**CYTOLOGY REPORT**

**Collection Date :** 01/02/2013 **Collection Time :** 15:15

**Received Date :** 01/02/2013 **Received Time :** 15:15

**Clinical Impression :**

Ca. Alveolus with secondary Neck both side.

**Sample Description :**

- FNAC from left and right level IB nodes:

- Prepared 3dry and 6 wet smears.

**Microscopic Description :**

Examined 9 smears of FNAC from left and right level IB node and submental node.

The smears are highly cellular and shows predominant population of small cleaved lymphocytes admixed with

few larger lymphocytes and plasma cells. Few clusters of endothelial cells are also seen. There is a relative

paucity of tingible body macrophages.

There is no evidence of metastatic carcinoma.

**CT - Report**

**CreatedDate:** 05/02/2013

**Study Done:**

CT CHEST - CONTRAST Normal mediastinal vascular structures. The hila are normal. The tracheobronchial

tree is normal. Normal lung parenchyma. No pleural pathology. Chest wall is normal.

**CT - Report**

**CreatedDate:** 06/02/2013

**Study Done:**

MDCT NECK - CONTRAST Soft tissue mass eroding alveolar margin of the body of mandible at the level of

incisors with lesion extending to gingivolabial sulcus. Enlarged level Ia, bilateral level Ib and right level III

nodes noted. Subcentimetric nodes seen in bilateral level II and III. Larynx and hypo pharynx appear normal.

Carotid and jugular vessels appear normal. Thyroid gland appears normal. Cervical spine within the scan region

appears normal.

**Impression:**

Soft tissue mass eroding the alveolar margin of body of mandible with cervical adenopathy

**SURGICAL PATHOLOGY REPORT**

**Age :** 60

**Date of sample collection :** 19/02/2013

**Received on :** 19/02/2013

**Reported Date :** 22/02/2013

**Clinical Impression :**

Growth in the alveolus

**Gross Description :**

Received fresh is a specimen labelled as "Right lower alveolar growth", consists of multiple bits of blood tinged

tissue bits measuring 0.6x0.5x0.3cm.

Frozen read as :"Negative for malignancy".

Subsequently received in formalin are 14 specimens. The Ist specimen labelled as "Main specimen + segmental

mandibulectomy +wide local excision", consists of part of right mandible bearing 4 teeth with gingival mucosa

and surrounding soft tissue whole measuring 7x4x4.2cm. The alveolar surface shows an ulceroinfiltration lesion

measuring 4x1.5x2.5cm. An other small ulcerative lesion close to the posterior end of mandibulectomy

measuring 0.8x0.5x0.5cm. The larger lesion is 1cm from anterior mucosal margin, 2cm from posterior mucosal

margin, 1cm from right buccal mucosal margin and 0.8cm from medial lingual mucosal margin. The smaller

defect (Possibly by tooth extraction) is situated 1cm posterior to the Ist lesion. Lesion seen to infiltrate bone.

Representative sections are submitted as follows:

A1 - Lesion with closest medial lingual margin

A2 - Lesion with closest lateral buccal mucosal and soft tissue margin

A3 - Anterior gingival mucosal margin (shaved)

A3 - Anterior gingival mucosal margin (shaved)

A4 - Anterioromedial gingival margin (shaved)

A5 - Posterior mucosal and soft tissue margin (shaved)

A6 & A7 - From the lesion

A8 - Right posterior bony margin

A9 - Left posterior bony margin

A10-Left lateral bony margin

A11-Right lateral bony margin

A12-15-Tumour with underlying bone.

Specimen II labelled as "Right upper mucosal margin with suture anteriorly", consists of a linear bit of mucosa

measuring 3x0.5x0.5cm. Entire specimen submitted as follows:

B1 - Anterior half with inked

B2 - Posterior half

Specimen III labelled as "Prefacial lymph node", consists of single fibrofatty tissue measuring 4x1.5x1cm. No

lymph nodes identified grossly. Entire specimen submitted in C1 to C3 cassettes.

Specimen IV labelled as "Right level IIB", consists of single fibrofatty tissue measuring 3x2x1cm. Entire

specimen submitted in D1 and D2 cassettes.

Specimen V labelled as "Right level III", consists of single fibrofatty tissue measuring 5x2.5x1.5cm.

Representative sections are submitted as follows:

E1 - Largest lymph node

E2 - 3 lymph nodes

E3 - 5 lymph nodes

Specimen VI labelled as "Right level IV", consists of single fibrofatty tissue measuring 4.5x2.5x1.5cm.

Representative sections are submitted as follows:

F1 - 3 lymph nodes

F2 - 3 lymph nodes

Specimen VII labelled as "Right level IIA", consists of single fibrofatty tissue measuring 3.5x2x2cm.

Representative sections are submitted as follows:

G1 - Largest lymph node

G2 - 3 lymph nodes

Specimen VIII labelled as "IA + Right level IB", consists of single fibrofatty tissue measuring 5x5x2.5cm.

Representative sections are submitted as follows:

H1 - From salivary galnd

H2 - 2 lymph nodes

Specimen IX labelled as "Right prefacial node", consists of single fibrofatty tissue measuring 3x2x1.5cm. Entire

specimen submitted in J1 and J2 cassettes.

Specimen X labelled as "Left level IB", consists of single fibrofatty tissue measuring 4.5x3.5x2.5cm.

Representative sections are submitted as follows:

K1 - From salivary gland

K2 - 2 lymph nodes

Specimen XI labelled as "Left level IIA", consists of single fibrofatty tissue measuring 3.5x1.5x1cm.

Representative sections are submitted as follows:

L1 - 2 lymph nodes

L2 - 2 lymph nodes

Specimen XII labelled as "Left level IIB", consists of single fibrofatty tissue measuring 2.5x2x1cm.

Representative sections are submitted in M1 and M2 cassettes.

Specimen XIII labelled as "Left level III", consists of multiple fibrofatty tissue in aggregate measuring

4x2.5x1.5cm. Representative sections are submitted as follows:

N1 - 2 lymph nodes

N2 - 1 lymph node

Specimen XIV labelled as "Left level IB", consists of multiple fibrofatty tissue measuring 4.5x2.5x1.5cm.

Representative sections are submitted as follows:

P - 4 lymph nodes

**Microscopic Description :**

Permanent sections from frozen show hyperplastic squamous mucosa. No dysplasia / definite stromal invasion

seen.

A) Specimen: Wide Local excision + segmental mandibulectomy:

Type of grade of tumor :- Well differentiated squamous cell carcinoma

Size of tumor :4x1.5x2.5cm

Depth of tumor invasion :- Tumor infiltrated underlying bone (Section A7,A12-15)

Pattern of tumor invasion :Pushing with minimal inflammatory reaction around.

Lymphovascular emboli :- Absent

Perineural invasion :- Absent

Medial mucosal margin :- Free and 8 mm away

Medial soft tissue :- Free of tumor and well away

Lateral mucosal and soft tissue margin :- Free of tumor and well away

Anterior and anteromedial gingival margin :- Free of tumor and well away

Posteior mucosal and soft tissue margin :- Free of tumor well away

Right and left posterior bony margin :- Free of tumor.

B) Right upper mucosal margin :- Free of tumor.

C) Prefacial lymphnode :- Shows fibrofatty tissue. No lymphnodes seen.

D) Right level II b: 2 reactive nodes.

E) Right level III :- 8 reactive nodes.

F) Right level IV :- 2 reactive nodes.

G) Right level IIa :- 4 reactive lymphnodes.

H) Right level Ia and Ib :- 2 reactive nodes and unremarkable salivary gland.

J) Right prefacial node :- Shows fibrofatty tissue. No lymphnode.

K) Left level Ib :- Unremarkable salivary gland and 2 reactive lymphnodes.

L) Left level IIa :- 4 reactive nodes.

M)Left level IIb :- 7 reactive nodes.

N) Left level III :- 5 reactive nodes.

P) Left level IV :- 5 reactive nodes.

**Diagnosis :**

Wide Local excision + segmental mandibulectomy + additional margins and selective neck dissection:-

Well differentiated squamous cell carcinoma

Tumor size 4x1.5x2.5cm.

All mucosal margin and soft tissue margin free

Tumor infiltrates underlying bone

41 reactive lymphnodes

Bony margins - free

pT4N0Mx.

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| **Date of Admission :**18/02/2013 | **Date of Procedure :**19/02/2013 |

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| **Date of Discharge :**01/03/2013 |

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

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| **DIAGNOSIS :** |
| Carcinoma Right Lower alveolus (cT4N2cM0) |

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| **PROCEDURE DONE :** |
| Anterior segmental mandibulectomy + Bilateral level 1-4 Neck Dissection + Free fibula flap + tracheostomy on 19-02-2013 under GA |

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| **HISTORY :** |
| 60 year old Mrs. Annie Sebastain presented to Head and Neck OPD with history of loosening of tooth since six months. She had complaints of growth in right side lower alveolus since two months. She also had complaints of pain in right mandible. Biopsy done outside showed microinvasive carcinoma. Came here for further management. |

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| **PAST HISTORY :** |
| Known diabetic and hypertensive |

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| **CLINICAL EXAMINATION :** |
| On Examination Partially dentate in lower alveolus Proliferative growth present in Right side lower alveolus extending from 2nd molar region crossing midline upto opposite canine area Expansion of both inner and outer cortex Floor of mouth appears free Neck- Multiple nodes + in level Ia, Ib, II both sides neck, largest measuring 2 cms. |

**INVESTIGATIONS :**

**Haemogram:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 19/02/2013 | 12.3 | 36.4 | 190.0 | 9.44 | 89.1 | 8.19 | 0.093 | - |
| 20/02/2013 | 9.59 | 32.7 | 156.0 | 6.39 | 88.7 | 8.76 | 1.78 | - |
| 21/02/2013 | 8.74 | 25.8 | 198.0 | 12.9 | 88.5 | 7.41 | 0.041 | - |
| 22/02/2013 | 11.5 | 33.4 | 154.0 | 12.6 | 89.2 | 7.93 | 0.091 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 19/02/2013 | 15.8 | 0.92 | 137.5 | 3.7 |
| 20/02/2013 | - | - | 137.3 | 3.0 |
| 21/02/2013 | 31.7 | 1.11 | 134.4 | 4.3 |

Date: 22/02/2013

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| --- | --- |
| RBC-COUNT-Blood : 3.82 M/uL | MCV-Blood : 87.3 fL |

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| --- | --- |
| MCH-Blood : 30.1 pg | MCHC-Blood : 34.5 g/dl |

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| --- | --- |
| RDW-Blood : 13.8 % | MPV-Blood : 5.88 fL |

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| MONO -Blood : 2.59 % | BASO-Blood : 0.143 % |

Date: 21/02/2013

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| RBC-COUNT-Blood : 2.92 M/uL | MCV-Blood : 88.2 fL |

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| MCH-Blood : 29.9 pg | MCHC-Blood : 33.9 g/dl |

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| RDW-Blood : 15.0 % | MPV-Blood : 6.27 fL |

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| MONO -Blood : 3.9 % | BASO-Blood : 0.101 % |

Date: 20/02/2013

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| RBC-COUNT-Blood : 3.72 M/uL | MCV-Blood : 87.8 fL |

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| MCH-Blood : 25.8 pg | MCHC-Blood : 29.4 g/dl |

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| RDW-Blood : 14.8 % | MPV-Blood : 6.11 fL |

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| MONO -Blood : 0.629 % | BASO-Blood : 0.157 % |

Date: 19/02/2013

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| RBC-COUNT-Blood : 4.13 M/uL | MCV-Blood : 88.1 fL |

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| MCH-Blood : 29.8 pg | MCHC-Blood : 33.9 g/dl |

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| RDW-Blood : 13.8 % | MPV-Blood : 5.42 fL |

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| MONO -Blood : 2.43 % | BASO-Blood : 0.212 % |

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| Glucose [F]-Plasma : 82.1 mg/dl | Compatibility test; cross match complete (3 tests) : Compatible |

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| CYTOLOGY REPORT Cytology Lab No :AC - 223/13 Collection Date :01/02/2013 Received Date :01/02/2013 Clinical Impression : Ca. Alveolus with secondary Neck both side. Sample Description : - FNAC from left and right level IB nodes: - Prepared 3dry and 6 wet smears. Microscopic Description : Examined 9 smears of FNAC from left and right level IB node and submental node. The smears are highly cellular and shows predominant population of small cleaved lymphocytes admixed with few larger lymphocytes and plasma cells. Few clusters of endothelial cells are also seen. There is a relative paucity of tingible body macrophages. There is no evidence of metastatic carcinoma. Impression : Left and right level IB nodes and submental nodes - Negative for metastasis in a k/c/o ca alveolus. In view of significant size of the lymph nodes, predominant population of monomorphic small cleaved lymphocytes and paucity of tingible body macrophages, kindly do an excision biopsy. CT - Report CreatedDate:05/02/2013 Study Done:CT CHEST - CONTRAST Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. Normal lung parenchyma. No pleural pathology. Chest wall is normal. CT - Report Date:06/02/2013 Study Done:MDCT NECK - CONTRAST Soft tissue mass eroding alveolar margin of the body of mandible at the level of incisors with lesion extending to gingivolabial sulcus. Enlarged level Ia, bilateral level Ib and right level III nodes noted. Subcentimetric nodes seen in bilateral level II and III. Larynx and hypo pharynx appear normal. Carotid and jugular vessels appear normal. Thyroid gland appears normal. Cervical spine within the scan region appears normal. Impression:Soft tissue mass eroding the alveolar margin of body of mandible with cervical adenopathy. Impression:Normal study. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. FNAC was done on 1-02-2013, which showed left and right level IB nodes and submental nodes - Negative for metastasis in a k/c/o ca alveolus. MDCT neck with contrast was done on 6-02-2013, which showed Soft tissue mass eroding the alveolar margin of body of mandible with cervical adenopathy. Her case was discussed in Head and Neck tumour board and planned for surgery. She was admitted on 18-02-2013 and after all preliminary investigations and evaluation she was taken for surgery. She underwent Anterior segmental mandibulectomy + Bilateral level 1-4 Neck Dissection + Free fibula flap + tracheostomy on 19-02-2013 under GA. On the second postoperative day, flap found to be congested and taken up reexploration on 20-02-2013. She also had persistant fever postoperatively and started on Inj.Magnex 2 gm IV BD. Rset of the postoperative period was uneventful. Tracheostomy tube was decannulated on the fourth postoperative day. On the sixth postoperative day , she was started orally and Ryles tube removed at the time of discharge. Postoperatively she had fluctuating blood sugar values, hence Endocrinology consultation sought and managed as per their advise. Radiation Oncology consultation sought for planning adjuvant treatment. Dental consultation sought for Pre RT dental prophylaxis. Condition at discharge: Stable, afebrile, taking orally, all sutures and arch bar removed, Flap - healthy |

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| **OPERATIVE FINDINGS :** |
| Surgery: Anterior segmental mandibulectomy + Bilateral level 1-4 ND + Free fibula flap + tracheostomy Findings: Tumor of mandibular alveolus extending in the gingivo - buccal sulcus from 2nd molar on the right side to the canine on the left side with destruction of the alveolus Multiple enlarged nodes on both sides of the neck in levels 1,2A and 3. Procedure: Midline Lip split and transverse neck crease incisions. Flaps raised and after preserving marginal mandibular on both sides, lower border of mandible identified after dissecting level 1A and bilateral Level 1B. Mucosal cuts made after marking 1 cm margin and bone cuts planned. A plate was bent to fit the defect and screwed over the mandible being preserved. Bone cuts taken and tumor excised. Bilateral level 2 - 4 ND done and drains fixed on both sides. Simultaneously a free fibula flap harvested from the left leg and after osteotomy cuts plated into the defect in the oral cavity and flap inset after anastomosing to the vessels in the neck. Tracheostomy done. Skin closed in layers. Hemostasis secured. |

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| **PROGNOSIS ON DISCHARGE :** |
| GOOD |

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| **ADVICE ON DISCHARGE :** |
| Review in Radiation Oncology OPD as advised Review on 8-03-2013 in Head and Neck OPD  Review on the same day in Dental OPD for tooth extraction Review in Endocrinology OPD on the day of follow up with FBS and PPBS reports Maintain oral hygeine |

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| **DIET RECOMMENDATIONS :** |
| Soft diet orally |

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| **PHYSICAL ACTIVITY :** |
| NORMAL |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 3 days Tab. Dolo 650 mg SOS (3) for pain Tab. Amlong 2.5 mg 0-0-1 to be continued Inj. H. Mixtard 30/70 8-0-6 units S/C to be continued Hexidine mouth gargles fourth hourly |

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| **PLAN ON DISCHARGE :** |
| CT simulation on 18-03-2013 Radiation Start date-25-03-2013   |  |  | | --- | --- | | **Date of Admission :**06/12/2017 | **Date of Procedure :**07/12/2017 |  |  | | --- | | **Date of Discharge :**11/12/2017 |  |  | | --- | |  |  |  | | --- | | **DIAGNOSIS :** | | Carcinoma left Lower Alveolus s/p Anterior segmental mandibulectomy + Bilateral level 1-4 Neck Dissection + Free fibula flap s/p RT with plate exposure |  |  | | --- | | **PROCEDURE DONE :** | | plate extraction with debridement of fistulous tract with local rotation flap under GA |  |  | | --- | | **HISTORY :** | | patient is a case of Carcinoma left Lower Alveolus s/p Anterior segmental mandibulectomy + Bilateral level 1-4 Neck Dissection + Free fibula flap + tracheostomy on 19-02-2013 under GAStage:pT4N0M0 Well differentiated squamous cell carcinoma post-operative Completed Adjuvant external beam Radiationtherapy-IMRT-V MAT on 11/05/2013 Preop findings: Proliferative growth + in Right side lower alveolus extending from 2nd molar region crossing midline upto opposite canine area. Expansion of both inner and outer cortex . Floor of mouth appears free RT details: RT started on: 01-04-2013 RT completed on: 11-05-2013 Elapsed days : 41 No treatment interruptions Total dose:6000cGy in 30 fractions to Tumour bed + margin + surgical bed+ B/L I ,II ,III nodal region 5400cGy in 30 fractions to B/L IV , V nodal region Portals: Arc-1 Energy: 6 MV Photons on thyronorm 50mg 1-0-0 POST RT 4 years 5 months |  |  | | --- | | **CLINICAL EXAMINATION :** | | O/E: Plate exposed on left side of midline |  |  | | --- | | **COURSE IN THE HOSPITAL AND DISCUSSION :** | | patient was admitted with above compliants and evaluated. she underwent plate extraction with debridement of fistulous tract with local rotation flap under GA. her post operative period was uneventful. at present patient is stable for discharge. |  |  | | --- | | **OPERATIVE FINDINGS :** | | procedure-plate extraction with debridement of fistulous tract with local rotation flap under GA steps- under GA under all aseptic precuations plate removal done by intraoral with external approach, plate was present from angle to angle while extraction of plate there was fracture on either sides of cental arch plating of fracture done with ortho max mini plates and 1.8mm screws intraoral and external incision closed fistuluos tract debrided local rotation (limberg) flap done for defect closure done in layers procedure uneventful |  |  | | --- | | **DISCHARGE MEDICATION :** | | tab augmentin 625mg bd x 7days tab pan 40mg 40mg od x 7days oral care to continue all own medications as per prescription |   **TUMOUR BOARD DISCUSSION**  **DOA :** 07/02/2013 **DOS :** 07/02/2013 **DOD :** 07/02/2013  **Date of tumor board discussion :** 07/02/2013  **Attendees :**  6.02.13-USG Abdomen ,Bone scan if Negative  Segmental mandibulectomy+ B/L ND + Fibula free flap+ Adjuvant RT/CTRT  **Progress Notes**  **Date : 06/02/2013**  **ProgressNotes :**  Carcinoma right Lower alveolus (cT4N2cM0) - Planned for Segmental Mandibulectomy + Bilateral Neck  Dissection + Free Fibula Flap. - date given  differed from doing an USG and bone scan. |

**Progress Notes**

**Date : 24/02/2023**

**ProgressNotes :**

DIAGNOSIS : Carcinoma Right Lower alveolus (cT4N2cM0) s/p Anterior segmental mandibulectomy +

Bilateral level 1-4 Neck Dissection + Free fibula flap +tracheostomy on 19-02-2013 under GA.

s/p RT with plate exposure and plate extraction with debridement of fistulous tract with local rotation flap

under GA on 07-12-2017.

came for regular review

no new complaints

last follow up one year ago

doing well

L/R NED

adv

R/W after 1 yr

**Speciality :** RadiationOncology

**D/O Commencement of RT** 01/04/2013 **D/O Completion of RT** 11/05/2013

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Lower Alveolus

Stage:pT4N0M0

Well differentiated squamous cell carcinoma

post-operative

Completed Adjuvant external beam Radiationtherapy-IMRT-V MAT

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

60 year old presented to HNS OPD on 01/02/2013 with complaints of

loosening of tooth of 6 months, growth in Right side lower alveolus of 2 months. Associated pain present.

She was evaluated at Lourdes Hospital. Biopsy done reported as hyperplastic squamous epithelium with atypical

proliferation in focal areas and foci suspicious of microinvasive squamous cell carcinoma.

clinical examination at HNS:

Partially dentate in lower alveolus

Proliferative growth + in Right side lower alveolus extending from 2nd molar region crossing midline upto

opposite canine area. Expansion of both inner and outer cortex . Floor of mouth appears free

Neck- Multiple nodes + in level Ia, Ib, II both sides neck, largest measuring 2 cms.

On further evaluation :

FNAC B/L IB node:

Left and right level IB nodes and submental nodes - Negative for metastasis in a k/c/o ca alveolus. In view of

significant size of the lymph nodes, predominant population of monomorphic small cleaved lymphocytes and

paucity of tingible body macrophages, kindly do an excision biopsy.

MDCT NECK - CONTRAST 06/02/2013 Soft tissue mass eroding alveolar margin of the body of mandible at

the level of incisors with lesion extending to gingivolabial sulcus. Enlarged level Ia, bilateral level Ib and right

level III nodes noted. Subcentimetric nodes seen in bilateral level II and III. Larynx and hypo pharynx appear

normal. Carotid and jugular vessels appear normal. Thyroid gland appears normal. Cervical spine within the scan

region appears normal.

Impression:Soft tissue mass eroding the alveolar margin of body of mandible with cervical adenopathy.

CT CHEST - CONTRAST:05/02/2013

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

Normal lung parenchyma. No pleural pathology.

Chest wall is normal.

The case was discussed in Head and Neck Surgery in Tumour board on 06/02/2013,Carcinoma Right Lower

alveolus cT4N2cM0.

Plan:Segmental mandibulectomy+ B/L ND + Fibula free flap+ Adjuvant RT/CTRT

She underwent Anterior segmental mandibulectomy + Bilateral level 1-4 Neck Dissection + Free fibula flap +

tracheostomy on 19-02-2013 under GA.

Findings: Tumor of mandibular alveolus extending in the gingivo - buccal sulcus from 2nd molar on the right

side to the canine on the left side with destruction of the alveolus Multiple enlarged nodes on both sides of the

neck in levels 1,2A and 3. Procedure: Midline Lip split and transverse neck crease incisions. Flaps raised and

after preserving marginal mandibular on both sides, lower border of mandible identified after dissecting level 1A

and bilateral Level 1B. Mucosal cuts made after marking 1 cm margin and bone cuts planned. A plate was bent

to fit the defect and screwed over the mandible being preserved. Bone cuts taken and tumor excised. Bilateral

level 2 - 4 ND done and drains fixed on both sides. Simultaneously a free fibula flap harvested from the left leg

and after osteotomy cuts plated into the defect in the oral cavity and flap inset after anastomosing to the vessels

in the neck. Tracheostomy done. Skin closed in layers On the second postoperative day, flap found to be

congested and taken up reexploration on 20-02-2013.

She also had persistant fever postoperatively and started on Inj.Magnex 2 gm IV BD. Rset of the postoperative

period was uneventful. Tracheostomy tube was decannulated on the fourth postoperative day

POST OP HPR:

Well differentiated squamous cell carcinoma

Tumor size 4x1.5x2.5cm.

All mucosal margin and soft tissue margin free

Tumor infiltrates underlying bone

41 reactive lymphnodes

Bony margins - free

pT4N0Mx.

She was referred for Adjuvant Radiationtherapy.

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: Known diabetic and hypertensive

O/E:

KPS 90

Oral cavity: post op status: Flap+

Neck: wound has healed.

No palpable neck nodes.

chest- clear

**INVESTIGATIONS :**

**HISTOPATHOLOGY REPORTS**

Cytopathology:01-02-2013:FNAC B/L IB node:

Left and right level IB nodes and submental nodes - Negative for metastasis in a k/c/o ca alveolus. In view of

significant size of the lymph nodes, predominant population of monomorphic small cleaved lymphocytes and

paucity of tingible body macrophages, kindly do an excision biopsy

POST OP HPR:22-02-2013

Gross: The alveolar surface shows an ulceroinfiltration lesion measuring 4x1.5x2.5cm. An other small ulcerative

lesion close to the posterior end of mandibulectomy measuring 0.8x0.5x0.5cm. The larger lesion is 1cm from

anterior mucosal margin, 2cm from posterior mucosal margin, 1cm from right buccal mucosal margin and 0.8cm

from medial lingual mucosal margin. The smaller defect (Possibly by tooth extraction) is situated 1cm posterior

to the Ist lesion. Lesion seen to infiltrate bone.

A) Specimen: Wide Local excision + segmental mandibulectomy

Type of grade of tumor :- Well differentiated squamous cell carcinoma

Size of tumor :4x1.5x2.5cm

Depth of tumor invasion :- Tumor infiltrated underlying bone (Section A7,A12-15) Pattern of tumor invasion

:Pushing with minimal inflammatory reaction around. Lymphovascular emboli :- Absent

Perineural invasion :- Absent

Medial mucosal margin :- Free and 8 mm away

Medial soft tissue :- Free of tumor and well away

Lateral mucosal and soft tissue margin :- Free of tumor and well away

Anterior and anteromedial gingival margin :- Free of tumor and well away

Posteior mucosal and soft tissue margin :- Free of tumor well away

Right and left posterior bony margin :- Free of tumor.

B) Right upper mucosal margin :- Free of tumor.

C) Prefacial lymphnode :- Shows fibrofatty tissue. No lymphnodes seen.

D) Right level II b: 2 reactive nodes.

E) Right level III :- 8 reactive nodes.

F) Right level IV :- 2 reactive nodes.

G) Right level IIa :- 4 reactive lymphnodes.

H) Right level Ia and Ib :- 2 reactive nodes and unremarkable salivary gland.

J) Right prefacial node :- Shows fibrofatty tissue. No lymphnode.

K) Left level Ib :- Unremarkable salivary gland and 2 reactive lymphnodes.

L) Left level IIa :- 4 reactive nodes.

M)Left level IIb :- 7 reactive nodes.

N) Left level III :- 5 reactive nodes.

P) Left level IV :- 5 reactive nodes.

Impression :

Wide Local excision + segmental mandibulectomy + additional margins and selective neck dissection:

Well differentiated squamous cell carcinoma

Tumor size 4x1.5x2.5cm.

All mucosal margin and soft tissue margin free

Tumor infiltrates underlying bone

41 reactive lymphnodes

Bony margins - free

pT4N0Mx.

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

CT CHEST - CONTRAST:05/02/2013

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

Normal lung parenchyma. No pleural pathology.

Chest wall is normal.

MDCT NECK - CONTRAST 06/02/2013 Soft tissue mass eroding alveolar margin of the body of mandible at

the level of incisors with lesion extending to gingivolabial sulcus. Enlarged level Ia, bilateral level Ib and right

level III nodes noted. Subcentimetric nodes seen in bilateral level II and III. Larynx and hypo pharynx appear

normal. Carotid and jugular vessels appear normal. Thyroid gland appears normal. Cervical spine within the scan

region appears normal.

Impression:Soft tissue mass eroding the alveolar margin of body of mandible with cervical adenopathy.

Treatment Given:

**SURGERY DETAILS :**

She underwent Anterior segmental mandibulectomy + Bilateral level 1-4 Neck Dissection + Free fibula flap +

tracheostomy on 19-02-2013 under GA

**RADIATION DETAILS :**

Intent: Curative

Technique: IMRT-V MAT

Cat scan simulation: 18-03-2013

Computerised Planning and Resimulation: 01-04-2013

RT started on: 01-04-2013

RT completed on: 11-05-2013

Elapsed days : 41

No treatment interruptions

Total dose:6000cGy in 30 fractions to Tumour bed + margin + surgical bed+ B/L I ,II ,III nodal region

5400cGy in 30 fractions to B/L IV , V nodal region

Portals: Arc-1

Energy: 6 MV Photons

**Primary Tumour And Drainage Area :**

Site:Tumour Bed + Margin+ Surgical Bed +B/L I,II,III Nodal Region

Dose: 6000 cGy in 30 fractions

Schedule: 200 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

Site:B/L Level IV,V Nodal Region

Dose: 5400 cGy in 30 fractions

Schedule: 180 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

**TREATMENT COURSE :**

60 year old lady a diagnosed case of Carcinoma Lower Alveolus, Stage:pT4N0M0, Well

differentiated squamous cell carcinoma, post-operative, completed the planned course of Adjuvant external beam

Radiationtherapy-IMRT-V MAT without interruptions.

She developed Grade I skin reaction and Grade I mucosistis after 12 fractions which progressed to

Grade II -III mucositis of lateral border tongue after 24 fractions. On completion of treatment she has Grade 1I

skin reaction in a small area in the right lower neck and Grade III mucositis left lateral border tongue. While on

treatment her pain and odynophagia was managed with adequate Analgesics and infections and candidiasis

treated with appropriate antibiotics and Fluconazole. She had 2 Kg weight loss from baseline during the course

of treatment.

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

Review in Radiation oncology OPD with prior appointment on 17/5/13.

Follow up Pattern:

1. Review in RT OPD every week for 1 month .

2. Review after 4-6 weeks in HNS 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 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. Soda Bicarbonate powder 2.5 G and Sodium Chloride 2.5 G in 500 cc water to mouthwash every 4 to 6

hours. Neem Leaf mouthwash to continue as before.

2. Skin care: Do not wash the irradiated area for the next two weeks. Apply ointments or creams only as per

Doctors' advice.

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

4. Avoid washing with soap and oil for 4 weeks. Gentle splashing of water followed by mopping with towel 2

weeks after completion of EBRT. Normal bathing after 4 weeks.