**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 19/04/2013

**Received on :** 19/04/2013

**Reported Date :** 25/04/2013

**Clinical Impression :**

Carcinoma left lateral border of tongue

**Gross Description :**

Received in formalin are 6 specimens. The I specimen is labelled as "Left lateral border of tongue", consists of

segment of tongue measures 4.5cm (A-P) antero posteriorly 2cm (M-L) Mediolaterally, 4cm (S-I) Superior

inferiorly. Mucosal surface shows ulcero nodular lesion measuring 3cm(A-P) & 3cm (S-I). The lesion is

situated,1cm from anterior mucosal margin;1cm from superior mucosal margin; 1 cm from posterior mucosal

margin and 0.7cm from inferior mucosal margins. Specimen is cut into 9 slices. The tumor is seen in 3,4,5 and 6

slices. It extends to a maximum depth of 1cm in slice 6 and is 1.3 cm from deep margin. Representative sections

are submitted as follows:

A1 - Tumor with inferior margin (radial)

A2 - Tumor with superior margin (radial)

A3 - Tumor with maximum depth of invasion (with deep margin)

A4 - Tumor with deep margin

A5 - Anterior shaved margin

A6 - Posterior shaved margin

Specimen II labelled as "Level Ia", consists of single fibrofatty tissue measuring 2.5x1.5x0.5cms. Representative

sections are submitted in cassette B.

Specimen III labelled as "Left level Ib", consists of a salivary gland measuring 5x2.5x1cms. Representative

sections are submitted in C1 - C3 cassettes.

Specimen IV labelled as "Level IIa", consists of single fibrofatty tissue mesuring 4x2x0.5cm. Largest lymphnode

measures 1.8cm in greater dimension. Representative sections are submitted in D1 - D2 cassettes.

Specimen V labelled as "Left level IIb", consists of a single fibrofatty tissue measuring 3.5x0.3x0.5cm.

Representative sections are submitted in E1 - E2 cassettes.

Specimen VI labelled as "Left level III and IV", consists of single fibrofatty tissue measuring 3.5x2.5x2cm.

Representative sections are submitted in F1 - F2 cassettes.

**Microscopic Description :**

A) Left lateral border of tongue:-

- Tumor type - Well differentiated squamous cell carcinoma

- Tumor size - 3x3cm

- Tumor depth - 9mm (Microscopy)

- Type of invasion - Cohesive type

- Lymphovascular emboli and perineural invasion - Absent

- All mucosal and soft tissue margins - Free and well away

- Adjacent mucosa do not show any dysplasia

- Tumor invade superficial intrinsic muscles of tongue

B) Level Ia : Shows only fibrofatty tissue. No lymphnodes seen

C) Left level Ib : Shows normal salivary gland and 3 reactive lymphnodes

D) Left level IIa : 7 reactive lymphnodes

E) Left level IIb : 2 reactive lymphnodes

F) Left level III and IV : 3 reactive lymphnodes

**Impression :**

Left lateral border of tongue and left neck dissection:

- Well differentiated squamous cell carcinoma

- Tumor size - 3x3cm

- Tumor depth - 9mm (Microscopy)

- 15 reactive lymphnodes

pT2N0Mx

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| **Date of Admission :**17/04/2013 | **Date of Procedure :**18/04/2013 |

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| **Date of Discharge :**03/05/2013 |

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

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| **DIAGNOSIS :** |
| Carcinoma of left lateral border tongue. |

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| **PROCEDURE DONE :** |
| Wide local Excision + Left ND (1-4) + Infrahyoid flap under GA on 18-04-2013. |

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| **HISTORY :** |
| 72 year old male presented here with a left lateral border of tongue lesion since few months which was Painful. Patient had been gone to MCH thrissur and a biopsy done suggestive of well differentiated squamous cell carcinoma. An MRI of the head and Neck has also been done showing subcentimetric nodes in the neck. Largest 1.5 cm node in level 1b same side. Patient has come here for further management. |

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| **CLINICAL EXAMINATION :** |
| On examination a 2 x 2.5 cm lesion in the left lateral border of tongue in the posterior aspect of anterior tongue - free from mandible and floor of mouth. Base of tongue not indurated. Neck - no nodes clinically |

**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** |
| 17/04/2013 | 12.8 | 38.2 | 183.0 | 4.83 | 57.0 | 20.1 | 2.44 | - |
| 19/04/2013 | 12.7 | 38.1 | 139.0 | 8.09 | 88.9 | 6.85 | 0.215 | - |
| 20/04/2013 | 14.4 | 42.4 | 159.0 | 11.6 | 90.8 | 4.38 | 0.013 | - |
| 21/04/2013 | 13.9 | 41.8 | 145.0 | 8.58 | 86.5 | 6.5 | 0.027 | - |
| 26/04/2013 | 14.4 | 39.9 | 279.0 | 16.7 | 89.4 | 4.4 | 0.077 | - |

**Liver Function Test:**

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| **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** |
| 17/04/2013 | 0.48 | 0.13 | 25.8 | 16.1 | 82.0 | 7.37 | 4.29 | 3.1 |
| 20/04/2013 | 0.85 | 0.10 | 40.9 | 19.4 | 67.6 | 6.20 | 3.23 | 3.0 |
| 26/04/2013 | 0.32 | 0.09 | 49.3 | 21.5 | 74.8 | 5.31 | 2.43 | 2.9 |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 17/04/2013 | 39.7 | 1.08 | 135.2 | 4.1 |
| 19/04/2013 | - | - | 138.1 | 4.3 |
| 20/04/2013 | 85.2 | 1.14 | 136.1 | 4.5 |
| 21/04/2013 | 62.6 | 0.93 | - | - |
| 23/04/2013 | 60.2 | 1.09 | 122.7 | 4.4 |
| 24/04/2013 | - | - | 117.5 | 4.7 |
| 26/04/2013 | 69.2 | 1.23 | - | - |
| 27/04/2013 | 56.0 | 1.01 | 115.7 | 4.5 |
| 28/04/2013 | 38.7 | 0.84 | 121.0 | 4.9 |
| 29/04/2013 | 33.8 | 0.93 | 117.8 | 5.0 |
| 30/04/2013 | - | - | 121.9 | - |
| 01/05/2013 | - | - | 121.8 | 5.0 |

Date: 26/04/2013

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| RBC-COUNT-Blood : 4.68 M/uL | MCV-Blood : 85.3 fL |

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| MCH-Blood : 30.7 pg | MCHC-Blood : 36.0 g/dl |

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| RDW-Blood : 13.5 % | MPV-Blood : 6.74 fL |

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| MONO -Blood : 5.12 % | BASO-Blood : 0.974 % |

Date: 21/04/2013

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| RBC-COUNT-Blood : 4.65 M/uL | MCV-Blood : 90.0 fL |

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| MCH-Blood : 29.9 pg | MCHC-Blood : 33.3 g/dl |

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| RDW-Blood : 13.4 % | MPV-Blood : 5.75 fL |

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| MONO -Blood : 6.55 % | BASO-Blood : 0.451 % |

Date: 20/04/2013

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| Creatine kinase (CK), Total-Serum : 768.3 U/L | LDH [Lactate dehydrogenase]-Serum : 208.6 U/L |

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| Creatine kinase (CK), MB frac : 42.8 U/L | RBC-COUNT-Blood : 4.72 M/uL |

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| MCV-Blood : 89.9 fL | MCH-Blood : 30.5 pg |

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| MCHC-Blood : 33.9 g/dl | RDW-Blood : 13.4 % |

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| MPV-Blood : 6.36 fL | MONO -Blood : 4.19 % |

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| BASO-Blood : 0.578 % |  |

Date: 19/04/2013

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| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 4.23 M/uL |

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| MCV-Blood : 90.2 fL | MCH-Blood : 30.0 pg |

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| MCHC-Blood : 33.3 g/dl | RDW-Blood : 12.8 % |

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| MPV-Blood : 5.35 fL | MONO -Blood : 3.59 % |

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| BASO-Blood : 0.416 % |  |

Date: 17/04/2013

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| Compatibility test; cross match complete (3 tests) : Compatible | APTT[Activated Partial Thrombo-Plasma : 22.8/32.2 s |

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| PT[Prothrombin Time with INR]-Plasma : 14.5/14.60/0.99 sec | RBC-COUNT-Blood : 4.26 M/uL |

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| MCV-Blood : 89.5 fL | MCH-Blood : 30.2 pg |

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| MCHC-Blood : 33.7 g/dl | RDW-Blood : 13.0 % |

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| MPV-Blood : 5.47 fL | MONO -Blood : 17.4 % |

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| BASO-Blood : 3.04 % |  |

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| Ultrasound Abdomen CreatedDate:20/04/2013 LIVER Normal size, shape and echotexture. No focal lesion seen. IHBR not dilated. G.B Distended. Echo free lumen. Wall thickness is normal. CBD/PV CBD appears normal. Portal vein shows normal calibre. SPLEEN Normal size and echotexture. No focal lesion seen. PANCREAS Pancreatic head and body appears normal. Pancreatic tail is not visualized due to overlying bowel gas. KIDNEYS Normal in size, (Right kidney 8.2cm, left kidney -8.3cm) shape, position and echotexture. Corticomedullary differentiation is preserved. Cortical thickness is normal. Sinus echoes are normal. No hydronephrosis. BLADDER empty, foleys bulb insitu . No ascites . Bilateral mild pleural effusion (left > right ) with underlying consolidation . Retroperitoneum is not visualized. Impression: Bilateral mild pleural effusion (left > right) . No ascites. Surgical Pathology Report Date of sample collection :19/04/2013 Received on :19/04/2013 Reported Date :25/04/2013 Histology Lab No :S13-4334 Clinical Impression : Carcinoma left lateral border of tongue Gross Description : Received in formalin are 6 specimens. The I specimen is labelled as "Left lateral border of tongue", consists of segment of tongue measures 4.5cm (A-P) antero posteriorly 2cm (M-L) Mediolaterally, 4cm (S-I) Superior inferiorly. Mucosal surface shows ulcero nodular lesion measuring 3cm(A-P) & 3cm (S-I). The lesion is situated,1cm from anterior mucosal margin;1cm from superior mucosal margin; 1 cm from posterior mucosal margin and 0.7cm from inferior mucosal margins. Specimen is cut into 9 slices. The tumor is seen in 3,4,5 and 6 slices. It extends to a maximum depth of 1cm in slice 6 and is 1.3 cm from deep margin. Representative sections are submitted as follows: A1 - Tumor with inferior margin (radial) A2 - Tumor with superior margin (radial) A3 - Tumor with maximum depth of invasion (with deep margin) A4 - Tumor with deep margin A5 - Anterior shaved margin A6 - Posterior shaved margin Specimen II labelled as "Level Ia", consists of single fibrofatty tissue measuring 2.5x1.5x0.5cms. Representative sections are submitted in cassette B. Specimen III labelled as "Left level Ib", consists of a salivary gland measuring 5x2.5x1cms. Representative sections are submitted in C1 - C3 cassettes. Specimen IV labelled as "Level IIa", consists of single fibrofatty tissue mesuring 4x2x0.5cm. Largest lymphnode measures 1.8cm in greater dimension. Representative sections are submitted in D1 - D2 cassettes. Specimen V labelled as "Left level IIb", consists of a single fibrofatty tissue measuring 3.5x0.3x0.5cm. Representative sections are submitted in E1 - E2 cassettes. Specimen VI labelled as "Left level III and IV", consists of single fibrofatty tissue measuring 3.5x2.5x2cm. Representative sections are submitted in F1 - F2 cassettes. (Dr.Sajna/sh) Microscopic Description : A) Left lateral border of tongue:- - Tumor type - Well differentiated squamous cell carcinoma - Tumor size - 3x3cm - Tumor depth - 9mm (Microscopy) - Type of invasion - Cohesive type - Lymphovascular emboli and perineural invasion - Absent - All mucosal and soft tissue margins - Free and well away - Adjacent mucosa do not show any dysplasia - Tumor invade superficial intrinsic muscles of tongue B) Level Ia : Shows only fibrofatty tissue. No lymphnodes seen C) Left level Ib : Shows normal salivary gland and 3 reactive lymphnodes D) Left level IIa : 7 reactive lymphnodes E) Left level IIb : 2 reactive lymphnodes F) Left level III and IV : 3 reactive lymphnodes Impression : Left lateral border of tongue and left neck dissection: - Well differentiated squamous cell carcinoma - Tumor size - 3x3cm - Tumor depth - 9mm (Microscopy) - 15 reactive lymphnodes pT2N0Mx |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted. After all preliminary ivestigation and evaluation he was taken up for surgery. He underwent Wide local Excision + Left ND (1-4) + Infrahyoid flap under GA on 18-04-2013. On the second post operative day patient was developed chyle leak and advised zero fat diet. USG abdomen done(20/04/2013) reported as bilateral mild pleural effusion (left > right). No ascites. On 26-04-2013, patient was disoriented, was shifted to ICU 1100 cc chyle leak aspirated. Patient was detected to have Hyponatremia, whcih was corrected. On the ninth post operative day flap was found to be necrosed and debridement done under LA. Repeated Chyle Leak Aspiration was performed under sterile conditions with a 20ml Syringe and a 18G needle, at the most dependent area of Collection in the Left Neck, Taking care to avoid injury to the great vessels in the neck. Aspiration accounted around 120 - 140 ml of Chyle. Compressive dressing was then put.Rest of the post operative period was uneventful. Condition at discharge:Afebrile,Vitals Stable,Sutures insitu. 14oml of Chyle aspirated. Dressing put. |

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| **OPERATIVE FINDINGS :** |
| Diagnosis: Carcinoma Left lateral border of tongue Surgery: WLE + Left ND (1-4) + Infrahyoid flap Findings: A large 3 x 2 cm ulceroproliferative growth along the left lateral border of tongue. No significant nodes in the neck Procedure: Under GA, A 1 cm margin marked around the tumor and specimen excised and oriented. Defect was 6 x 5 cm. Infrahyoid flap marked in the left midline of neck and raised with strap muscles on left side over the left superior thyroid artery. The myocutaneous island flap brought into the oral cavity via the defect in FOM and inset with vicryl. Levels 1-4 ND done. Hemostasis secured. Wound closed over a suction drain in layers. |

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| **ADVICE ON DISCHARGE :** |
| Review after one week in Head and Neck OPD |

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| **DIET RECOMMENDATIONS :** |
| Fat free diet Via NG tube as advised by Dietician. |

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| **PLAN ON DISCHARGE :** |
| Tab. Pan 20 mg 1-0-1 Tab. Dolo 650 mg 1-1-1 Tab. Ciplox 500 mg 1-0-1X7 days Tab. Amlong 5 mg 1-0-0 Tab. Alprax .25 mg HS Tab. Deriphylline 100 mg 1-0-1 Syp. Ascoryl 1 tsp 1-0-1 Tab. Zolfresh 5 mg sos Hexidine mouth gargles fourth hourly.  **Progress Notes**  **Date : 09/05/2013**  **ProgressNotes :**  Chyle leak present,aspirated  Operated area looks healed  Tongue restricted  Act of swallowing normal  Plan: VFS  vfs done with thick and thin barium  oral stage delayed , tongue incordination with thick barium  pharyngeal stage collection in vestibule  no penetration /aspiration  adv: patient fit for RT removal  start with blend diet  **Progress Notes**  **Date : 09/05/2013**  **ProgressNotes :**  Carcinoma of left lateral border tongue with Post OP Chyle Leak  Wide local Excision + Left ND (1-4) + Infrahyoid flap under GA on 18-04-2013.  Left lateral border of tongue and left neck dissection: - Well differentiated squamous cell carcinoma - Tumor  size - 3x3cm - Tumor depth - 9mm (Microscopy) - 15 reactive lymphnodes pT2N0Mx - TB - Observation. |