**RADIOLOGY REPORT**

**Created Date:** 27/07/2019

**Study Done:**

**MDCT NECK**

Soft tissue thickening noted along the left cheek extending from the level of incisors to RMT with lesion

extending to inferior buccogingival sulcus and lower alveolus.Lesion fills the tooth socket with subtle erosion of

the bony walls of inferior alveolar nerve canal .No abnormal marrow signals seen..Upper buccogingival sulcus

is free.Tongue and floor of mouth is free.Masticator space is free.

Naso & oropharynx appear normal.

Supraglottis ,glottis and subglottis appear normal.

Both parotid and submandibular salivary gland appear normal.

Carotid and jugular vessels appear normal.

Enlarged suspicious nodes are seen in left level IB , II

Thyroid gland appear normal.

Cervical spine appear normal.

**Impression:**

• **Suspected carcinoma Buccal mucosa.**

• **Soft tissue thickening along the left cheek extending from the level of incisors to RMT with**

**lesion extending to inferior buccogingival sulcus and lower alveolus.Lesion fills the tooth**

**socket with subtle erosion of the bony walls of inferior alveolar nerve canal.**

• **Ipsilateral adenopathy**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 26/07/2019

**Received on :** 26/07/2019

**Reported Date :** 29/07/2019

**Clinical Impression :**

C/o left lower GBS growth ? malignancy

**Gross Description :**

Received in formalin is a specimen consists of 2 tiny grey white tissue bits in aggregate measuring

0.6x0.3x0.3cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Sections show 2 fragments of oral mucosa with hyperplastic squamous epithelium showing lower grade

dysplasia with; loss of polarity in basal layer,loss of nuclear maturation, vesicular nucleus ,prominent nucleoli

and few dyskeratotic cells.At places suspicious dysplastic squamous cells noted into subepithelium as single

cells.Nuclear pleomorphism seen.Mitosis seen occasional in superficial layers.Dense lymphoplasmacytic

infiltrate noted within stroma.

**Impression :**

Left lower GBS growth -Superficial biopsy with atypical squamous proliferative lesion, well differentiated

squamous cell carcinoma cannot be excluded.

Special stains and deepers awaited.

**Radiology Report**

**Created Date:** 05/08/2019

**Study Done:**

**CT CHEST ( PLAIN)**

**Clinical Information*:*** Case of carcinoma buccal mucosa.To look for metastases.

The hila are normal.

The tracheobronchial tree is normal.

Atelectatic band seen in right lateral basal segment.

No pleural pathology.

Chest wall is normal.

Bones show degenerative changes.

Subcentimetric upper and lower paratracheal lymph nodes are noted.

**Impression:**

• No evidence of any metastatic lesion in chest.

• No significant cervical and mediastinal lymphnodes.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 07/08/2019

**Received on :** 07/08/2019

**Reported Date :** 13/08/2019

**Clinical Impression :**

Carcinoma left lower GBS

**Gross Description :**

Received in formalin are 8 specimens.

The Ist specimen labelled " Left marginal mandibulectomy " consists of a segment of resected mandible with

attached one molar teeth ,left buccal mucosa and underlying soft tissue whole measuring

7(AP)x3.2(SI)x2.4(ML)cm. An ulceroproliferative lesion is noted on left buccal mucosa involving left

gingivobuccal sulcus measuring 2(AP)x1.5(SI)x0.7(ML)cm. Lesion is not involving the gingival area.

Raw surface is inked and specimen is serially sliced .

Margins -

Anterior gingival mucosal margin 1cm

Anterior buccal mucosal margin 1.4cm

Anterior GBS 1.4cm

Superolateral buccal mucosal and soft tissue -0.3 cm

Posterior buccal mucosa and soft tissue 0.6cm

Posterior gingival mucosa 1.4cm.

0.7cm from deep inked margin

0.8cm from medial gingival mucosa

1.5cm from posterior mucosal margin near GBS

1.7cm from inferior soft tissue

4.2cm from posterior soft tissue

1.6cm from anterior bony margin and

4.5cm from posterior bony margin.

Representative sections are submitted as follows:

A1- Anterior buccal mucosa and soft tissue shaved

A2- Anterior GBS mucosa shaved

A3 - Anterior gingival mucosa shaved

A4 - Posterior gingival mucosa and soft tissue shaved

A5 - Posterior buccal mucosa and soft tissue shaved

A6- Posterior soft tissue shaved

A7 & A8- Lesion with superior lateral buccal mucosa and soft tissue radial

A9-Lesion with deep inked margin

A10 - Medial gingival mucosal margin shaved

A11- lesion with GBS and medial gingival mucosa

A12- Lesion with inferior soft tissue and deep inked margin

AFB1 - Anterior bony margin (shaved)

AFB2 - Posterior bony margin (shaved)

AFB3 to AFB6 - Inferior bony margin (shaved)

AFB7-9 - tumor with nearby bone

Specimen II labelled" Upper buccal further resected mucosa ' consists of mucosa covered tissue measuring

2x0.6x0.5cm.Entire specimen submitted in cassette B

Specimen III labelled" Level IA" consists of fibrofatty tissue measuring 3x2x0.6cm.Largest lymph node

identified 0.6cm in greatest dimension. Representative sections are submitted in cassettes C1to C4.

specimen IV labelled " Left level I B" consists of fibrofatty tissue masuring 5x3x1.5cm. Salivary gland tissue

measuring 3x3x1.5cm.Largest measuring 0.7cm in greatest dimension. Representative sections are submitted in

casettes D1 to D5.

Specimen V labelled"Left level II a " consists of fibrofatty tissue measuring 5x2x1cm. Largest measuring

2x1.5x0.5cm.Representative sections are submitted in cassettes E1 to E6.

Specimen VI labelled "Left level II B" consists of fibrofatty tissue measuring 1.5x1.5x1cm.Largest lymph node

measuring 1x1x0.6cm.Entire specimen submitted in cassettes F1 toF3.

Specimen VII labelled"left level III "consists of multiple fragment of fibrofatty tissue measuring

2x1x0.6cm.Entire specimen submitted in cassettes G1to G4

Specimen VIII labelled"Left level IV" consists of single fibrofatty tissue measuring 1.5x1x0.6cm. 3 lymph

nodes identified. Largest measuring 0.6x0.3x0.3cm.Entire specimen submitted in cassettes H1 & H2.

**Microscopic Description :**

Sections studied show an infiltrating neoplasm arising from ulcerated and dysplastic stratified squamous

epithelium arranged in nests and islands. Individual tumour cells are polygonal with round to oval

hyperchromatic nuclei having moderate eosinophilic cytoplasm. Individual cell keratinisation noted.Occasional

atypical mitotic figures noted.

PNI : Absent

LVE:Absent

All margins are free of tumour closest being the superolateral mucosa and soft tissue which is 0.5cm away.

B. Upper buccal resected mucosa -free of tumour

C. Level I A- 3 reactive nodes

D. Left level I B - 2 reactive nodes free of tumour. Salivary gland tissue free of tumour

E. Left level II A - 5 reactive nodes - free of tumour

F. Left level II B - 3 reactive nodes free of tumour

G. Left level III - 4 reactive nodes - free of tumour

H. Left level IV - 2 reactive nodes

**Impression :**

Left marginal mandiblectomy :

-Well differentiated squamous cell carcinoma.

-Tumour size:2x1.5x0.7cm.

-Depth of invasion:0.2cm

-All margins are free of tumour closest being the superolateral mucosa and soft tissue which is 0.5cm

away.However, additional upper buccal mucosal margin taken is also free of tumor.

-Bony margins - free of tumor

-PNI - absent

-LVI - absent

-WPOI -Type 3

- Lymphoid infiltrate -score 1

- Risk assessement - 0+0+0=0 ,low risk

- Bone involvement :absent

-Lymph nodes:

All sampled lymph nodes (0/20) are free of tumour

Staging -pT1N0

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| **Date of Admission :**05/08/2019 | **Date of Procedure :**06/08/2019 |

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| **Date of Discharge :**14/08/2019 |

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

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

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| **PROCEDURE DONE :** |
| WLE (left buccal mucosal lesion with marginal mandibulectomy) with left SND (levels I-IV) with RFFF under GA on 06/08/2019 |

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| **HISTORY :** |
| 62 year male hailing from Andaman without any co-morbs came with c/o Left lower alveolus growth - 2months associated with pain, h/o loose tooth present, h/o Tooth extraction done 8months back in kolkata. No h/o neck swelling/voice change/dysphagia. No h/o chest pain/bone pain/oral bleeding. Now came here for further management. |

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| **PERSONAL HISTORY :** |
| No h/o DM/ HTN/ DLP/ Asthma/ TB/ Seizures/ CAD / CVA / Thyroid Dysfunction No recent h/o fever and cough Bowel and bladder normal Good effort tolerance |

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| **CLINICAL EXAMINATION :** |
| On Examination : KPS-90 O/C,OPx: Trismus+nt, M.O-1 1/2 FB Poor dental hygeine 1.5x1cm UPG involving the left buccal mucosa and left lower alveolus, abutting the left last 2nd molar. Lingual cortex free RMT free Severe Oral Sub-mucosal fibrosis present Face: Diffuse swelling noticed just behind the Left angle of mouth Skin and sub-cutaneous tissue normal Neck - No lymph nodes palpable Scopy: Normal |

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| Radiology Report Created Date: 27/07/2019 Study Done: MDCT NECK Impression: Suspected carcinoma Buccal mucosa. Soft tissue thickening along the left cheek extending from the level of incisors to RMT with lesion extending to inferior buccogingival sulcus and lower alveolus.Lesion fills the tooth socket with subtle erosion of the bony walls of inferior alveolar nerve canal. Ipsilateral adenopathy Created Date: 05/08/2019 Study Done: CT CHEST ( PLAIN) Impression: No evidence of any metastatic lesion in chest. No significant cervical and mediastinal lymphnodes. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with the above mentioned complaints. All relevant investigations and examinations were done. He then underwent the procedure WLE (left buccal mucosal lesion with marginal mandibulectomy) with left SND (levels I-IV) with RFFF under GA on 06/08/2019. His post-operative period was uneventful with no major issues. His drains were removed on POD 2. His sutures and clips were removed on POD 7/8. Initially he was started on ryle's tube feeds and later on he starting tolerating orally, his ryle's tube was removed on POD 7. He is now being discharged with the following advise. |

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| **OPERATIVE FINDINGS :** |
| procedure- WLE (left buccal mucosal lesion with marginal mandibulectomy) with left SND (levels I-IV) with RFFF under GA findings- 3x2 cm proliferative growth left Buccal mucosa, lower GBS, no frank alveolar involvement left level Ib and II enlarged nodes under GA with all aseptic precautions short angle split incision taken, lesion exposed WLE (left buccal mucosal lesion with 2cm gross margins in 3 dimensions with with marginal mandibulectomy from incisor to RMT involving coronoidectomy) done. specimen excised in toto sent for HPE, upper buccal margin revised hemostasis achieved upper transverse skin crease incision taken, subplatysmal flaps elevated marginal mandibular nerve preserved. left SND (levels I-IV) done preserving spinal accessory, ijv and scm. specimen sent for HPR post resection defect- buccal mucosa and marginal mandibulectomy measuring 5x3cm RFFF - allens- good collateral circulation, harvested from left forearm under tourniquet control skin paddle 5x4cm, pedicle- radial artery with 2 venae commitantes, 8cm lenght inset- to cover BM and bone defect microanatomosis- left radial artery and vein oral commissure approximated primarily neck closed in layers over suction and glove drain flap perfusion checked with prick, found good procedure uneventful |

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| **ADVICE ON DISCHARGE :** |
| Keep suture line dry and clean Oral care |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of infection and bleeding |

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| **DIET RECOMMENDATIONS :** |
| Oral soft diet |

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

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab Ciplox 500 1-0-1 X 5 days Tab Pan 40mg 1-0-0 x 5 days Tab Dolo 650mg 1-1-1 x 5 days and sos Syp Ascoril 10ml 1-0-1 x 5 days Chlorhexidine mouth gargles for oral care 1-1-1-1 and after every meal T- bact for LA on hand 1-0-1 X 10 days |

**Tumour Board Discussion**

**Date of tumor board discussion :** 31/07/2019

**Relevant clinical details :**

62 year male without any co-morbs came with

c/o Left lower alveolus growth - 2months

asso.with pain

h/o loose tooth present

h/o Tooth extraction done 8months back in kolkata

No h/o neck swelling/voice change/dysphagia

No h/o chest pain/bone pain/oral bleeding

o/e;

KPS-90

O/C,OPx:

Trismus+nt, M.O-1 1/2 FB

Poor dental hygeine

1.5x1cm UPG involving the left buccal mucosa and left lower alveolus, abutting the left last 2nd molar.

Lingual cortex free

RMT free

Severe Oral Sub-mucosal fibrosis present

Face:

Diffuse swelling noticed just behind the Left angle of mouth

Skin and sub-cutaneous tissue normal

Neck - No lymph nodes palpable

Scopy:

Normal

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

Left lower GBS growth -Superficial biopsy with atypical squamous proliferative lesion, well differentiated

squamous cell carcinoma cannot be excluded.

Special stains and deepers awaited.

**Comments:**

Impression:

Carcinoma Left GBS cT1/4aN0Mx

**Agreed Plan of management :**

enhancement is involving the rRMT

i/l nodes +

? bone involvement

plan

WLE+Marginal Mandibulectomy+ i/l SND + STF

CT chest to be done

7/8//19

CT chest

No evidence of any metastatic lesion in chest.

No significant cervical and mediastinal lymphnodes.

underwent proposed surgery with RAFF on 6/8/19

**Progress Notes**

**Date : 25/07/2019**

**ProgressNotes :**

62 year male without any co-morbs came with

c/o Left lower alveolus growth - 2months

asso.with pain

h/o loose tooth present

h/o Tooth extraction done 8months back in kolkata

No h/o neck swelling/voice change/dysphagia

No h/o chest pain/bone pain/oral bleeding

o/e;

KPS-90

O/C,OPx:

Trismus+nt, M.O-1 1/2 FB

Poor dental hygeine

1.5x1cm UPG involving the left buccal mucosa and left lower alveolus, abutting the left last 2nd molar.

Lingual cortex free

RMT free

Diffuse Sub-mucosal fibrosis present

Face:

Diffuse swelling noticed just behind the Left angle of mouth

Skin and sub-cutaneous tissue normal

Neck - No lymph nodes palpable

Scopy:

Normal

Impression:

Carcinoma Left GBS cT1/4aN0Mx

Advice:

Biopsy today

**Progress Notes**

**Date : 19/08/2019**

**ProgressNotes :**

Carcinoma tongue

WLE (left buccal mucosal lesion with marginal mandibulectomy) with left SND (levels I-IV) with RFFF under

GA on 06/08/2019

HPE:WDSCC

Bony bits awaited

O/E:L/R:NED

Adv:Suture removal

To start using Mouth opener

**Operative Notes**

**Date : 06/08/2019**

**ProgressNotes :**

procedure- WLE (left buccal mucosal lesion with marginal mandibulectomy) with left SND (levels I-IV) with

RFFF under GA

findings- 3x2 cm proliferative growth left Buccal mucosa, lower GBS, no frank alveolar involvement

left level Ib and II enlarged nodes

short angle split incision taken, lesion exposed WLE (left buccal mucosal lesion with 2cm gross margins in 3

dimensions with with marginal mandibulectomy from incisor to RMT involving coronoidectomy) done.

specimen excised in toto sent for HPE, upper buccal margin revised

hemostasis achieved

upper transverse skin crease incision taken, subplatysmal flaps elevated

marginal mandibular nerve preserved. left SND (levels I-IV) done preserving spinal accessory, ijv and scm.

specimen sent for HPR

post resection defect- buccal mucosa and marginal mandibulectomy measuring 5x3cm

RFFF - allens- good collateral circulation, harvested from left forearm under tourniquet control

skin paddle 5x4cm, pedicle- radial artery with 2 venae commitantes, 8cm lenght

inset- to cover BM and bone defect

microanatomosis- left radial artery and vein

oral commissure approximated primarily

neck closed in layers over suction and glove drain

flap perfusion checked with prick, found good

procedure uneventfu