**Radiology Report**

**Created Date:** 10/11/2015

**Study Done:**

**CT CHEST - CONTRAST**

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

Normal lung parenchyma.

No pleural pathology.

Chest wall is normal.

**Impression:**

• **Normal study.**

**Radiology Report**

**Created Date:** 10/11/2015

**Study Done:**

**MRI OF NECK (TONGUE ) WITH CONTRAST**

A well defined enhancing lesion noted involving the right lateral border and dorsum of oral tongue infiltrating

the lingual septum and crossing the mid line measuring 32.4x22.5x28.1mm (APxTRxCC) (volume 10.7cc)

.Pharyngeal toungue is free .

The right genioglossus , hyoglossus , styloglossus seems to be infiltrated . The right sublingual space is also

involved . Myelohyoid is free

.Bilateral suspicious rounded enhancing nodes noted in Ia, bilateral level Ib, II III largest node in right level II

measures 23.0x12.5mm and largest node in level II measures 19x11mm and in Ia measures 10.8x8.0mm

The lesion shows an ADC of 0.00114 and normal size that of 0.00138.

Cyst noted in right tonsilar fossa.

Bones show normal signals

**Impression:**

• **Well defined enhancing lesion over the right lateral border and dorsum of oral tongue**

**crossing the midline with bilateral suspicious enhancing nodes as described â##suggest**

**histopathological correlation .**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 16/11/2015

**Received on :** 16/11/2015

**Reported Date :** 18/11/2015

**Gross Description :**

Received in fresh is a specimen labelled as "WLE of tongue specimen ", consist of Tongue measuring

8.5x5.5x3cm. Tagged with suture single -postero lateral, double long lip of tongue. A grey white lesion well

circumscribed lesion noted in the Right lateral part of tongue measuring 4.2x2.5x2.7cm which is 1cm from

anterior margin, 2.8cm from posterior margin, abuts the deep inked margin, abuts the inferolateral & mucosal &

soft tissue margin, 3.5cm from left lateral mucosal & soft tissue margin

Remaining specimen transfered to formalin & Representative sections are submitted A1 to A7 cassettes.

Subsequently received in formalin are 17 specimens. Ist specimen labelled as "Additional deep gingival margin",

consists of grey white tissue bit measuring 7x0.3x0.2cm. Entire specimen submitted in cassette B.

Specimen 2 labelled as "Additional anterior floor of mouth ", consists of multiple grey brown tissue bit in

aggregate measuring 2x1x0.5cm. Entire specimen submitted in cassette C.

Specimen 3 labelled as "Additional posterior floor of mouth ", consists of multiple grey brown tissue bit in

aggregate measuring 2.5x2.5x0.7cm. Entire specimen submitted in D1 & D2 cassettes.

Specimen 4 labelled as "Additional deep muscle margin", consists of single grey brown tissue bit measuring

1.2x0.7x0.4cm. Entire specimen submitted in cassette E.

Specimen 5 labelled as "External jugular node", consist of single node measuring 1.1x0.5x0.2cm. Entire

specimen submitted in cassette F.

Specimen 6 labelled as "left prefacial node", consists of single node measuring 1.2x0.9x0.9cm. Entire specimen

bisected and submitted in cassette G.

Specimen 7 labelled as " Left level I b", consists of salivary gland measuring 3.5x2.5x1cm. Representative

sections are submitted in cassette H.

Specimen 8 labelled as "Left level II b ", consisst of fibrofatty tissue measuring 3x1x0.5cm. No lymph node

identified. Entire specimen submitted in J1 & J2 cassettes.

Specimen 9 labelled as "Left level IIIb", consists of fibrofatty tissue measuring 4x3x1cm. 10 lymph nodes

identified largest measuring 1.5cm in greatest dimension. Entire specimen submitted in K1 to K5 cassettes.

K1-2 Lymph nodes

K2-4 Lymph nodes

K3-3 Lymph nodes

K4-1 lymph node

K5-Fibrofatty tissue

Specimen 10 labelled as " Left level IV", consists of fibrofatty tissue measuring 1.5x1.5x1cm. 4 lymph nodes

identified. Entire specimen submitted in L1 & L2 cassettes.

L1-4 lymph nodes

L2-Fibrofatty tissue

Specimen 11 labelled as "Left level V", consists of fibrofatty tissue measuring 4.5x2.5x1cm. 1 Lymph node

identified measuring 1cm in greatest dimension. Representative section bisected and submitted in cassette M.

M-1 Lymph node

Specimen 12 labelled as "Level I A", consists of fibrofatty tissue measuring 2.5x2.5x1cm. 4 lymph nodes

identified. Largest measuring 0.5cm in greatest dimension. Representative sections are submitted in cassette N.

N1-Largest lymph node

N2-3 lymph nodes

Specimen 13 labelled as "Right level I b", consists of salivary gland with attached lymph node. Salivary gland

measuring 3.5x1.5cm. 4 lymph nodes identified. Largest measuring 1.5cm in greatest dimension. Representative

sections are submitted in P1 to P3 cassettes.

P1-Largest lymph node

P2-3 lymph nodes

P3-Salivary gland

Specimen 14 labelled as "Right level II A", consists of fibrofatty tissue measuring 5.5x2.5x1.6cm. 6 Lymph

nodes identified. Largest measuring 1.5cm. Entire specimen submitted in Q1 to Q3 cassettes.

Q1-Largest lymph node

Q2-4 lymph nodes

Q3-1 lymph node

Specimen 15 labelled as "Right level II b", consists of fibrofatty tissue measuring 2x1.5x1cm. 2 lymph nodes

identified. Largest measuring 0.4cm. Representative section submitted in cassette R.

Specimen 16 labelled as "Right level III", consists of fibrofatty tissue measuring 4.5x2.5x1.3cm. 6 lymph nodes

identified. Largest measuring 1cm in greatest dimension. Representative sections submitted in S1 to S3 cassettes

S1-1 lymph node

S2-3 lymph nodes

S3-2 lymph nodes

Specimen 17 labelled as "Right level IV", consists of fibrofatty tissue measuring 3.5x2.4x1cm. 2 lymph nodes

largest measuring 0.4cm in greatest dimension. Representative sections are submitted in cassette T.

**Microscopic Description :**

Type of specimen: WLE of tongue specimen

Histological type: Sections show mucosa with an infiltrating Moderate to poorly differentiated Squamous cell

carcinoma. The tumor cells are seen arranged in nests, cords, and scattered singly. Brisk mitoses, stromal

desmoplasia, individual cell keratinisation, secondary chronic inflammation are present. Invasive front:

Dis-Cohesive. Tumor size: 4.2x2.5x2.7cm. Maximum depth of invasion: 2.7cm.

Vascular and perineural invasion- present. Skeletal muscle invasion - present. WPOI-5. Lymphoid infiltrate at

the invasive tumor front is scanty.

Margins:

The tumor is 1cm from anterior, 2.8cm from posterior, 0.5cm from right lateral mucosal margin and 3.5cm from

left lateral mucosal margin; abuts deep margin.

"Additional deep gingival margin, additional anterior floor of mouth margin, additional posterior floor of mouth

margin and additonal deep muscle margin": Free of tumor.

Lymph nodes:

"Right external jugular node": Two lymph nodes, free of tumor

"Left prefacial node": One lymph node, free of tumor.

"Left level IB": Salivary gland, free of tumor.

"Left level IIB": Seven lymph nodes, free of tumor.

"Left level IIIb": Twelve lymph nodes, free of tumor.

"Left level IV": Seven lymph nodes, free of tumor.

"Left level V": One lymph node, free of tumor.

"Level IA":Five lymph nodes, free of tumor.

"Right level IB":1/3 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis- 1.5cm

Perinodal tumor deposit- Present

"Right level IIA": Seven lymph nodes, free of tumor.

"Right level IIB":two lymph nodes, free of tumor.

"Right level III":Nine lymph nodes, free of tumor.

"Right level IV":Two lymph nodes, free of tumor.

**Diagnosis :**

Type of specimen: WLE of tongue specimen

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Invasive front: Cohesive

Tumor size: 4.2x2.5x2.7cm

Maximum depth of invasion: 2.7cm

Vascular invasion- present

Nerve invasion - present

Skeletal muscle invasion - present

Margins:

The tumor is 1cm from anterior, 2.8cm from posterior, 0.5cm from right lateral mucosal margin and 3.5cm from

left lateral mucosal margin; abuts deep margin.

"Additional deep gingival margin, additional anterior floor of mouth margin, additional posterior floor of mouth

margin and additonal deep muscle margin": Free of tumor.

Lymph nodes:

"Right external jugular node": Two lymph nodes, free of tumor

"Left prefacial node": One lymph node, free of tumor.

"Left level IB": Salivary gland, free of tumor.

"Left level IIB": Seven lymph nodes, free of tumor.

"Left level IIIb": Twelve lymph nodes, free of tumor.

"Left level IV": Seven lymph nodes, free of tumor.

"Left level V": One lymph node, free of tumor.

"Level IA":Five lymph nodes, free of tumor.

"Right level IB":1/3 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis- 1.5cm

Perinodal tumor deposit- Present

"Right level IIA": Seven lymph nodes, free of tumor.

"Right level IIB": two lymph nodes, free of tumor.

"Right level III":Nine lymph nodes, free of tumor.

"Right level IV":Two lymph nodes, free of tumor.

pTNM stage pT3N1

|  |  |
| --- | --- |
| **Date of Admission :**15/11/2015 | **Date of Procedure :**16/11/2015 |

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| --- |
| **Date of Discharge :**28/11/2015 |

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

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

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| --- |
| **PROCEDURE DONE :** |
| WLE + bilateral SND + ALT free flap + tracheostomy under GA on 16/11/15 |

|  |
| --- |
| **HISTORY :** |
| Dental trauma sustained to the right lateral border of the tongue one month ago, following which she developed increasing pain and swelling over the region. No bleeding. Habitual tobacco chewer; continued even after the trauma. Keeps in mouth for prolonged periods of time. Evaluated elsewhere - biopsy taken there showed infiltrative Squamous cell carcinoma grade II |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 15/11/2015 | 13.5 | 41.3 | 275 | 11.0 | 74.0 | 21.1 | 0.6 | 24 |
| 16/11/2015 | 9.0 | 27.1 | 235 | 18.4 | 79.6 | 12.4 | 0.0 | - |
| 17/11/2015 | 7.3 | 22.2 | 225.0 | 14.0 | 85.2 | 8.7 | 0.0 | - |
| 18/11/2015 | 9.2 | 27.5 | 202 | 18.3 | 89.9 | 5.2 | 0.0 | - |
| 19/11/2015 | 9.1 | 27.3 | 286 | 16.4 | 80.4 | 13.0 | 0.2 | - |
| 20/11/2015 | 8.47 | 28.0 | 331 | 14.3 | 79.6 | 13.8 | .782 | - |
| 21/11/2015 | 8.1 | 24.8 | 194 | 19.0 | 90.8 | 4.5 | 0.1 | - |
| 22/11/2015 | 8.1 | 24.5 | 214 | 17.1 | 82.9 | 10.1 | 1.4 | - |
| 23/11/2015 | 7.5 | 22.6 | 215 | 13.7 | 77.8 | 11.7 | 3.5 | - |
| 24/11/2015 | 9.7 | 29.0 | 243 | 13.7 | 82.7 | 8.8 | 2.5 | - |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 15/11/2015 | 20.6 | 0.94 | 134.3 | 4.0 |
| 16/11/2015 | - | - | 134.1 | 4.0 |
| 21/11/2015 | - | - | 137.3 | 4.4 |
| 22/11/2015 | - | - | 134.5 | 3.8 |
| 23/11/2015 | 17.9 | 0.71 | 135.6 | 4.0 |
| 24/11/2015 | 21.0 | 0.69 | - | - |

Date: 24/11/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.23 M/uL | MCV-Blood : 89.7 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.0 pg | MCHC-Blood : 33.5 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 14.4 % | MPV-Blood : 8.4 fL |

|  |  |
| --- | --- |
| MONO -Blood : 5.7 % | BASO-Blood : 0.3 % |

Date: 23/11/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.48 M/uL | MCV-Blood : 90.8 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.2 pg | MCHC-Blood : 33.2 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 14.1 % | MPV-Blood : 8.1 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.7 % | BASO-Blood : 0.3 % |

Date: 22/11/2015

|  |  |
| --- | --- |
| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 2.76 M/uL |

|  |  |
| --- | --- |
| MCV-Blood : 88.7 fL | MCH-Blood : 29.3 pg |

|  |  |
| --- | --- |
| MCHC-Blood : 33.0 g/dl | RDW-Blood : 14.1 % |

|  |  |
| --- | --- |
| MPV-Blood : 8.3 fL | MONO -Blood : 5.4 % |

|  |  |
| --- | --- |
| BASO-Blood : 0.2 % |  |

Date: 21/11/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.79 M/uL | MCV-Blood : 88.6 fL |

|  |  |
| --- | --- |
| MCH-Blood : 28.9 pg | MCHC-Blood : 32.6 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 14.2 % | MPV-Blood : 8.4 fL |

|  |  |
| --- | --- |
| MONO -Blood : 4.6 % | BASO-Blood : 0.0 % |

|  |  |
| --- | --- |
| D-Dimer : 1.7 ug/ml | Fibrinogen; activity -Plasma : 381 mg/dl |

|  |  |
| --- | --- |
| PT[Prothrombin Time with INR]-Plasma : 16.7/14.60/1.17 sec | APTT[Activated Partial Thrombo-Plasma : 27.0/32.2 s |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.88 M/uL | MCV-Blood : 87.4 fL |

|  |  |
| --- | --- |
| MCH-Blood : 27.5 pg | MCHC-Blood : 31.4 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 12.0 % | MPV-Blood : 6.45 fL |

|  |  |
| --- | --- |
| MONO -Blood : 4.72 % | BASO-Blood : .240 % |

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| --- | --- |
| RBC-COUNT-Blood : 3.38 M/uL | MCV-Blood : 86.7 fL |

|  |  |
| --- | --- |
| MCH-Blood : 27.4 pg | MCHC-Blood : 31.6 g/dl |

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| --- | --- |
| RDW-Blood : 11.6 % | MPV-Blood : 6.31 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.85 % | BASO-Blood : .624 % |

Date: 20/11/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.23 M/uL | MCV-Blood : 86.5 fL |

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| --- | --- |
| MCH-Blood : 26.2 pg | MCHC-Blood : 30.3 g/dl |

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| --- | --- |
| RDW-Blood : 11.9 % | MPV-Blood : 6.16 fL |

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| --- | --- |
| MONO -Blood : 5.11 % | BASO-Blood : .662 % |

Date: 19/11/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.11 M/uL | MCV-Blood : 87.9 fL |

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| --- | --- |
| MCH-Blood : 29.1 pg | MCHC-Blood : 33.2 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.9 % | MPV-Blood : 9.6 fL |

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| --- | --- |
| MONO -Blood : 5.2 % | BASO-Blood : 1.2 % |

Date: 18/11/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.10 M/uL | MCV-Blood : 88.7 fL |

|  |  |
| --- | --- |
| MCH-Blood : 29.7 pg | MCHC-Blood : 33.5 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 12.9 % | MPV-Blood : 9.6 fL |

|  |  |
| --- | --- |
| MONO -Blood : 4.8 % | BASO-Blood : 0.1 % |

Date: 17/11/2015

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| --- | --- |
| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 2.55 M/uL |

|  |  |
| --- | --- |
| MCV-Blood : 86.8 fL | MCH-Blood : 28.6 pg |

|  |  |
| --- | --- |
| MCHC-Blood : 32.9 g/dl | RDW-Blood : 12.6 % |

|  |  |
| --- | --- |
| MPV-Blood : 9.6 fL | MONO -Blood : 6.1 % |

|  |  |
| --- | --- |
| BASO-Blood : 0.0 % |  |

Date: 16/11/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.10 M/uL | MCV-Blood : 87.6 fL |

|  |  |
| --- | --- |
| MCH-Blood : 29.0 pg | MCHC-Blood : 33.1 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.0 % | MPV-Blood : 9.6 fL |

|  |  |
| --- | --- |
| MONO -Blood : 7.7 % | BASO-Blood : 0.3 % |

Date: 15/11/2015

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| --- | --- |
| Compatibility test; cross match complete (3 tests) : Compatible | Blood typing; ABO and RhD : A Rh D Positive |

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| --- | --- |
| PT[Prothrombin Time with INR]-Plasma : 13.0/14.60/0.87 sec | Glucose [R]-Plasma : 148.7 mg/dl |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 4.73 M/uL | MCV-Blood : 87.3 fL |

|  |  |
| --- | --- |
| MCH-Blood : 28.4 pg | MCHC-Blood : 32.6 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 12.7 % | MPV-Blood : 9.8 fL |

|  |  |
| --- | --- |
| MONO -Blood : 4.0 % | BASO-Blood : 0.3 % |

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| --- | --- |
| HBs Ag Test - Emergency Screen : 0.29 : Non reactive | Anti HCV - Emergency Screen : 0.12 : Non reactive |

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| --- | --- |
| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.15 : Non reactive |  |

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| MRI OF NECK (TONGUE ) WITH CONTRAST A well defined enhancing lesion noted involving the right lateral border and dorsum of oral tongue infiltrating the lingual septum and crossing the mid line measuring 32.4x22.5x28.1mm (APxTRxCC) (volume 10.7cc) .Pharyngeal toungue is free . The right genioglossus , hyoglossus , styloglossus seems to be infiltrated . The right sublingual space is also involved Myelohyoid is free Bilateral suspicious rounded enhancing nodes noted in Ia, bilateral level Ib, II III largest node in right level II measures 23.0x12.5mm and largest node in level II measures 19x11mm and in Ia measures 10.8x8.0mm The lesion shows an ADC of 0.00114 and normal size that of 0.00138. Cyst noted in right tonsilar fossa.　 Bones show normal signals　 Impression:Well defined enhancing lesion over the right lateral border and dorsum of oral tongue crossing the midline with bilateral suspicious enhancing nodes as described ?suggest histopathological correlation . CT chest: Normal |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted for surgery. She withstood the procedure well. She was monitored in the ICU and started on PEG feeds. She was given supportive medication. On POD5 she developed torrential bleeding from a blowout of the microvascular anastomsis and was re-explored immediately. Post procedure she has been comfortable. She has not been decannulated in view of oropharyngeal edema. She is now comfortable and the flap is viable, being discharged. |

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| **OPERATIVE FINDINGS :** |
| WLE + bilateral SND + ALT free flap + tracheostomy under GA on 16/11/15 Under GA with endotracheal tube, patient placed in supine position with neck extension, painted and draped. Findings: Indurated lesion noted in the right side of dorsum of the tongue, crossing the midline into the left, just short of the left border, It measured roughly 4x3.5x3 cm in size. Pharyngeal tongue and floor of the mouth were free. On the right side a few enlarged nodes were seen in level II and II, on the left side a few enlarged nodes were seen in IB (prefacial region). However there were no frank signs of malignancy. Total glossectomy was performed per-orally with monopolar cautery, The extent of resection was 2 cm distal to pharyngeal tongue and inferiorly the incision was beveled to retain a small wedge of ventral tongue proximally. On the right, a wedge of floor of mouth was taken with mylohyoid muscle, whereas on the left floor of mouth was retained. Bilateral level I-IV selective neck dissection was performed, retaining the sternocleidomastoid, internal jugular vein and spinal accessory nerve. All nodal tissue was cleared in these levels. Hemostasis confirmed with valsalva maneouvre. Neck was closed in 2 layers - continuous suturing of platysma with 4-0 vicryl and skin with 4-0 nylon. Tracheostomy was performed through the second space. ALT flap recon on 16.11.15 under GA. 6x6 cm skin paddle left ALT flap harvested based on 2 perforators. flap thinning done. flap inset done perorally. anteriorly skin left loose with fat exposed. anastomosis to facial artery. one venae done to facial vein , another to EJV. hemostasis achieved. closure done. Re-exploration under GA on 20.11.15. Torrential bleeding from the tracheostomy. massive neck hematoma. incision opened. clots+++, evacuated. blow-out of the venae-EJV anstomosis. both ends clipped. the venae-IJV anastomosis was found to be filling. arterial anstomosis ? working. flap checked and found to be not bleeding. anteriorly, flap debrided. point bleeding observed. hence, posteriorly flap left in situ. hemostasis achieved. closure done. thorough tracheal suction done. |

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| **DIET RECOMMENDATIONS :** |
| High protein PEG feeds at 2.5L/day |

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

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| **DISCHARGE MEDICATION :** |
| Tab DOLO 650 mg 1-1-1 x 3 days then SOS Tab PAN 40 mg 1-0-0 x 7 days HEXIDINE mouth gargles/wash thrice a day Tab THYRONORM 100 mcg 1-0-0 x daily Tab LEVOFLOX 500 1-0-0 x 7 days |

**Progress Notes**

**Date : 09/11/2015**

**ProgressNotes :**

From Andaman and Nicobar islands.

Informant: son-in-law.

48-year-old lady presents with dental trauma sustained to the right lateral border of the tongue one month ago,

following which she developed increasing pain and swelling over the region.

No bleeding.

Habitual tobacco chewer; continued even after the trauma. Keeps in mouth for prolonged periods of time.

Evaluated elsewhere - biopsy taken there showed infiltrative Squamous cell carcinoma grade II - confirmed by

another center in Chennai.

Underwent extraction of 4 teeth in the lower right quadrant.

USG Abdomen done elsewhere - normal.

Other hematological investigations: normal.

O/E:

Tongue: large ulceroinfiltrative lesion over right lateral border of tongue measuring about 4x4 cm in

dimension, extending to base of tongue. Tender on palpation. Induration palpated to cross the midline.

OC/OP: dental caries present.

Scopy: lymphoid follicles over base of tongue.

Adv

Patient and son-in-law counseled about nature of disease and need for early surgical management, and for post

op radiation.

Plan: MRI Head and Neck.

CT Chest with contrast.

PAC to be seen.

Surgery to be scheduled next week.

Tumor board discussion on 11.11.15

**Progress Notes –mediccal oncology**

**Date : 02/12/2015**

**ProgressNotes :**

48 year old lady,

Chronic Tobacco chewer.

Recently detected to have Carcinoma tongue

Underwent WLE + bilateral SND + ALT free flap + tracheostomy on 16/11/15

pT3N1Mx

Planned for chemoradiation

Explained the need and benefits of chemoradiation, common adverse effects related to chemotherapy and

expected outcomes.

RT starting on 21/12/2015

Shall start cDDP 100 mg/m2 Day 1,22,43 from 21/12/2015

Height 146.2 cms; Weight 51.6 Kgs; BSA 1.46

Review on 19/12/2015 for blood work and chemo orders.

**Progress Notes**

**Date : 10/12/2015**

**ProgressNotes :**

Case Reviewed:

FEES:

Larynx normal.

Vocal cord movement normal.

Laryngeal movements normal.

No pooling.

ADVICE:

Can started with thin semisolid food.

**Speciality :** Radiation Oncology

**Consultant :** Dr C G Prameela

**RT No :** 15 RT 1407

**D/O Commencement of RT** 22/12/2015 **D/O Completion of RT** 03/02/2016

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Diagnosis: Carcinoma Right Lateral border Tongue.

Status: Post Wide Local Excision + bilateral SND + ALT free flap + tracheostomy under GA on 16.11.2015.

Stage: pT3N1M0.

Pathology: Moderately Differentiated Squamous cell carcinoma

MRD No:1629728 Name:Sri. BINA BISWAS

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Treatment: Completed Adjuvant Radiation therapy.

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

Mrs. Bina Biswas, a 48 year old lady from Andaman (originally from Bangladesh; Husband from West Bengal),

presented with dental trauma sustained to the right lateral border of the tongue one month ago. Following this

she developed increasing pain and swelling over the region. No bleeding. Habitual tobacco chewer; continued

even after the trauma. Keeps the tobacco in mouth for prolonged periods of time.

She was evaluated at Adayar. Biopsy taken there showed Infiltrative Squamous cell carcinoma, Grade II. She

came to here for further management and was evaluated here at Head and Neck surgery OPD.

Clinical Examination revealed a large ulcero-infiltrative lesion over right lateral border of tongue. Tumour about

4 x 4 cm in dimension, extending to base of tongue. Tender on palpation. Induration palpated to cross the mid

line. Scopy done showed lymphoid follicles over base of tongue. Neck: No lymphadenopathy. She was evaluated

with MRI neck with Contrast [Dated: 10.11.2015] which showed a well defined enhancing lesion noted

involving the right lateral border and dorsum of oral tongue infiltrating the lingual septum and crossing the mid

line measuring 32.4 x 22.5 x 28.1 mm (AP x TR x CC) (volume 10.7 cc). Pharyngeal tongue is free. The right

genioglossus, hyoglossus, styloglossus seems to be infiltrated. The right sublingual space is also involved.

Myelohyoid is free. Bilateral suspicious rounded enhancing nodes noted in Ia, bilateral level Ib, II III largest

node in right level II measures 23.0 x 12.5 mm and largest node in level II measures 19 x 11 mm and in Ia

measures 10.8 x 8.0 mm. The lesion shows an ADC of 0.00114 and normal size that of 0.00138. Cyst noted in

right tonsilar fossa.

She was advised for surgery and after all pre operative evaluation and investigations she underwent Wide Local

Excision + bilateral SND + ALT free flap + tracheostomy under GA on 16.11.2015. Intra-operatively indurated

lesion was noted in the right side of dorsum of the tongue, crossing the mid line into the left, just short of the left

border. It measured roughly 4 x 3.5 x 3 cm in size. Pharyngeal tongue and floor of the mouth were free. On the

right side a few enlarged nodes were seen in level II and II, on the left side a few enlarged nodes were seen in IB

(pre-facial region). Post OP HPR [Dated: 18.11.2015, Histology Lab No: S15-14454 ] was reported as

Squamous cell carcinoma

Differentiation: Moderate

Invasive front: Cohesive

Tumor size: 4.2 x 2.5 x 2.7 cm.

Maximum depth of invasion: 2.7 cm.

Vascular invasion: Present.

Nerve invasion: Present.

Skeletal muscle invasion: Present.

Margins: The tumor is 1 cm from anterior, 2.8 cm from posterior, 0.5 cm from right lateral mucosal margin and

3.5 cm from left lateral mucosal margin; abuts deep margin.

Additional deep gingival margin, additional anterior floor of mouth margin, additional posterior floor of mouth

margin and additional deep muscle margin: Free of tumor.

Lymph nodes:

Right external jugular node: Two lymph nodes, free of tumor.

Left prefacial node: One lymph node, free of tumor.

Left level IB: Salivary gland, free of tumor. Left level IIB: Seven lymph nodes, free of tumor.

Left level IIIb: Twelve lymph nodes, free of tumor.

Left level IV: Seven lymph nodes, free of tumor.

Left level V: One lymph node, free of tumor.

Level IA: Five lymph nodes, free of tumor.

Right level IB: 1 of 3 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis - 1.5 cm.

Perinodal tumor deposit: Present.

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Right level IIA: Seven lymph nodes, free of tumor.

Right level IIB: Two lymph nodes, free of tumor.

Right level III: Nine lymph nodes, free of tumor.

Right level IV: Two lymph nodes, free of tumor.

She was pathologically staged as pT3N1M0.

Her case was discussed in multi disciplinary tumor board and was planned for Adjuvant Radiation therapy.

Patient was referred to the Department of Radiation Oncology and she was taken up for CT simulation after

explaining the prognosis and the complications in detail to the patient and her husband.

**INVESTIGATIONS :**

**Haemogram:**

**Date: Hb: g/dl PCV: % PLT:**

**ku/ml**

**TC:**

**ku/ml**

**DC: N % L:% E: % ESR:**

**mm/1st hr**

15/11/2015 13.5 41.3 275 11.0 74.0 21.1 0.6 24

16/11/2015 9.0 27.1 235 18.4 79.6 12.4 0.0 -

17/11/2015 7.3 22.2 225.0 14.0 85.2 8.7 0.0 -

18/11/2015 9.2 27.5 202 18.3 89.9 5.2 0.0 -

19/11/2015 9.1 27.3 286 16.4 80.4 13.0 0.2 -

20/11/2015 8.47 28.0 331 14.3 79.6 13.8 .782 -

21/11/2015 8.1 24.8 194 19.0 90.8 4.5 0.1 -

22/11/2015 8.1 24.5 214 17.1 82.9 10.1 1.4 -

23/11/2015 7.5 22.6 215 13.7 77.8 11.7 3.5 -

24/11/2015 9.7 29.0 243 13.7 82.7 8.8 2.5 -

29/12/2015 13.3 41.8 273 11.3 76.5 15.0 .497 -

05/01/2016 11.5 35.3 150 3.8 55.2 34.3 2.8 -

11/01/2016 11.7 35.7 205 2.5 44.7 35.8 4.6 -

19/01/2016 12.4 38.7 218 10.4 82.3 11.6 0.3 -

25/01/2016 11.9 35.8 185 4.7 84.4 13.2 0.3 -

**Liver Function Test:**

**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**

29/12/2015 - - 22.0 25.0 - - - -

05/01/2016 - - 23.9 22.1 - - - -

11/01/2016 - - 28.3 24.4 - - - -

19/01/2016 - - 22.1 22.2 - - - -

25/01/2016 - - 18.8 17.1 - - - -

**Renal Function Test and Serum Electrolytes:**

**Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**

15/11/2015 20.6 0.94 134.3 4.0

16/11/2015 - - 134.1 4.0

21/11/2015 - - 137.3 4.4

22/11/2015 - - 134.5 3.8

23/11/2015 17.9 0.71 135.6 4.0

24/11/2015 21.0 0.69 - -

29/12/2015 21.4 0.81 133.5 4.0

05/01/2016 - 0.77 137.7 3.9

11/01/2016 11.9 0.74 135.0 4.1

19/01/2016 23.9 0.83 135.6 3.4

25/01/2016 17.6 0.80 136.2 4.5

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Date: 25/01/2016

Phosphorus inorganic (phosphate)Serum : 4.31 mg/dl Calcium; total - Serum : 9.2 mg/dl

RBC-COUNT-Blood : 4.06 M/uL MCV-Blood : 88.2 fL

MCH-Blood : 29.2 pg MCHC-Blood : 33.1 g/dl

RDW-Blood : 14.9 % MPV-Blood : 8.6 fL

MONO -Blood : 1.9 % BASO-Blood : 0.2 %

Date: 19/01/2016

Calcium; total - Serum : 8.6 mg/dl RBC-COUNT-Blood : 4.26 M/uL

MCV-Blood : 90.7 fL MCH-Blood : 29.2 pg

MCHC-Blood : 32.2 g/dl RDW-Blood : 14.7 %

MPV-Blood : 8.0 fL MONO -Blood : 4.7 %

BASO-Blood : 1.1 %

Date: 11/01/2016

Uric acid - Serum : 3.3 mg/dl Phosphorus inorganic (phosphate)Serum : 4.66 mg/dl

Magnesium : 1.8 mg/dl Calcium; total - Serum : 9.7 mg/dl

RBC-COUNT-Blood : 4.01 M/uL MCV-Blood : 89.1 fL

MCH-Blood : 29.2 pg MCHC-Blood : 32.8 g/dl

RDW-Blood : 14.9 % MPV-Blood : 8.2 fL

MONO -Blood : 14.3 % BASO-Blood : 0.6 %

Date: 05/01/2016

Calcium; total - Serum : 8.5 mg/dl RBC-COUNT-Blood : 3.98 M/uL

MCV-Blood : 88.8 fL MCH-Blood : 28.9 pg

MCHC-Blood : 32.6 g/dl RDW-Blood : 14.3 %

MPV-Blood : 8.7 fL MONO -Blood : 7.2 %

BASO-Blood : 0.5 %

Date: 29/12/2015

Uric acid - Serum : 4.7 mg/dl Phosphorus inorganic (phosphate)Serum : 3.78 mg/dl

Magnesium : 2.0 mg/dl Calcium; total - Serum : 9.1 mg/dl

RBC-COUNT-Blood : 4.73 M/uL MCV-Blood : 88.4 fL

MCH-Blood : 28.1 pg MCHC-Blood : 31.8 g/dl

RDW-Blood : 12.0 % MPV-Blood : 8.33 fL

MONO -Blood : 7.15 % BASO-Blood : .894 %

Date: 24/11/2015

RBC-COUNT-Blood : 3.23 M/uL MCV-Blood : 89.7 fL

MCH-Blood : 30.0 pg MCHC-Blood : 33.5 g/dl

RDW-Blood : 14.4 % MPV-Blood : 8.4 fL

MONO -Blood : 5.7 % BASO-Blood : 0.3 %

Date: 23/11/2015

RBC-COUNT-Blood : 2.48 M/uL MCV-Blood : 90.8 fL

MCH-Blood : 30.2 pg MCHC-Blood : 33.2 g/dl

RDW-Blood : 14.1 % MPV-Blood : 8.1 fL

MONO -Blood : 6.7 % BASO-Blood : 0.3 %

Date: 22/11/2015

Compatibility test; cross match complete (3 tests) :

Compatible

RBC-COUNT-Blood : 2.76 M/uL

MCV-Blood : 88.7 fL MCH-Blood : 29.3 pg

MCHC-Blood : 33.0 g/dl RDW-Blood : 14.1 %

MPV-Blood : 8.3 fL MONO -Blood : 5.4 %

BASO-Blood : 0.2 %

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Date: 21/11/2015

RBC-COUNT-Blood : 2.79 M/uL MCV-Blood : 88.6 fL

MCH-Blood : 28.9 pg MCHC-Blood : 32.6 g/dl

RDW-Blood : 14.2 % MPV-Blood : 8.4 fL

MONO -Blood : 4.6 % BASO-Blood : 0.0 %

D-Dimer : 1.7 ug/ml Fibrinogen; activity -Plasma : 381 mg/dl

PT[Prothrombin Time with INR]-Plasma :

16.7/14.60/1.17 sec

APTT[Activated Partial Thrombo-Plasma : 27.0/32.2

s

RBC-COUNT-Blood : 2.88 M/uL MCV-Blood : 87.4 fL

MCH-Blood : 27.5 pg MCHC-Blood : 31.4 g/dl

RDW-Blood : 12.0 % MPV-Blood : 6.45 fL

MONO -Blood : 4.72 % BASO-Blood : .240 %

RBC-COUNT-Blood : 3.38 M/uL MCV-Blood : 86.7 fL

MCH-Blood : 27.4 pg MCHC-Blood : 31.6 g/dl

RDW-Blood : 11.6 % MPV-Blood : 6.31 fL

MONO -Blood : 6.85 % BASO-Blood : .624 %

Date: 20/11/2015

RBC-COUNT-Blood : 3.23 M/uL MCV-Blood : 86.5 fL

MCH-Blood : 26.2 pg MCHC-Blood : 30.3 g/dl

RDW-Blood : 11.9 % MPV-Blood : 6.16 fL

MONO -Blood : 5.11 % BASO-Blood : .662 %

Date: 19/11/2015

RBC-COUNT-Blood : 3.11 M/uL MCV-Blood : 87.9 fL

MCH-Blood : 29.1 pg MCHC-Blood : 33.2 g/dl

RDW-Blood : 13.9 % MPV-Blood : 9.6 fL

MONO -Blood : 5.2 % BASO-Blood : 1.2 %

Date: 18/11/2015

RBC-COUNT-Blood : 3.10 M/uL MCV-Blood : 88.7 fL

MCH-Blood : 29.7 pg MCHC-Blood : 33.5 g/dl

RDW-Blood : 12.9 % MPV-Blood : 9.6 fL

MONO -Blood : 4.8 % BASO-Blood : 0.1 %

Date: 17/11/2015

Compatibility test; cross match complete (3 tests) :

Compatible

RBC-COUNT-Blood : 2.55 M/uL

MCV-Blood : 86.8 fL MCH-Blood : 28.6 pg

MCHC-Blood : 32.9 g/dl RDW-Blood : 12.6 %

MPV-Blood : 9.6 fL MONO -Blood : 6.1 %

BASO-Blood : 0.0 %

Date: 16/11/2015

RBC-COUNT-Blood : 3.10 M/uL MCV-Blood : 87.6 fL

MCH-Blood : 29.0 pg MCHC-Blood : 33.1 g/dl

RDW-Blood : 13.0 % MPV-Blood : 9.6 fL

MONO -Blood : 7.7 % BASO-Blood : 0.3 %

Date: 15/11/2015

Compatibility test; cross match complete (3 tests) :

Compatible

Blood typing; ABO and RhD : A Rh D Positive

PT[Prothrombin Time with INR]-Plasma :

13.0/14.60/0.87 sec

Glucose [R]-Plasma : 148.7 mg/dl

RBC-COUNT-Blood : 4.73 M/uL MCV-Blood : 87.3 fL

MCH-Blood : 28.4 pg MCHC-Blood : 32.6 g/dl

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RDW-Blood : 12.7 % MPV-Blood : 9.8 fL

MONO -Blood : 4.0 % BASO-Blood : 0.3 %

HBs Ag Test - Emergency Screen : 0.29 : Non

reactive

Anti HCV - Emergency Screen : 0.12 : Non reactive

HIV - Emergency Screen(P24 Ag and HIV 1 and 2

Ab) : 0.15 : Non reactive

**HISTOPATHOLOGY REPORTS**

Post OP HPR [Dated:18.11.2015, Histology Lab No: S15-14454]

Squamous cell carcinoma

Differentiation: Moderate

Invasive front: Cohesive

Tumor size: 4.2 x 2.5 x 2.7 cm.

Maximum depth of invasion: 2.7 cm.

Vascular invasion: Present.

Nerve invasion: Present.

Skeletal muscle invasion: Present.

Margins: The tumor is 1 cm from anterior, 2.8 cm from posterior, 0.5 cm from right lateral mucosal margin and

3.5 cm from left lateral mucosal margin; abuts deep margin.

Additional deep gingival margin, additional anterior floor of mouth margin, additional posterior floor of mouth

margin and additional deep muscle margin: Free of tumor.

Lymph nodes:

Right external jugular node: Two lymph nodes, free of tumor. Left prefacial node: One lymph node, free of

tumor.

Left level IB: Salivary gland, free of tumor.

Left level IIB: Seven lymph nodes, free of tumor.

Left level IIIb: Twelve lymph nodes, free of tumor.

Left level IV: Seven lymph nodes, free of tumor.

Left level V: One lymph node, free of tumor.

Level IA: Five lymph nodes, free of tumor.

Right level IB: One of 3 lymph nodes with metastatic carcinoma. Size of the lymph node with metastasis: 1.5 cm

Perinodal tumor deposit: Present.

Right level IIA: Seven lymph nodes, free of tumor.

Right level IIB: Two lymph nodes, free of tumor.

Right level III: Nine lymph nodes, free of tumor.

Right level IV: Two lymph nodes, free of tumor.

pT3 N1 M0

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

MRI Neck with Contrast [Dated: 10.11.2015]

A well defined enhancing lesion noted involving the right lateral border and dorsum of oral tongue infiltrating

the lingual septum and crossing the mid line measuring 32.4 x 22.5 x 28.1 mm (AP x TR x CC) (volume 10.7

cc). Pharyngeal tongue is free. The right genioglossus, hyoglossus, styloglossus seems to be infiltrated. The right

sublingual space is also involved. Myelohyoid is free. Bilateral suspicious rounded enhancing nodes noted in Ia,

bilateral level Ib, II III largest node in right level II measures 23.0 x 12.5 mm and largest node in level II

measures 19 x 11 mm and in Ia measures 10.8 x 8.0 mm. The lesion shows an ADC of 0.00114 and normal size

that of 0.00138. Cyst noted in right tonsillar fossa

Treatment Given:

**SURGERY DETAILS :**

WLE + bilateral SND + ALT free flap + tracheostomy under GA on 16.11.2015 Under GA with endotracheal

tube placement, and ALT reconstruction.

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Intra-op findings: Indurated lesion noted in the right side of dorsum of the tongue, crossing the mid line into the

left, just short of the left border, It measured roughly 4 x 3.5 x 3 cm in size. Pharyngeal tongue and floor of the

mouth were free. On the right side a few enlarged nodes were seen in level II and II, on the left side a few

enlarged nodes were seen in IB (prefacial region). However there were no frank signs of malignancy. Total

glossectomy was performed per-orally with monopolar cautery, The extent of resection was 2 cm distal to

pharyngeal tongue and inferiorly the incision was beveled to retain a small wedge of ventral tongue proximally.

On the right, a wedge of floor of mouth was taken with mylohyoid muscle, whereas on the left floor of mouth

was retained. Bilateral level I-IV selective neck dissection was performed, retaining the sternocleidomastoid,

internal jugular vein and spinal accessory nerve. All nodal tissue was cleared in these levels. Hemostasis

confirmed with valsalva maneuver. Neck was closed in 2 layers - continuous suturing of platysma with 4-0 vicryl

and skin with 4-0 nylon. Tracheostomy was performed through the second space.

**RADIATION DETAILS :**

Intent: Curative [Post Operative Adjuvant Radiation Therapy

Technique: 3 D Conformal Radiotherapy.

Site of Disease: Right lateral border Tongue

Cat Scan Simulation on 15.12.2016

Complex Computerised Treatment Planning on 22.12.2015

RT Started on 22.12.2015

RT Completed on 03.02.2016

Treatment Breaks: Nil

**Primary Tumour And Drainage Area :**

1. Site: Up to 40 Gy Upper Neck

Portals: Right and left lateral APW, Right and left lateral ISW

Energy: 6 MV Photons

Dose: 4000 cGy in 20 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

2. Site: Lower Neck

Portals: LAN and PA compensatory

Energy: 6 MV Photons

Dose: 4000 cGy in 20 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

3. Site: 40 - 60 Gy Upper Neck

Portals: Left and Right lateral ISW, Left and Right posterior electron

Energy: 6 MV Photons, 8 MeV electrons

Dose: 2000 cGy in 10 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line and 9% isodose line.

4. Site: Lower Neck Up to 50 Gy

Portals: LAN and LAN electron

Energy: 6 MV Photon, 10 MeV electrons

Dose: 1000 cGy in 5 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line and 90% isodose line.

5. Site: 60 - 66 Gy

Portals: Right lateral and

Energy: 6 MV and 15 MV Photons

Dose: 600 cGy in 3 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

**TREATMENT COURSE :**

Mrs. Bina Biswas, a 48 year old lady, diagnosed as a case of Carcinoma Right lateral border Tongue, Post

Operative, pT3N1M0, completed planned course of Adjuvant Radiation therapy well without interruptions. She

required adaptive planning because of weight loss and mask getting loose and hence same was done after 20

fractions of radiation. She was advised 33 fractions, but due to financial constraints she could not complete the

last three fractions which was planned for the positive lymph nodal area with peri-nodal spread. The plan was

reviewed and it was found that the peri-nodal area had received a dose of 62 to 63 Gy. Hence it was decided to

stop radiation at 30 fractions, as she had also received concurrent chemotherapy.

Mrs Bina Biswas had grade II/III mucosal changes in the oral cavity, and grade I and II skin changes. The acute

changes were managed symptomatically and with support from pain and palliative care team.

**ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**

Follow up pattern:

1. Review after 1 and 2 weeks in RT OPD.

2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic for evaluation of Primary Disease, Neck

Nodes

3. Review every month in RT OPD for one year and then as advised.

Investigations:

1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4 - 6 weeks post RT

and then as advised by the Physician [CXR every 6 months].

2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.

Oral and Skin Care:

1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as

mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised.

2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with

towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as

per Doctors' advice.

3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing].

Specific:

1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of

liquid diet. Orally as tolerated.

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| WLE + bilateral SND + ALT free flap + tracheostomy under GA on 16/11/15 Under GA with endotracheal tube, patient placed in supine position with neck extension, painted and draped. Findings: Indurated lesion noted in the right side of dorsum of the tongue, crossing the midline into the left, just short of the left border, It measured roughly 4x3.5x3 cm in size. Pharyngeal tongue and floor of the mouth were free. On the right side a few enlarged nodes were seen in level II and II, on the left side a few enlarged nodes were seen in IB (prefacial region). However there were no frank signs of malignancy. Total glossectomy was performed per-orally with monopolar cautery, The extent of resection was 2 cm distal to pharyngeal tongue and inferiorly the incision was beveled to retain a small wedge of ventral tongue proximally. On the right, a wedge of floor of mouth was taken with mylohyoid muscle, whereas on the left floor of mouth was retained. Bilateral level I-IV selective neck dissection was performed, retaining the sternocleidomastoid, internal jugular vein and spinal accessory nerve. All nodal tissue was cleared in these levels. Hemostasis confirmed with valsalva maneouvre. Neck was closed in 2 layers - continuous suturing of platysma with 4-0 vicryl and skin with 4-0 nylon. Tracheostomy was performed through the second space. ALT flap recon on 16.11.15 under GA. 6x6 cm skin paddle left ALT flap harvested based on 2 perforators. flap thinning done. flap inset done perorally. anteriorly skin left loose with fat exposed. anastomosis to facial artery. one venae done to facial vein , another to EJV. hemostasis achieved. closure done. Re-exploration under GA on 20.11.15. Torrential bleeding from the tracheostomy. massive neck hematoma. incision opened. clots+++, evacuated. blow-out of the venae-EJV anstomosis. both ends clipped. the venae-IJV anastomosis was found to be filling. arterial anstomosis ? working. flap checked and found to be not bleeding. anteriorly, flap debrided. point bleeding observed. hence, posteriorly flap left in situ. hemostasis achieved. closure done. thorough tracheal suction done. |