**Radiology Report**

**Created Date:** 07/02/2018

**Study Done:**

**MRI OF BRAIN + MRA**

Clinical info; Case of giddiness and vertigo to rule out cerebellar infarct

Brain

A T2 hyperintense lesion not showing diffusion restriction is seen in the left para vermian cerebellar hemisphere

corresponding to the PICA territory.Post contrast images show gyral enhancement in this area.Patchy dark signal

is seen in T2 images within this lesion and it blooms in Gradient images suggesting presence of blood

products.Few T2 flair hyperintensities noted in subcortical deep white matter

The supratentorial brain parenchyma is otherwise normal.Normal Grey and White matter signal.Ventricles are

normal sized.Brain stem and cerebellum are normal.No obvious sellar / suprasellar lesion.Flow voids

corresponding to normal cerebral vessels seen.No extra axial lesion.

MRA of intra cranial arteries show normal circle of willis, middle, anterior and posterior cerebral arteries. No

evident aneurysm in these regions.

**Impression:**

Subacute infarct in the paravermian left cerebellar hemisphere corresponding to the PICA territory.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 29/11/2018

**Received on :** 29/11/2018

**Reported Date :** 16/11/2018

**Clinical Impression :**

K/c/o Carcinoma tongue with thyroid nodule

**Gross Description :**

Received in formalin are 9 specimens.

The Ist specimen labelled "WLE left tongue tagged long suture anterior, short suture posterior" consists ofthe

same whole measuring 5x3.2x3.6cm. The medial raw surface is inked.Lateral surface shows a pearly white

ulcerative lesion present along the lateral mucosal aspect extending to the inferior base. On serial slicing a grey

white lesion measuring 2.5(AP)x1.4(depth)x2.2(SI)cm.The lesion is at a distance of 1.2cm from the anterior

mucosal and soft tissue margin and 0.5cm from inferior salivary gland and inferolateral mucosal margins, 0.3cm

from superomedial mucosal margin, 1cm from medial inked margin, 1.2cm from deep base and 0.9cm from

posterior mucosal and soft tissue margin. Representative sections are submitted as follows:

A1- Anterior mucosal and soft tissue margin (radial)

A2 - Inferior salivary gland and inferolateral mucosal margin

A3 - Tumour with medial deep inked margin

A4- Tumour with inferior base

A5 - Tumour with superior mucosal margin

A6 - Posterior mucosal and soft tissue margin (radial)

A7 - Posterior mucosal margin (radial)

A8 to A10 -Tumour proper

A11 - Tumour with inferior salivary gland and posterolateral mucosal margin

Specimen II labelled "Left hemithyroid" consists of the same separated in the middle whole measuring

3.5x1.5x0.9cm.Specimen serially sectioned from one end to other. Cut surface show multiple nodules largest one

measuring 1x1.1x1.8cm. Other smaller one measuring 0.6cm in greatest dimension (colloid nodule with

calcification).Sections submitted in cassettes B1 to B6.

Specimen III labelled "Additional lateral mucosal margin" consists of single grey brown tissue bit measuring

1.5x0.5x0.3cm. Entire specimen submitted in cassette C

Specimen IV labelled " Left level IB' consists of 2 nodular fibrofatty tissue , largest measuring 3.5x2x1cm.

Smallest measuring 2.5x1x0.5cm. Salivary gland tissue identified measuring (larger fragment) . 3 lymph nodes

identified largest measuring 0.8cm in greatest dimension. Representative sections are submitted in cassettes

D1 to D3.

Specimen V labelled "Left level II A" consists of 3 fragments of nodular tissue in aggregate measuring

2.5x2x1cm.Largest fragment measuring 2cm in greatest dimension. 2 lymph nodes identified, largest measuring

0.6cm in greatest dimension. Entire specimen submitted in cassettes E1 to E3.

Specimen VI labelled "Left level IIB" consists of 4 nodular tissue bit in aggregate measuring 1.5x1.8x1cm. 5

lymph nodes identified. Largest measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes

F1 to F3.

Specimen VII labelled " Left level III" consists of 2 nodular tissue bit with largest measuring 2.5x1.5x0.7cm.

Smallest measuring 1.2cm in greatest dimension. 5 lymph nodes identified, largest measuring 0.7cm in greatest

dimension. Entire specimen submitted in cassettes G1 & G2.

Specimen VIII labelled " Left level IV" consists of 2 nodular tissue bit with largest one measuring 3.9x1x0.7cm.

Smallest one measuring 1.3cm in greatest dimension.8 lymph nodes identified largest measuring 1.3cm in

greatest dimension. Entire specimen submitted in cassettes H1 to H4.

Specimen IX labelled "Level Ia" consists of a single nodular fibrofatty tissue measuring 3x1.5x1cm. 7 lymph

nodes identified, largest measuring 1cm in greatest dimension. Entire specimen submitted in cassettes J1 to J3.

**Microscopic Description :**

A. Sections from tongue shows a neoplasm composed of cells in large and small lobules and nests.Cells are

polygonal with moderate eosinophilic cytoplasm and round vesicular nuclei. Keratin pearl formation with center

of the nests showing neutrophilic abscess formation noted. Mild lymphocytic response is noted surrounding the

tumour cells. Perineural invasion and LVE seen. Maximum depth of the lesion is 1.4cm Overlying epithelium

shows focal areas of ulceration with severe dysplasia (A11)

All margins are free of tumour and dysplasia.

B.Left Hemithyroid

Sections from thyroid shows follicles of varying size with cystically dilated follicles.Areas of haemorrhage,

cholesterol clefts and lymphoid collection noted.No evidence of invasive malignancy.

C. Additional lateral mucosal margin - Free of tumour / dysplasia

D. Left level I B - 2 lymph nodes and salivary gland tissue - free of tumour

E. Left level IIA - 2 lymph nodes - free of tumour

F.Left level IIB - 8 lymph nodes - free of tumour

G.Left level III - 1/4 lymph nodes show micro metastasis. No ENE seen.

H.Left level IV - 9 lymph nodes - free of tumour

J. Level Ia - 4 lymph nodes - free of tumour

**Impression :**

WLE left tongue + left hemithyroid + additional lateral mucosal margin + ipsilateral neck nodes:

- Well differentiated squamous cell carcinom, left tongue

- Tumour measures 2.5x2.2x1.4cms.

- Depth of the lesion 1.4cm

- Patchy peritumoural lymphoid infiltrate , pattern 4, score 1

- Worst pattern of invasion - Small nests - pattern 4 -Score 1

- Perineural invasion - seen - score 1

- Risk assessment score -3 - high risk

- Lymphovascular invasion seen

- All margins are free of tumour including additional lateral mucosal margin;

closest margin is inferior mucosal which is 0.5cm away

- Left hemithyroid -Colloid nodule with degeneration in a background of thyroiditis.

Lymph nodes

- 1/27 lymph nodes show micrometastasis (level III).No ENE seen.

Stage pT3N1

**RADIOLOGY REPORT**

**Created Date:** 29/10/2018

**Study Done:**

**ULTRASOUND NECK**

Suspicious nodes seen in left level IA measuring 6.5 x4 mm,left level II -7.4 x0.6 mm.

Thyroid gland appear enlarged ,show background thyroiditis ,shows mixed echogenic nodule with cystic chnges

in lefft lobe measuring 12.5 x8.8 mm ,10 x4.2 mm- TIRADS 3 - Needs follow up

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| **Date of Admission :**07/11/2018 | **Date of Procedure :**08/11/2018 |

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| **Date of Discharge :**15/11/2018 |

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

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| **DIAGNOSIS :** |
| Carcinoma left lateral border tongue cT3N0Mx with Left thyroid lobe nodule. |

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| **PROCEDURE DONE :** |
| Left lateral tongue (WLE) + Left SND (I to IV) + Left hemithyroidectomy Under GA on 08/11/2018 |

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| **DRUG ALLERGIES :** Not known. |

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| **HISTORY :** |
| 76 year male , former by occupation came with complaints of Non-healing ulcer over left tongue - 1month, sudden increase in size -15days, complaints of pain over the ulcer - 15days affecting the chewing and swallowing also. S+,A+ stopped 20years back. H/o Systemic hypertension + H/o CVA +, Subacute Left cerebellar infarct (05/02/2018) H/o Hiatus Hernia + H/o Hypothyroidism + |

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| **MEDICINE ON ADMISSION :** |
| Tab.Cilacar 5mg 1-0-1 Tab.Atorvas 20mg 0-0-1 Tab.Thyronorm 25mcg 1-0-0 Tab.Vertin 8mg 1-1-1 Tab.Neurobion forte 1 cap 0-1-0 |

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| **PAST HISTORY :** |
| Systemic Hypertension 1 year 24 hour holter (15.02.2018): 1 short run of EAT Isolated unifocal VPCS in singles , 2 couplets and 1 bigeminy. CVA Subacute Left cerebellar infarct (05/02/2018) 1 year Hiatus Hernia Hypothyroidism on T.Thyronorm 25 mcg OD \* 1 year. |

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| **PERSONAL HISTORY :** |
| Normal bowel and bladder habits. Normal appetite. Normal sleep. |

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| **CLINICAL EXAMINATION :** |
| On Examination: General condition fair. Vitals stable. O/e: KPS-80 5X4CM indurated ulcer over left lateral border tongue, anteriorly 2cm away from the tip of tongue, posteriorly reaching till tls, FOM/BOT free from growth. Neck - NO lap. CT FACE AND NECK(22-10-18)muthoot medical centre: 2.3x1.3cm Irregular enhancing lesion over left lateral aspect of base of tongue. A hyperdense nodule in left lobe of the thyroid1.2x1.6cm with heterogenous enhancement. No lap. CT BRAIN(22-10-18)muthoot medical centre: Hypodense area in left cerebellar hemisphere - likely old infact. Biopsy (DDRC-SRL Labs-20.10.18)-WDSCC. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted with above findings. Relevant investigations were done and was planned for surgery. Neurology opine was sought for fitness and advised that he can be taken up for surgery with mild increased neurological risk.Risk of stroke is explained to patient. Cardiology opine was also taken for fitness.He underwent Left Left lateral tongue (WLE) + Left SND (I to IV) + Left hemithyroidectomy Under GA on 08/11/2018.His peri and post opeartive period was uneventful. Drain removed on 3rd post op day.Patient started on oral feeds and ryles tube removed on 7th post op day He is being discharged with following advice.At the time of discharge he is stable and afebrile |

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| **OPERATIVE FINDINGS :** |
| Left lateral tongue (WLE) + Left SND (I to IV) + Left hemithyroidectomy Under GA Findings: Left lateral ant 2/3rd tongue ulcero-proliferative lesion approx 3 x 2 cm Not crossing midline Not reaching till TL sulcus Left upper pole of thyroid nodule present approx 1.5x1.5 cm Both EBSLN and RLN preserved both superior and inferior parathyroids preserved. Procedure: Under GA Nasally intubated Painting and draping done, under aseptic conditions Intra-orally- primary lesion assesed wide local excision done- margins assessed and revised Sent for HPE wash given and hemostasis achieved. Tongue defect left alone for secondary healing. Left neck- transeverse midline cervical incision Skin with subplatysmal flap elevated Left neck- Level Ia, Ib, IIa, IIb, III and IV excised. and sent for HPE. IJV, SAN and SCM preserved Hemostasis achieved, wash given Drain kept in neck RVD 14. Surgical wound closure done in layers. Left hemithyroidectomy- Midline cervical transeverse incision, Skin and subplatysmal flap raised. Midline identified and strap muscles devided from midline raphe. Left sided dissection started, Sterno hyoid and sterno thyroid retracted laterally Superior pedicle dissected and ligated EBSLN identified (Cernea type I) and preserved Sup parathyroid also seen and preserved, Middle thyroid vein identified and ligated. Lower pole identified and ligated and Lower parathyroid also preserved. Lateral approach-tubercle of zukercandle identified and RLN traversing below that RLN also preserved in continuity. Hemostasis achieved, wash given Surgical wound closure done in layers. patient shifted to 11 ICU for post op care. |

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| **WHEN TO OBTAIN URGENT CARE:** |
| If there is bleeding, pus discharge or fever, take urgent care. |

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

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab Ciplox 500 mg 1-0-1 X 5 days Tab.Pan 40mg 1-0-0 x 5days. Tab.Dolo 650mg 1-1-1 x 5days. Chlrohexidine mouth wash 1-1-1-1 Tab.Cilacar 5mg 1-0-1 X To continue Tab.Atorvas 20mg 0-0-1 X To continue Tab.Thyronorm 25mcg 1-0-0 X To continue Tab.Vertin 8mg 1-1-1 X To continue Tab.Neurobion forte 1 cap 0-1-0 X To continue  **Tumour Board Discussion**  **Relevant clinical details :**  76 year male , former by occupation came with  C/o Non-healing ulcer over left tongue - 1month, sudden increase in size -15days  C/o pain over the ulcer - 15days affecting the chewing and swallowing also.  S+,A+ stopped 20years back.  H/o Systemic hypertension +  H/o CVA +, Subacute Left cerebellar infarct (05/02/2018)  H/o Hiatus Hernia +  H/o Hypothyroidism +  O/e:  KPS-80  5X4CM indurated ulcer over left lateral border tongue, anteriorly 2cm away from the tip of tongue, posteriorly  reaching till tls, FOM/BOT free from growth.  Neck - NO lap.  CT FACE AND NECK(22-10-18)muthoot medical centre:  2.3x1.3cm Irregular enhancing lesion over left lateral aspect of base of tongue.  A hyperdense nodule in left lobe of the thyroid1.2x1.6cm with heterogenous enhancement.  No lap.  CT BRAIN(22-10-18)muthoot medical centre:  Hypodense area in left cerebellar hemisphere - likely old infact.  Biopsy (DDRC-SRL Labs-20.10.18)-WDSCC.  Impression: Carcinoma left lateral border tongue cT3N0Mx with Left thyroid lobe nodule  **Agreed Plan of management :**  CT Chest  FNAC from thyroid nodule  Left Hemithyroidectomy + WLE + ND +/- STF  **Histopathology Tumour Board Discussion**  **Relevant clinical details :**  WLE left tongue + left hemithyroid + additional lateral mucosal margin + ipsilateral neck nodes:  - Well differentiated squamous cell carcinom, left tongue  - Tumour measures 2.5x2.2x1.4cms.  - Depth of the lesion 1.4cm  - Patchy peritumoural lymphoid infiltrate , pattern 4, score 1  - Worst pattern of invasion - Small nests - pattern 4 -Score 1  - Perineural invasion - seen - score 1  - Risk assessment score -3 - high risk  - Lymphovascular invasion seen  - All margins are free of tumour including additional lateral mucosal margin;  closest margin is inferior mucosal which is 0.5cm away  - Left hemithyroid -Colloid nodule with degeneration in a background of thyroiditis.  Lymph nodes  - 1/27 lymph nodes show micrometastasis (level III).No ENE seen.  Stage pT3N1  **Agreed Plan of management :**  Adj RT  **Progress Notes**  **Date : 29/10/2018**  **ProgressNotes :**  76 year male , former by occupation came with  C/o Non-healing ulcer over left tongue - 1month, sudden increase in size -15days  C/o pain over the ulcer - 15days affecting the chewing and swallowing also.  S+,A+ stopped 20years back.  H/o Systemic hypertension +  H/o CVA +, Subacute Left cerebellar infarct (05/02/2018)  H/o Hiatus Hernia +  H/o Hypothyroidism +  O/e:  KPS-80  5X4CM indurated ulcer over left lateral border tongue, anteriorly 2cm away from the tip of tongue, posteriorly  reaching till tls, FOM/BOT free from growth.  Neck - NO lap.  CT FACE AND NECK(22-10-18)muthoot medical centre:  2.3x1.3cm Irregular enhancing lesion over left lateral aspect of base of tongue.  A hyperdense nodule in left lobe of the thyroid1.2x1.6cm with heterogenous enhancement.  No lap  CT BRAIN(22-10-18)muthoot medical centre:  Hypodense area in left cerebellar hemisphere - likely old infact.  Biopsy (DDRC-SRL Labs-20.10.18)-WDSCC  Impression: Carcinoma left lateral border tongue cT3N0Mx  Adv  Usg neck + guided fnac from thyroid nodule.  Surgery essential for this disease - Cardiology and Neurology clearance for surgery under ga  PAC  PAC Ix.  Tentaive plan - WLE + Left ND +/-STF (if fit FOR Surgery).  USG  TIRADS 3 nodule  Hemithyroidectomy with the WLE + SND  Tomorrow for Neurology and cardiology fitness  **Progress Notes**  **Date : 28/11/2018**  **ProgressNotes :**  Carcinoma left lateral border tongue cT3N0Mx with Left thyroid lobe nodule.  s/p Left lateral tongue (WLE) + Left SND (I to IV) + Left hemithyroidectomy Under GA on 08/11/2018  Final HPE:Stage pT3N1  Now on regular follow up  Reviewed in OPD today on 28/11/2018  Advice:Radiation therapy  **operative notes**  **Date : 10/11/2018**  **ProgressNotes :**  Left lateral tongue (WLE) + Left SND (I to IV) + Left hemithyroidectomy Under GA  Findings: Left lateral ant 2/3rd tongue ulcero-proliferative lesion approx 3 x 2 cm  Not crossing midline  Not reaching till TL sulcus  Left upper pole of thyroid nodule present approx 1.5x1.5 cm  Both EBSLN and RLN preserved  both superior and inferior parathyroids preserved.  Procedure: Under GA  Nasally intubated  Painting and draping done, under aseptic conditions  Intra-orally- primary lesion assesed  wide local excision done- margins assessed and revised  Sent for HPE  wash given and hemostasis achieved.  Tongue defect left alone for secondary healing.  Left neck- transeverse midline cervical incision  Skin with subplatysmal flap elevated  Left neck- Level Ia, Ib, IIa, IIb, III and IV excised.  and sent for HPE.  IJV, SAN and SCM preserved  Hemostasis achieved, wash given  Drain kept in neck RVD 14.  Surgical wound closure done in layers.  Left hemithyroidectomy-  Midline cervical transeverse incision, Skin and subplatysmal flap raised.  Midline identified and strap muscles devided from midline raphe.  Left sided dissection started, Sterno hyoid and sterno thyroid retracted laterally  Superior pedicle dissected and ligated EBSLN identified (Cernea type I) and preserved Sup parathyroid also  seen and preserved,  Middle thyroid vein identified and ligated.  Lower pole identified and ligated and Lower parathyroid also preserved.  Lateral approach-tubercle of zukercandle identified and RLN traversing below that  RLN also preserved in continuity.  Hemostasis achieved, wash given  Surgical wound closure done in layers.  patient shifted to 11 ICU for post op care. |