hypoechoic areas with internal calcification noted in right lobe.

Left lobe shows predominantly anechoic cystic lesion measuring -1.4x0.9cm

Left level Ib shows a 1.4x0.7cm lymphnode with increased cortical thickness and indentation of fatty

hilum .

A small round lymphnode with preserved fatty hilum noted in bilateral level Ia, Ib, II ,III.

Bilateral neck vessels grossly normal.

**Impression:**

***Case Ca tongue status post op.***

• **Left level Ib lymphnode as described . Suggest FNAC.**

• **Thyroid nodes as described**

|  |  |
| --- | --- |
| **Date of Admission :**26/01/2015 | **Date of Procedure :**27/01/2015 |

|  |
| --- |
| **Date of Discharge :**09/02/2015 |

|  |
| --- |
|  |

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

|  |
| --- |
| **DIAGNOSIS :** |
| Carcinoma Tongue pT3N2b |

|  |
| --- |
| **PROCEDURE DONE :** |
| WLE + B/L SND ( 1 to 4) + Lt ALT reconstruction + Tracheostomy under GA on 27/01/2015 |

|  |
| --- |
| **HISTORY :** |
| 63 yr old male patient referred by Dr Dominic, medical trust hospital came with complaints of right sided lateral border tongue lesion since one year duration and he also have pain. MDCT NECK - CONTRAST(15-01-2015) was done in AIMS reported as Ill defined enhancing right lateral aspect tongue lesion as described with multiple cervical lymphadenopathy. |

|  |
| --- |
| **PAST HISTORY :** |
| k/c/o DM type2 since12 year on gluconorm G-2 1-0-1 Piomed 30mg od galvus met 0-1-0 HTN from 13 yrs on telmisartan and concor 5mg and ecospirin 75 mg DLP from 10 yrs h/o urinary calculi was operated 10 yrs back right now good urine output h/o ACS 15 yrs back angiogram done said to be normal reports not available |

|  |
| --- |
| **PERSONAL HISTORY :** |
| uses pan since age of 16 yrs , occ alcoholic |

|  |
| --- |
| **CLINICAL EXAMINATION :** |
| o/e: Right lateral border of tongue about 3 x 3 cm ulcer , tender, indurated , extending to floor of mouth , sulcus free , reaching upto BOT , vallecula free. Tongue movements free. Scopy- NAD Neck - About 1 x 1 cm level IB lymphadenopathy, mobile, firm |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 28/01/2015 | 10.3 | 35.3 | 280 | 17.9 | - | 7.33 | .030 | - |
| 29/01/2015 | 9.1 | - | 267 | 15.4 | 82.3 | 9.0 | 0.2 | - |
| 30/01/2015 | 10.6 | - | 279 | 14.5 | - | 6.89 | .523 | - |
| 31/01/2015 | 11.2 | 35.6 | 257 | 11.9 | - | 5.5 | 1.4 | - |
| 01/02/2015 | - | - | 255 | 12.0 | 72.9 | 8.4 | 3.1 | - |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 27/01/2015 | - | - | 138.1 | 4.0 |
| 28/01/2015 | 23.4 | 1.40 | 138.1 | 3.9 |
| 30/01/2015 | - | - | 138.4 | 3.2 |
| 01/02/2015 | - | - | 136.3 | 3.2 |

Date: 01/02/2015

|  |  |
| --- | --- |
| Phosphorus inorganic (phosphate)Serum : 3.37 mg/dl | Magnesium : 1.7 mg/dl |

|  |  |
| --- | --- |
| Calcium; total - Serum : 8.0 mg/dl | RBC-COUNT-Blood : 4.22 M/uL |

|  |  |
| --- | --- |
| MCH-Blood : 25.0 pg | RDW-Blood : 16.2 % |

|  |  |
| --- | --- |
| MPV-Blood : 8.5 fL | MONO -Blood : 15.1 % |

|  |  |
| --- | --- |
| BASO-Blood : 0.5 % |  |

Date: 31/01/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 4.52 M/uL | MONO -Blood : 11.0 % |

|  |  |
| --- | --- |
| BASO-Blood : 0.7 % |  |

Date: 30/01/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 4.60 M/uL | MONO -Blood : 7.84 % |

|  |  |
| --- | --- |
| BASO-Blood : .563 % |  |

Date: 29/01/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.63 M/uL | MPV-Blood : 9.1 fL |

|  |  |
| --- | --- |
| MONO -Blood : 8.4 % | BASO-Blood : 0.1 % |

Date: 28/01/2015

|  |  |
| --- | --- |
| PT[Prothrombin Time with INR]-Plasma : 16.4/14.60/1.16 sec | RBC-COUNT-Blood : 4.13 M/uL |

|  |  |
| --- | --- |
| RDW-Blood : 17.1 % | BASO-Blood : 0.0 % |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 4.58 M/uL | MONO -Blood : 7.65 % |

|  |  |
| --- | --- |
| BASO-Blood : .342 % |  |

Date: 27/01/2015

|  |  |
| --- | --- |
| Glucose [F]-Plasma : 196.1 mg/dl |  |

Date: 26/01/2015

|  |  |
| --- | --- |
| Compatibility test; cross match complete (3 tests) : Compatible |  |

|  |
| --- |
|  |
| Histopath - Wide local excision - buccal mucosa/Lip/Tongue Received on :28/01/2015 Reported Date :2/02/2015 Diagnosis : Type of specimen: WLE tongue (right lateral border) Histological type: Squamous cell carcinoma Differentiation : Moderate Maximum tumor size- 6x3x2.5cm Invasive front: Cohesive Maximum depth of invasion: 2.5cm Vascular invasion- present Nerve invasion - present Margins: The tumor is 1.4cm from anterior, 1cm from posterior, 1.4cm from superomedial margins, 0.5cm from inferior margin "Additional posterosuperior mucosal margin" and "Additional tonsillar mucosal margin": free of tumor. Lymph nodes: B: "Level IA": One lymph node, free of tumor. C: "Right level IB": Two lymph nodes, free of tumor. D: "Right level IIA": Two lymph nodes with metastatic carcinoma. Size of the largest lymph node with metastasis- 1.7cm Perinodal tumor deposit- present. E: "Right level IIB": Seven lymph nodes, free of tumor. F: "Right level III and IV": 1/6 lymph nodes with metastatic carcinoma. Size of the largest lymph node with metastasis- 0.7cm Perinodal tumor deposit- present. G: "Left level IB": Shows fibroadipose tissue and salivary gland - free of tumor. H: "Left prefacial node": One lymph node, free of tumor. J: "Left level IIA": Two lymph nodes, free of tumor. K: "Left level IIB": Three lymph nodes, free of tumor. L: "Left level III": Four lymph nodes, free of tumor. M: "Left level IV": One lymph node, free of tumor. pTNM stage: pT3N2b Created Date:15/01/2015 MDCT NECK - CONTRAST Impression: Known case of Ca left lateral aspect tongue for evaluation. Ill defined enhancing right lateral aspect tongue lesion as described with multiple cervical lymphadenopathy |

|  |
| --- |
| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| With above mentioned complaints & reports his case was discussed in Head and Neck tumour board. It was decided to treat him with surgery. He underwent WLE of tongue lesion(mandibulotomy approach + B/L SND ( 1 to 4) + Lt ALT reconstruction + Tracheostomy under GA on 27/01/2015. His post operative period was uneventful.On POD- 10 , he developed dehicense of intraoral sutures and the miniplates got exposed. So, oral diet was not started. At discharge- vitals stable, afebrile, flap healthy , On RT feed. |

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| WLE of tongue lesion(mandibulotomy approach + B/L SND ( 1 to 4) + ALT reconstruction + Tracheostomy under GA on 27/01/2015. findings: appr size 5 x 3 cm lesion ulceroinfiltrative lesion , reaching upto vallecula , FOM involved , vallecula and inner sulcus free. procedure: under GA, by mandibulotomy approach after prefixation of plates , the lesion was accessed and removed with good margins . B/l SND was done - suspicious LN were present in rt levels 2 and 3 . ALT flap was harvested from lt thigh and inset was done and microvascular anastomosis done . PP uneventful. |

|  |
| --- |
| **ADVICE ON DISCHARGE :** |
| Review in Head and Neck OPD and Radiation Oncology OPD after 1 week |

|  |
| --- |
| **DIET RECOMMENDATIONS :** |
| RT feed 100 ml/ hr high protein diet to be given |

|  |
| --- |
| **DISCHARGE MEDICATION :** |
| Good oral care Tab.Dolo 650mg Tab 1-1-1 X 5 days tab.Ciplox 500mg Tab 1-0-1 X 5 days tab.Chymoral Forte 1-1-1 x 5 days tab.Ecosprin 75mg Tab 1-0-0 to continue tab. Piomed 30mg Tab 1-0-0 to continue tab. Pan 20mg Tab 1-0-0 to continue Clohex Plus Mouth Wash 150ml |

**Tumour Board Discussion**

**Attendees :**

WLE(mandibulotomy+ BL SND + ALT flap+Adjuvant

MRD

**Progress Notes**

**Date : 16/02/2015**

**ProgressNotes :**

Carcinoma Tongue ; pT3N2b

PROCEDURE DONE :

WLE + B/L SND ( 1 to 4) + Lt ALT reconstruction + Tracheostomy under GA on 27/01/2015

HPR : pT3N2b with perinodal spread

on follow up

o/e

flap healthy, ryles tube in situ

neck - wound healthy

adv: sutuire removal, radiation consult, to take oral spis of water

plan: ryles tube removal on friday.

**Progress Notes**

**Date : 15/03/2021**

**ProgressNotes :**

Carcinoma Tongue pT3N2b WLE + B/L SND ( 1 to 4) + Lt ALT reconstruction + Tracheostomy under GA on

27/01/2015

Completed Concurrent chemoradiation therapy Technique: IMRT- VMAT RT Started on 9/3/2015 and RT

Completed on 21/4/2015

Taking orally

Came for r/w

Dental carries +

Locoregionally : NED

Adv : Dental r/w today

Operative notes

WLE of tongue lesion(mandibulotomy approach + B/L SND ( 1 to 4) + ALT reconstruction + Tracheostomy under GA on 27/01/2015. findings: appr size 5 x 3 cm lesion ulceroinfiltrative lesion , reaching upto vallecula , FOM involved , vallecula and inner sulcus free. procedure: under GA, by mandibulotomy approach after prefixation of plates , the lesion was accessed and removed with good margins . B/l SND was done - suspicious LN were present in rt levels 2 and 3 . ALT flap was harvested from lt thigh and inset was done and microvascular anastomosis done . PP uneventful.

**Speciality :** RadiationOncology

**Consultant :** Dr Pushpaja K U

**RT No :** 15RT0234

**D/O Commencement of RT** 09/03/2015 **D/O Completion of RT** 21/04/2015

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Right Lateral border Tongue, Post Operative

pT3?T4aN2bM0

Moderately Differentiated Squamous Cell Carcinoma

Completed Concurrent chemoradiation therapy

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

63 year old gentleman, presented with complaints of right sided lateral border tongue lesion

since one year duration and he also gives history of having pain. He came to HNS OPD for further management.

Clinical Examination done showed a 3 x 3 cm ulcer in Right lateral border of tongue, tender, indurated,

extending to floor of mouth, sulcus free, reaching upto BOT, vallecula free. Tongue movements free. Neck- A 1

x 1 cm level IB lymphadenopathy, mobile, firm.

HPR: Moderately Differentiated Squamous Cell Carcinoma

MDCT Neck with Contrast [Dated: 15-01-2015] done showed an ill defined enhancing lesion / foci noted right

lateral aspect tongue of maximum thickness 1.25cm involving both extrinsic and intrinsic muscles and extending

upto the median raphe not crossing the midline and appears to not involve the bucco-gingival sulcus. No

evidence of any adjacent bone involvement. Base of tongue appears spared. Multiple level Ia, bilateral level IB,

right level II and bilateral level III and level IV lymph nodes noted largest measuring 1.3 x 1cm right level II.

He was advised for surgery and underwent WLE + bilateral SND ( 1 to 4) + Left ALT reconstruction +

Tracheostomy under GA on 27/01/2015.

Intraoperatively found approximately a 5 x 3 cm lesion ulceroinfiltrative lesion, reaching upto vallecula, FOM

involved, vallecula and inner sulcus free.

Post OP HPR [Dated: 02/02/2015, Histology Lab No :S15-1217] reported as Squamous cell carcinoma.

Differentiation : Moderate. Maximum tumor size- 6x3x2.5cm. Invasive front: Cohesive. Maximum depth of

invasion: 2.5cm. Vascular invasion- present. Nerve invasion – present. Margins: The tumor is 1.4cm from

anterior, 1cm from posterior, 1.4cm from superomedial margins, 0.5cm from inferior margin "Additional

postero-superior mucosal margin" and "Additional tonsillar mucosal margin": free of tumor. Right level IIA":

Two lymph nodes with metastatic carcinoma. Size of the largest lymph node with metastasis- 1.7cm. Perinodal

tumor deposit- present. Right level III and IV": 1/6 lymph nodes with metastatic carcinoma. Size of the largest

lymph node with metastasis- 0.7cm. Perinodal tumor deposit- present. Other nodes free.

He was pathologically staged as pT3N2b M0.

His case was discussed in multi disciplinary tumor board and was planned for Adjuvant concurrent

chemoradiation therapy.

Clinical Examination [ RT OPD]

KPS 90

PS - 1

No pallor

Neck : no palpable nodes B/L neck

oral cavity : Flap healthy

chest clear

The diagnosis, stage of the disease, prognosis, need for adjuvant treatment with external beam Radiation

Therapy, the benefits and side effects, Treatment techniques 3DCRT and IMRT were explained to the patient

and relatives. They opted for IMRT and hence scheduled for the same.

Dental Consultation and Pre-RT Dental Extraction and Prophylaxis done prior to radiation Therapy.

Comorbidities:

DM type2 since12 year on gluconorm G-2 1-0-1

Piomed 30mg od

galvus met 0-1-0

HTN from 13 yrs on telmisartan and concor 5mg and ecospirin 75 mg

DLP from 10 yrs

h/o urinary calculi was operated 10 yrs back right now good urine output

h/o ACS 15 yrs back angiogram done said to be normal reports not available

**INVESTIGATIONS :**

**Haemogram:**

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

**ku/ml**

**TC:**

**ku/ml**

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

**mm/1st hr**

17/03/2015 10.2 30.3 385 10.9 74.3 12.2 2.0 -

24/03/2015 10.0 30.0 284 9.1 77.6 8.4 1.6 -

30/03/2015 8.91 29.8 263 6.26 69.4 11.2 2.42 -

06/04/2015 9.15 30.4 242 5.96 72.4 9.68 4.68 -

13/04/2015 11.0 32.9 220 4.0 78.4 7.4 1.4 -

**Renal Function Test and Serum Electrolytes:**

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

17/03/2015 - 1.17 - -

24/03/2015 - 1.30 135.2 3.5

30/03/2015 - 1.16 132.4 3.7

13/04/2015 - 1.13 135.0 3.5

Date: 13/04/2015

RBC-COUNT-Blood : 4.16 M/uL MCV-Blood : 79.0 fL

MCH-Blood : 26.4 pg MCHC-Blood : 33.4 g/dl

RDW-Blood : 17.2 % MPV-Blood : 6.3 fL

MONO -Blood : 12.6 % BASO-Blood : 0.2 %

Date: 06/04/2015

RBC-COUNT-Blood : 3.93 M/uL MCV-Blood : 77.2 fL

MCH-Blood : 23.3 pg MCHC-Blood : 30.1 g/dl

RDW-Blood : 15.6 % MPV-Blood : 6.02 fL

MONO -Blood : 12.5 % BASO-Blood : .812 %

Date: 30/03/2015

RBC-COUNT-Blood : 3.87 M/uL MCV-Blood : 77.1 fL

MCH-Blood : 23.0 pg MCHC-Blood : 29.9 g/dl

RDW-Blood : 14.9 % MPV-Blood : 6.38 fL

MONO -Blood : 16.5 % BASO-Blood : .559 %

Date: 24/03/2015

RBC-COUNT-Blood : 3.80 M/uL MCV-Blood : 76.1 fL

MCH-Blood : 26.2 pg MCHC-Blood : 34.4 g/dl

RDW-Blood : 16.0 % MPV-Blood : 7.4 fL

MONO -Blood : 11.9 % BASO-Blood : 0.5 %

Date: 17/03/2015

RBC-COUNT-Blood : 3.92 M/uL MCV-Blood : 77.3 fL

MCH-Blood : 26.0 pg MCHC-Blood : 33.6 g/dl

RDW-Blood : 16.1 % MPV-Blood : 7.7 fL

MONO -Blood : 11.2 % BASO-Blood : 0.3 %

**HISTOPATHOLOGY REPORTS**

Post OP HPR [Dated: 02/02/2015, Histology Lab No :S15-1217] reported as Squamous cell carcinoma.

Differentiation : Moderate. Maximum tumor size- 6x3x2.5cm. Invasive front: Cohesive. Maximum depth of

invasion: 2.5cm. Vascular invasion- present. Nerve invasion – present. Margins: The tumor is 1.4cm from

anterior, 1cm from posterior, 1.4cm from superomedial margins, 0.5cm from inferior margin "Additional

postero-superior mucosal margin" and "Additional tonsillar mucosal margin": free of tumor. Right level IIA":

Two lymph nodes with metastatic carcinoma. Size of the largest lymph node with metastasis- 1.7cm. Perinodal

tumor deposit- present. Right level III and IV": 1/6 lymph nodes with metastatic carcinoma. Size of the largest

lymph node with metastasis- 0.7cm. Perinodal tumor deposit- present. Other nodes free.

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

MDCT Neck with Contrast [Dated: 15-01-2015] done showed an ill defined enhancing lesion / foci noted right

lateral aspect tongue of maximum thickness 1.25cm involving both extrinsic and intrinsic muscles and extending

upto the median raphe not crossing the midline and appears to not involve the bucco-gingival sulcus. No

evidence of any adjacent bone involvement. Base of tongue appears spared. Multiple level Ia, bilateral level IB,

right level II and bilateral level III and level IV lymph nodes noted largest measuring 1.3 x 1cm right level II.

Treatment Given:

**SURGERY DETAILS :**

Underwent WLE + B/L SND ( 1 to 4) + Lt ALT reconstruction + Tracheostomy under GA on 27/01/2015

**RADIATION DETAILS :**

Intent: Curative [Post Operative Concurrent Chemoradiation Therapy]

Technique: IMRT- VMAT

Site of Disease: Right lateral border Tongue.

Cat Scan Simulation on 28/2/2015

Complex Computerised Treatment Planning on 4/3/2015

RT Started on 9/3/2015

RT Completed on 21/4/2015

Elapsed Days: 44

No treatment interruptions

Total Dose: 6600 cGy in 30 fractions to Right level II, III, IV positive LN region

6000 cGy in 30 fractions to Tumor bed+ Entire tongue+ Surgical bed + Bilateral level I, II, III nodal regions+

Right RPN, Right IV, V nodal region

5400 cGy in 30 fractions to Left level IV, V and Left RPN

**Primary Tumour And Drainage Area :**

Site: Right level II, III, IV positive LN region

Energy: 6 MV Photons

Dose: 6600 cGy in 30 fractions

Schedule: 220cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line

Site: Tumor bed+ Entire tongue+ Surgical bed + Bilateral level I, II, III nodal regions+ Right RPN, Right IV, V

nodal region

Energy: 6 MV Photons

Dose: 6000 cGy in 30 fractions

Schedule: 200cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

Site: Left level IV, V and Left RPN

Energy: 6 MV Photons

Dose: 5400 cGy in 30 fractions

Schedule: 180cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line

**CHEMOTHERAPY DETAILS :**

Received 6 cycles of concurrent chemotherapy with Inj.Cisplatin 50 mg Last cycle was on 16/4/2015

**TREATMENT COURSE :**

63 year old gentleman, diagnosed as a case of Carcinoma Right lateral border Tongue, Post

Operative, completed planned course of Adjuvant concurrent chemoradiation therapy well without interruptions.

On completion of treatment he had Grade I skin reaction and Grade II mucositis right and Left RMT , Grade I

mucositis on tip of tongue. He had 1.2kg weight loss during the course of treatment.

**ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**

Follow up Pattern:

1. Review after 1 and 2 weeks in RT OPD.

2. Review after 4-6 weeks in HNS-RT Follow Up Clinic for evaluation of Primary Disease, Neck Nodes

3. Review every month in RT OPD for one year and then as advised.

Investigations:

1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT

and then as advised by the Physician [CXR annually].

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

Oral and Skin Care:

1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in 200ml of water and use as

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

2. Skin care: Avoid applying oil , shaving and washing with soap in the radiated area. 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:

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

liquid diet.