**Radiology Report**

**Created Date:** 23/11/2016

**Study Done:**

**MDCT NECK CONTRAST**

***Clinical information: Ca buccal mucosa for further evaluation.***

Irregular soft tissue thickening in the left cheek extending from the commissure of the lip to the levels of

retromolar region. This lesion is extending into both superior and inferior buccogingival sulcus. Inferiorly it

extends into the alveolus and retro molar trigone with suspicious infiltration of the medial pterygoid muscle.

No extension into the tongue/ floor of mouth.

Suspicious erosion of the outer cortex of the body of the mandible on the left side at the level of last molars.

Multiple enlarged cervical lymphnodes of varying sizes noted in level Ia, left level Ib, II, III and IV, largest

measuring 1cm in the left level Ib. All these nodes re less than 3cm. A suspicious round right level II lymphnode

noted, measuring 1.1cm.

Bilateral carotid and jugular vessels are normal.

Thyroid appear normal.

**Impression:**

• **Soft tissue thickening of the left cheek with extension and cervical lymphadenopathy as**

**described in the text in a known case of carcinoma buccal mucosa**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 22/11/2016

**Received on :** 22/11/2016

**Reported Date :** 24/11/2016

**Clinical Impression :**

C/o ulceroproliferative growth at left buccal mucosa.

**Gross Description :**

Received in formalin specimen consists of mucosa covered tissue bit in aggregate measuring 1.3x1x0.7cm.

Entire specimen submitted in one cassette.

**Microscopic Description :**

Section shows fragments of focally ulcerated mucosa with an infiltrating neoplasm composed of cells arranged

in nests, lobules and singly scattered. The individual cells are with high N:C ratio with indistinct cell borders,

pleomorphic nuclei with irregular nuclear membrane, coarse chromatin and large prominent eosinophilic

nucleoli and scanty to moderate amount of eosinophilic cytoplasm. Focally the cells are appearing spindly.

Extensive areas of fibrinonecrotic material and aggregates of inflammatory cells predominantly composed of

lymphocytes, plasma cells and scattered neutrophils noted. Keratin pearls noted. Atypical mitosis seen.

**Impression :**

Incisional biopsy left lower lip mucosa - Well to moderately differentiated squamous cell carcinoma.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 23/11/2016

**Received on :** 23/11/2016

**Reported Date :** 28/12/2016

**Clinical Impression :**

Ca. buccal mucosa

**Gross Description :**

Received in formalin are 11 specimens.

The Ist specimen labelled "WLE +segmental mandibulectomy", consists of a segment of mandible with attached

soft tissue with overlying skin and part of maxilla. The segment of mandible measuring 8x4cms. The mandible

bears 7 teeth. The overlying skin measuring 6x4.5cm. Buccal mucosa shows an ulceroproliferative lesion

measuring 6x3.5x3.6cm. On the skin surface, a nodule is seen measuring 1x0.9cm. Skin is serially sliced into 8

slices and grey white ill circumscribed nodular lesion is noted in slices 2-8. The lesion is seen to extend into the

posterior inked soft tissue but is not completely involving it.The lesion is found to be 4 cm away from the

posterior soft tissue. The lesion on the buccal mucosal aspect is 1cm away from the lip margin and is measuring

(Anterioposterior )5.2cm, (superoinferior) 1,8cm and (depth) 3.5cm. Growth is 0.9cm from anterior skin margin,

0.8cm from superior skin margin, 0.5cm from posterior skin margin and 0.8cm from inferior skin margin.

The lesion is seen to abut the skin as well as the posterior buccal mucosal margin.Bone appears grossly

uninvolved by tumor. Representative sections are submitted as follows:

A1 - Anterior skin margin

A2 - Superior skin margin

A3 - Posterior skin margin

A4 - Inferior skin margin

A5 - Posterior (lateral)soft tissue

A6 - Posterior soft tissue over the coronoid process

A7 - Soft tissue over posterior part of maxilla

A8 to A11 - Lesion proper.

AFB1-Anterior shaved margin

AFB2 - Anterior superior mucosal tissue

AFB3 - Posterior mucosal tissue

AFB4 - Buccal mucosa with lip margin

AFB5 & AFB6 - Anterior bony margin

AFB7 & AFB8- Posterior bony margin

AFB9 - Anterior maxillary bony margin

AFB10 - Lateral maxillary bony margin

AFB11 - Posterior maxillary bony margin

AFB12 - Medial maxillary bony margin

AFB13 - Inferior maxillary bony margin

AFB14 - condylar bony margin

AFB15- 18 - lesion with bone

Specimen II labelled "Left level IIA", consists of multiple fragments of fibrofatty tissue measuring 6.2x3x2cm.

19 lymph nodes identified. Representative sections are submitted in cassettes B1 to B8 - Lymph nodes

Specimen III labelled "Left level II B", consists of fibrofatty tissue measuring 3x2.5x1cm. Representative

sections are submitted in cassettes C1 & C2.

Specimen IV labelled "Left level III", consists of nodular fibrofatty tissue measuring 5x2.7x1.8cm.

Representative sections are submitted in cassettes D1 to D3.

Specimen V labelled "Left level IV", consists of fibrofatty tissue measuring 3.4x2.7x0.5cm. 8 lymph nodes

identified. Representative sections are submitted in cassettes E1 to E3.

Specimen VI labelled "Parotid node", consists of a nodular fibrofatty tissue measuring 2.7x2.5x2cm. Cut surface

shows lobulated surface . Representative sections are submitted as follows:

F1 to F3- Salivary gland

F3 - 2 lymph nodes

Specimen VII labelled" Left level IB + Level IA", consists of single fibrofatty tissue measuring 6.5x6x2.5cm.

Representative sections are submitted as follows:

G1 & G2 - One lymph node

G3- 2 lymph nodes

G4 - 2 lymph nodes

G5 - One lymph node

G6 - Salivary gland

G7 - Attached muscle tissue

Specimen VIII labelled "Additional hard palate mucosal margin". consists of a mucosa covered grey white tissue

bit measuring 2.6x1x0.7cm. Entire specimen submitted in cassette H.

Specimen IX labelled "Final mucosal margin", consists of a mucosal covered with grey white tissue bit

measuring 1x0.8x0.5cm. Entire specimen submitted in cassette J.

Specimen X labelled "Additional inferior gingival margin", consists of a single mucosa covering tissue bit

measuring 0.6x0.5x0.4cm. Entire specimen submitted in cassette K.

Specimen XI labelled "Additional RMT mucosal margin", consists of mucosa covered tissue bit measuring

3x1.5x0.5cm. Entire specimen submitted in cassette L.

(Dr.Parvathy/mm)

**Microscopic Description :**

A. Sections from buccal mucosa shows a neoplasm composed of cells arranged in lobules, nests, and singly

scattered. The individual cells are polygonal with mildly pleomorphic nuclei , coarse chromatin and occasional

prominent nucleoli with scanty to moderate amount of eosinophilic cytoplasm. Squamous pearls and single cell

keratinisation noted. The stroma is desmoplastic with intratumoural chronic inflammatory infiltrate. Comedo

necrosis seen. Mitosis present. The lesion is infiltrating the muscle. No vascular / PNI seen. Sections from left

level IIA show 22 lymph nodes of which one shows metastatic tumour deposit. No perinodal spread seen.

Other LNs are showing reactive changes.

C. Sections from left level II B shows 3 lymph nodes with reactive changes. No metastatic deposits seen.

D. Sections from left level III shows 3 lymph nodes showing reactive changes. No tumoural deposits seen.

F. Sections show one lymph node and fibrofatty tissue with lymphocytes aggregates. No tumour deposits seen.

E. Section from left level IV shows 7 lymph nodes. All free of tumour

G. Sections from left level IB and level IA shows 6 lymph nodes and salivary gland - All are free of tumour

H. Sections from additional hard palate mucosal margin is free of tumour.

J. Sections from final mucosal margin is free of tumour

K. Section from additional inferior gingival margin shows carcinoma in situ with microinvasion.

L. Anterior gingival margin - free of tumor

**Impression :**

WLE left buccal mucosa with segmental mandibulectomy + Left level I- IV nodes + additional margins:

- Well differentiated squamous cell carcinoma left buccal mucosa

- Tumour size : 6x3.5x3.6cm.

- Maximum depth of invasion - 3.6cm

- Invasive front - Dyscohesive

- Vascular invasion - Nil

- Neural invasion - Nil

- Skin invasion - seen

- Bony invasion - absent

Margin clearance:

0.9cm from anterior skin margin

0.8cm from superior skin margin

1cm from posterior skin margin

0.6cm from inferior skin margin and

4 cm from the posterior soft tissue margin

Bony margins - free

Additional anterior gingival margin - Carcinoma in situ with microinvasion seen.

Additional RMT margin,hard palate margin and final mucosal margin are free of tumor

Lymph nodes :

Left level II A - 1/22 nodes shows tumour deposit

- No perinodal spread seen.

- Metastatic focus measures 3mm.

All other lymph nodes (left level IA,IB,IIB, III and IV ) are free of tumor

TNM stage - pT4N1

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| **Date of Admission :**22/11/2016 | **Date of Procedure :**22/11/2016 |

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| **Date of Discharge :**30/11/2016 |

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

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| **DIAGNOSIS :** |
| Ca. Left Buccal Mucosa with skin involvement (Final HPR awaited) |

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| **PROCEDURE DONE :** |
| WLE+ left infrastructure maxillectomy + left segmental mandibulectomy + left SND + right coronoidectomy+ ALT flap under GA on 22.11.16 |

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| **HISTORY :** |
| c/o left cheek swelling since x 2 - 3 months since last month increased rapidly no comorbidity KPS- 90 O/e- left cheek fulness present with skin nodule near left commisure , rest cheek skin is pinchable sensation over chin area normal( BL ). mouth opening - less than 1 cm ulceroproliferative lesion in left buccal mucosa involving left commisure , post going to RMT , base tongue. tonsil free. supero lateral extent couldn't be seen . IDLE- visible larynx appears normal , neck - no palpable nodes |

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| **PERSONAL HISTORY :** |
| No h/o DM,HTN,TB,DLP, Asthma, seizures, thyroid disorder, CAD,CVA No h/o previous surgeries/blood transfusion Good effort tolerance No recent chest infection Normal bowel and bladder habit |

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| **CLINICAL EXAMINATION :** |
| O/e- left cheek fulness present with skin nodule near left commisure , rest cheek skin is pinchable sensation over chin area normal( BL ). mouth opening - less than 1 cm ulceroproliferative lesion in left buccal mucosa involving left commisure , post going to RMT , base tongue. tonsil free. supero lateral extent couldn't be seen . IDLE- visible larynx appears normal , neck - no palpable nodes GC-Fair Vitally- Stable |

**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** |
| 23/11/2016 | 10.9 | 32.7 | 335 | 35.95 | 90.6 | 6.1 | 0.1 | - |
| 24/11/2016 | 9.2 | 27.3 | 347 | 31.51 | 90.7 | 5.3 | 0.0 | 84 |
| 25/11/2016 | 8.8 | 26.0 | 343 | 24.42 | 89.1 | 6.8 | 0.1 | - |
| 26/11/2016 | 8.7 | 25.9 | 408 | 20.47 | 87.5 | 7.9 | 0.4 | - |
| 27/11/2016 | 8.6 | 26.0 | 459 | 19.0 | 81.6 | 8.8 | 1.1 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 23/11/2016 | 21.3 | 0.87 | 135.8 | 4.2 |

Date: 27/11/2016

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| RBC-COUNT-Blood : 2.89 M/uL | MCV-Blood : 90.0 fL |

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| MCH-Blood : 29.6 pg | MCHC-Blood : 32.9 g/dl |

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| RDW-Blood : 13.8 % | MPV-Blood : 8.9 fL |

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| MONO -Blood : 7.9 % | BASO-Blood : 0.6 % |

Date: 26/11/2016

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| RBC-COUNT-Blood : 2.91 M/uL | MCV-Blood : 89.0 fL |

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| MCH-Blood : 29.9 pg | MCHC-Blood : 33.6 g/dl |

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| RDW-Blood : 13.1 % | MPV-Blood : 10.5 fL |

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| MONO -Blood : 3.9 % | BASO-Blood : 0.3 % |

Date: 25/11/2016

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| CRP (C-reactive protein) : 237.0 mg/L | RBC-COUNT-Blood : 2.93 M/uL |

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| MCV-Blood : 88.7 fL | MCH-Blood : 30.0 pg |

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| MCHC-Blood : 33.8 g/dl | RDW-Blood : 13.1 % |

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| MPV-Blood : 11.2 fL | MONO -Blood : 3.8 % |

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| BASO-Blood : 0.2 % |  |

Date: 24/11/2016

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| Blood smear, peripheral, inter : . | CRP (C-reactive protein) : 256.5 mg/L |

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| RBC-COUNT-Blood : 3.08 M/uL | MCV-Blood : 88.6 fL |

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| MCH-Blood : 29.9 pg | MCHC-Blood : 33.7 g/dl |

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| RDW-Blood : 13.4 % | MPV-Blood : 10.8 fL |

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| MONO -Blood : 3.8 % | BASO-Blood : 0.2 % |

Date: 23/11/2016

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| PT[Prothrombin Time with INR]-Plasma : 16.6/14.60/1.17 sec | RBC-COUNT-Blood : 3.64 M/uL |

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| MCV-Blood : 89.8 fL | MCH-Blood : 29.9 pg |

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| MCHC-Blood : 33.3 g/dl | RDW-Blood : 13.6 % |

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| MPV-Blood : 11.4 fL | MONO -Blood : 2.8 % |

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| BASO-Blood : 0.4 % |  |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient came in OPD with above mentioned complaint. He was clinically and radiologically evaluated, His case was discussed in MD tumour board, He was surgically treated, His peri and post operative periods were uneventful. On discharge- afebrile, stable and NGT in situ |

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| **OPERATIVE FINDINGS :** |
| WLE+ left infrastructure maxillectomy + left segmental mandibulectomy + left SND + right coronoidectomy+ ALT flap under GA procedure: circular skin island incision placed around left commissure with upper and lower lateral 1/3 of lip. left upper cheek flap raised in sub smas level upto zygoma superiorly and mandible inferiorly. multiple nodes enlarged in left buccal space and left prefacial. left upper alveolus exposed. upper alveolectomy done. left temporalis freed. segmental mandibulectomy done to include left heimandible preserving left condyle. intra - orally mucosal cut given along gingivo lingual sulcus preserving tongue and part of FOM. posteriorly RMT , pterygoid muscles included in specimen. left level IA-IV nodal clearance done . haemostasis achieved. defect reconstructed with ALT Flap. Patient shifted to 11 ICU for post operative care. |

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| **PROGNOSIS ON DISCHARGE :** |
| Stable Afebrile GOOD |

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| **ADVICE ON DISCHARGE :** |
| To review in Head and Neck OPD on 07.12.16 |

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| **DIET RECOMMENDATIONS :** |
| NGT in situ (2.5 to 3.0 lit per day) High protein diet |

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| **PHYSICAL ACTIVITY :** |
| Normal |

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| **DISCHARGE MEDICATION :** |
| Tab. dolo 650mg 1-1-1 x 7 days Tab. Pan 20mg 1-0-1 x 7 days Tab. Alprax 0.25mg HS x 7 days Tab. Augmentin Duo 625 1-0-1 x 7 days T-Bact ointment for LA x 10 days Prosure protein powder 2 scoops TID x 10 days Chlorhexidine gargles 4-5 times a day x 10 days Steam inhalation 3-4 times per day |

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| **PLAN ON DISCHARGE :** |
| To come on saturday morning in OPD for Suture removal and dressing  **Tumour Board Discussion**  **Date of tumor board discussion :** 23/11/2016  **Relevant clinical details :**  c/o left cheek swelling since x 2 - 3 months  since last month increased rapidly  no comorbidity  KPS- 90  O/e- left cheek fulness present with skin nodule near left commisure , rest cheek skin is pinchable  sensation over chin area normal( BL ).  mouth opening - less than 1 cm  ulceroproliferative lesion in left buccal mucosa involving left commisure , post going to RMT , base tongue.  tonsil free. supero lateral extent couldn't be seen .  IDLE- visible larynx appears normal ,  neck - no palpable nodes  Impression: Ca buccal Mucosa cT4aN0Mx  **Surgery / other procedures :**  WLE + Segmental Mandibulectomy + Infrastructure maxillectomy + SND + ALT reconstruction +  Tracheostomy Under GA  **Other relevant investigations (including metastatic workup) :**  clinically T4aN0Mx  **Agreed Plan of management :**  Waiting for final HPR  **Operative Notes- Resection**  **Date : 30/11/2016**  **ProgressNotes :**  WLE+ left infrastructure maxillectomy + left segmental mandibulectomy + left SND + right coronoidectomy+  ALT flap under GA  procedure: circular skin island incision placed around left commissure with upper and lower lateral 1/3 of lip.  left upper cheek flap raised in sub smas level upto zygoma superiorly and mandible inferiorly. multiple nodes  enlarged in left buccal space and left prefacial. left upper alveolus exposed. upper alveolectomy done. left  temporalis freed. segmental mandibulectomy done to include left heimandible preserving left condyle. intra -  orally mucosal cut given along gingivo lingual sulcus preserving tongue and part of FOM. posteriorly RMT ,  pterygoid muscles included in specimen. left level IA-IV nodal clearance done . haemostasis achieved. defect  reconstructed with ALT Flap  **Progress Notes**  **Date : 03/12/2016**  **ProgressNotes :**  ca buccal mucosa , s/p WLE+ left infrastructure maxillectomy + left segmental mandibulectomy + left SND +  right coronoidectomy+ ALT flap under GA . cT4N2B . o/e: wound healed well. patient taking oral feeds. case  advice: swallow therapy consult, to consult Dr Pushpaja. review on friday |