**Radiology Report**

**Created Date:** 07/01/2017

**Study Done:**

**MDCT NECK**

Soft tissue thickening noted along the left upper alveolus at the level of last molars and retromolar trigone.The

lesion extends to the cheek through the left superior buccogingival sulcus and to the adjacent hard palate also

.Erosion of the alveolar margin of left maxilla also noted.

Larynx and pharynx appear normal.

Enlarged suspicious node seen in left left level Ib measuring 15 x10mm ,and level II measuring 10 x7 mm.

Carotid and jugular vessels appear normal.

Both parotid and submandibular salivary gland appear normal.

Thyroid gland appear normal.

Visualised lung fields appear clear.

**Impression:**

• **Soft tissue thickening noted along the left upper alveolus and retromolar trigone with erosion**

**of maxillary alveolus and extension to the adjacent cheek and palate as described with**

**suspicious cervical adenopathy**

**SURGICAL PATHOLOGY REPORT**

**Ref By :** Dr SI/KK

**Date of sample collection :** 07/01/2017

**Received on :** 07/01/2017

**Reported Date :** 09/01/2017

**Histology Lab No :** S17-245

**Clinical Impression :**

? Malignancy upper alveolus

**Gross Description :**

Received in formalin is a specimen labelled as "Biopsy", consists of multiple grey white tissue bits in aggregate

measuring 0.8x0.2x0.1cm. Entire specimen submitted in one cassette.

(Dr Deepthi/MN/gb)

**Microscopic Description :**

Biopsy showing fragments of tissue lined by stratified squamous epithelium and an infiltrating neoplasm

composed of moderately dysplastic squamous cells dipping down in lobules and nests. Dense secondary

inflammation noted at the interface.

**Diagnosis :**

Moderately differentiated squamous cell carcinoma, biopsy upper alveolus.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 25/01/2017

**Received on :** 25/01/2017

**Reported Date :** 30/01/2017

**Clinical Impression :**

Ca. left upper alveolus

**Gross Description :**

Received in formalin are 10 specimens. The Ist specimen labelled " Left infrastructure maxillectomy specimen"

consists of same whole measuring 4.8x4x3cm. There is a soft tissue attached to the maxilla and upper jaw

hurbouring 4 teeth (premolar and molar). The buccogingival space shows a grey white irregular area which is

seen extending into the palatal surface. Palatal surface shows a grey white ulcerated region measuring

2.5x1.1x1 cm. It is seen to extend posteriorly (0.3cm) and upto posteriorly mucosal margin. Grey white irregular

area in buccogingival sulcus is situated corresponding to 2 molar teeth and is 0.4cm away from posterior

mucosal margin and has a clearance of 0.6cm from attached soft tissue.On the palatal aspect, it is 0.9cm away

from lateral margin and 1.5cm away from anterior margin. Representative sections are submitted as follows :

A1 - Posterior mucosal margin

A2 - Adjacent soft tissue

A3 - Buccogingival sulcus lesion with adjacent soft tissue

A4 - Palatal lesion

AFB1 - anterior bony margin

AFB2 - lesion with bone

AFB3 - posterior bony margin

AFB4 - anterosuperior maxillary bone

AFB5 - laterosuperior maxillary bone

AFB6 - superomedial maxillary bone

Specimen II labelled "Final lateral mucosal margin ", consists of mucosa covered tissue bit measuring

1.7x1x0.4cm. Entire specimen submitted in cassette B.

Specimen III labelled "Final lateral mucosal margin superior" consists of mucosa covered tissue bit measuring

1.4x0.9x0.7cm. Entire specimen submitted in cassette C.

Specimen IV labelled "Node adjacent to EJV", consists of nodular fibrofatty tissue measuring 1.1x0.7x0.5cm.

Entire specimen submitted in cassette D.

Specimen V labelled " Left level IA", consists of nodular fibrofatty tissue measuring 4.3x2.7x1cm. 2 lymph

nodes identified. Representative sections are submitted in cassettesE1 to E3.

Specimen VI labelled "Left level IB", consists of nodular fibrofatty tissue measuring 5.7x3.5x2.5cm. 3 lymph

nodes identified, largest lymph node measuring 1.5x0.8x0.9cm. Representative sections are submitted in

cassettes F1 to F4.

Specimen VII labelled "Left level IIA", consists of 2 nodular tissue bit measuring 4x3.9x2.5cm. 10 lymph

nodes identified, largest lymph node measuring 2.4x1.3x1.5cm. Representative sections are submitted in

cassettes G1 to G10.

Specimen VIII labelled "Left level II B", consists of nodular fibrofatty tissue measuring 1.8x1x0.5cm. Entire

specimen submitted in cassette H.

Specimen IX labelled "Left level III", consists of nodular fibrofatty tissue measuring 4.3x2x1.8cm.

Representative sections are submitted in cassettes J1 to J8.

Specimen X labelled "Left level IV", consists of nodular fibrofatty tissue measuring 4.5x2.3x1.8cm.

Representative sections are submitted in cassettes K1 & K2.

(Dr. Parvathy/mm)

**Microscopic Description :**

A. Sections of lesion over maxilla show an infiltrating neoplasm composed of dysplastic squamous cells

arranged in lobules, nests and occasional cords. Few bizzare cells noted. Keratin pearls seen. Mitotic figures

noted along with areas of necrosis. There is moderate to dense lymphoplasmacytic infiltrate at the tumour

interface. No LVI / PNI seen. The tumour is seen involving muscle layer.

B. Final lateral mucosal margin - Shows no tumour

C. Final lateral mucosal margin (superior) - Shows no tumour

D. Node adjacent to EJV - Single reactive lymph node seen

E. Left level IA lymph node - 2 reactive lymph node seen.

F. Left level IB lymph node -show 2 reactive lymphnode along with salivary gland tissue. No metastasis seen.

G. Left level IIA - 9 reactive lymph node seen

H. Left level II B - Single reactive lymph node seen

J. Left level III - 12 reactive lymph node seen

k. Left level IV - 4 reactive lymph node seen.

**Impression :**

Left infrastructure maxillectomy + Final lateral mucosal margin + final lateral mucosal margin (superior) +

lymph node dissection:

- Moderately differentiated squamous cell carcinoma

- Tumour dimensions - 2.5x1.1x1cm

- Depth of lesion - 0.3 cm

- WPOI pattern - 4 (score 1+)

- LHR score -0

- Risk -intermediate

- Vascular invasion - Absent

- Perineural invasion - Absent

- Bony invasion - tooth socket erosion seen.

Margin clearance :

Posterior mucosal margin is involved

Lateral mucosal margin- 0.9cm

Anterior mucosal margin - 1.5cm

Final lateral mucosal margin, final lateral mucosal margin (superior) - Free of tumour

Bony margins - free of tumor

Lymph nodes :

Node adjacent to EJV - Single reactive lymph node

Left level IA lymph node- 2 reactive lymph node

Left level IB lymph node - Show 2 reactive lymph node along with salivary gland tissue. No tumour seen.

Left level IIA lymph node - 9 reactive lymph nodes

Left level II B lymph node - Single reactive lymph node

Left level III lymph node - 20 reactive lymph nodes

Left level IV lymph node - 4 reactive lymph nodes.

pT2N0

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| **Progress Notes** |

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| **Date of birth:**03/06/1955 |

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| **Date :**11/01/2017 |

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| **ProgressNotes :** |
| See by: Dr. S . Iyer Sir case of Ca upper alveolus left side. Plan as per Tumour board discussion- Infrastructure maxillectomy + left SND + STF |

**case of RHD Mitral stenosis s/p Mitral Valve Replacement + atrial fibrillation + ca upper alveolus cT4N2b was discussed in Tumour board and planned for left infratsructure maxillectomy + neck dissection + radial artery free flap reconstruction. the same done on 24.1.17 after cardiology fitness for surgery. after post op 2 hours . call atended for incraesed airway resistance on ventilation at 11.10pm 24.1.17. tracheostomy removed and Endotracheal tube inserted. tube in situ. patient shifted to OT for reinsertion of tracheostomy tube. railroading attempted but couldnt be done, ET no 7 reinserted. 11:30 am ecg showed asystole with no pulse palpable CPR started as per ACLS protocol CPR continued with inj adrenaline + inj atropine. after 20 minutes femoral pulse palpableECG showed sinus rhythm. adrenaline infusion started along with sodium bicarb + GI bolus + ca gluconate. ECG showed VT , defib with 200j, CPR strated as per ACLS protocol. patiient had sinus rhythm withHR 71/min, BP 100/70 mm hg. patient shifted to 11 icu and connected to mechanical ventilator, inj norad + adrenaline on flow. ECG VT - defib with 200 J. CPR continued. ECG showed VT agian and defib with 200J. patient was resussibated 12:40AM 25.1.17. Caediology consultation sought . ECHO could not be done due to poor cardiac window. patient s bystanders were explained about grave prognosis of conditiion in a language understood by them. patient had asystole at 5:10am pulse not palpable. BP not recordable. pupils dilated and fixed. ECG - no cardiac activity. patient declared dead at 5:16am.**