**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 05/04/2013

**Received on :** 05/04/2013

**Reported Date :** 08/04/2013

**Clinical Impression :**

? Carcinoma tongue

**Gross Description :**

Received in formalin is an unlabelled specimen, consists of single grey brown tissue bits in aggregate measuring

1x0.4x0.4cm. Entire specimen submitted in one cassette.

(Dr.Surya/Rg/Sm)

**Microscopic Description :**

Section shows fragments of tissue lined by stratified squamous epithelium with a neoplasm showing feartures of

moderately fifferentiated squamous cell carcinoma.No necrosis seen. Occasional mitotis seen. No LVI/PNI seen.

**Impression :**

Tongue (left lateral border) biopsy:-

Moderately differentiated squamous cell carcinoma

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| **CT - Report** |

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| |  | | --- | | **Study Done:**  **CT NECK + CHEST - CONTRAST**    ***Clinical info: - Biopsy proven case of Ca right lateral border of tongue.***    Neck    There is 1.6 x 1.4cm enhancing soft tissue lesion adjacent to right lateral border of anterior tongue which is extending to mid line.    No evidence of adjacent bone erosion.    Few lymph nodes noted at IA bilateral IB, II, III and V largest measures 13 x 8mm at right level II.    Nasophargnx, osopharynx and Hypopharynx are normal.    Few small hypo echoic nodule in thyroid.    Chest    Normal mediastinal vascular structures.    The hila are normal.    The tracheobronchial tree is normal.    Normal lung parenchyma.    No pleural pathology.    Chest wall is normal. | |  | |
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| |  | | --- | | **Impression:**       **Enhancing soft tissue lesion in right lateral border of tongue as described.** | |

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| **RADIOLOGY REPORT** |

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| |  | | --- | | **CreatedDate:**  10/04/2013 | |  | |
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| |  | | --- | | **Study Done:**  **ULTRASOUND OF NECK**      Right lobe of thyroid measures 14 x 11 x 28mm.    Left lobe of thyroid measures 13 x 9 x 23mm.    Isthmus measures 3.9mm.    Both lobes of thyroid appears coarse in echotexture . Few subcentimetric hypodense lesion seen in both lobes of thyroid.  A hypoechoic lymph nodes in right level Ib measuring 1.2 x 0.8cm .    Few lymph nodes seen in right level II/ III with preserved fatty hilum , largest one measuring 1.3 x 0.8cm in right level III.    Neck vessels are normal. | |  | |
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| |  | | --- | | **Impression:**  **Case of carcinoma tongue.**          **Features suggestive of thyroiditis.**        **Few right sided cervical lymph nodes as described.** | |

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 02/05/2013

**Received on :** 02/05/2013

**Reported Date :** 07/05/2013

**Clinical Impression :**

Carcinoma right lateral border of tongue

**Gross Description :**

Received in formalin are 6 specimens. The I specimen labelled as "Right lateral border of tongue, stitch

anterior", consists of the same measures 5.5cm (Anteroposteriorly) 3cm (Superoinferiorly) & 2.5cm

(Mediolaterally). Grey white indurated lesion is seen along the (R) lateral border measuring 3cm (A-P) & 1.4cm

(S-I). It is 1.5cm from posterior mucosal margin, 1cm from anterior mucosal margin, 1 cm from inferior mucosal

margin and 1.5cm from superior mucosal margins. Specimen sliced serially from anterior to posterior into 14

slices and divided into superior and inferior halves. Lesion appears superficial. Entire specimen submitted

follows:

A1 - Anterior shaved margin

A2 - A7 - II to VII slices

A8 - Superior half of slice VIII

A9 - Inferior half of slice VIII

A10 - Superior half of slice IX

A11 - Inferior half of slice IX

A12 - Superior half of slice X

A13 - Inferior half of slice X

A14 - Superior half of slice XI

A15 - Inferior half of slice XI

A16 - A18 - Slices XII- XIV

Specimen II labelled as "Right level Ib", consists of salivary gland with attached fat tissue measuring 4x2.5x1cm.

2 lymphnodes identified. Largest measures 0.6cm in greater dimension. Representative sections are submitted in

B1 - B3 cassettes.

Specimen III labelled as "Right level IIa", consists of a nodular tissue measuring 2x1cm. 1 lymphnode identified

measures 0.9cm in greater dimension. Representative sections are submitted in one cassette C.

Specimen IV labelled as "Right level IIB", consists of multiple nodular tissue in aggregate measuring 3x2cm. 3

lymphnodes identified. Largest measures 1.5cm in greater dimension. Representative sections are submitted in

D1 - D2 cassettes.

Specimen V labelled as "Right level 3 & 4", consists of multiple fibrofatty tissue measuring 3x2.5cm. 4

lymphnodes identified. Largest measures 1cm in greater dimension. Representative sections are submitted in E1

- E2 cassettes.

Specimen VI labelled as "Level Ia", consists of single fibrofatty tissue measuring 3x2cm. 2 lymphnodes

identified. Largest measures 0.3cm in greater dimension. Representative sections are submitted in cassette F.

**Microscopic Description :**

A) Right lateral border of tongue:-

- Tumor type - Moderately differentiated squamous cell carcinoma

- Tumor size - 3x1.4cm

- Tumor involves sections A5 - A15 (Slices 5 to 11)

- Tumor depth - 4mm (Section A12)

- Lymphovascular emboli / perineural invasion - Absent

- Anterior, posterior, superior and deep margin - Free and well away

- Inferior (Ventral) mucosal margin - 4 mm free margin (Section A15) (Microinvasive focus seen near inferior

mucosal margin)

- Adjacent mucosa shows mild dysplsia

B) (R) level IB :- 2 reactive lymphnodes and unremarkable salivary gland

C) (R) level IIa :- 1 reactive lymphnode

D) (R) Level IIB :- 3 reactive lymphnodes

E) (R) level III and IV:- 4 reactive lymphnodes

F) Level Ia :- 2 reactive lymphnodes

**Impression :**

Right lateral border of tongue + (R) neck node :-

- Well differentiated squamous cell carcinoma

- Tumor size - 3x1.4cm

- Tumor depth - 4mm

- Closest margin is inferior (Ventral) margin which is 4 mm away.

- All other margins are free and well away

- 12 reactive lymphnodes seen

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| **Date of Admission :**29/04/2013 | **Date of Procedure :**30/04/2013 |

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| **Date of Discharge :**10/05/2013 |

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

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| **DIAGNOSIS :** |
| Carcinoma Right lateral border of Tongue. |

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| **PROCEDURE DONE :** |
| Wide Local Excision + Neck Dissection (1-4) + Lateral Arm flap + Tracheostomy on 30-04-2013 under GA. |

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| **HISTORY :** |
| 67 year old Mrs.Sarojam Gopinathan was presented here with complaints of a lesion in the right lateral border of tongue since few weeks with pain and no bleeding. Patient has had a biopsy elsewhere which was suggestive of hyperplasia with dysplasia with no evidence of malignancy. Came here for further management. |

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| **PAST HISTORY :** |
| DM HTN Hypothyroidism and dyslipidemia |

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| **CLINICAL EXAMINATION :** |
| On examination, 2 x 2 cm irregulaly shaped ulceroproliferative lesion noted on the right lateral border of tongue free from floor of mouth and mildly indurated. Neck - No nodes palpable |

**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** |
| 01/05/2013 | 10.9 | 32.4 | 180.0 | 8.97 | 89.7 | 5.14 | 0.04 | - |
| 02/05/2013 | 11.4 | 33.0 | 200.0 | 8.83 | 84.2 | 12.3 | 0.336 | - |
| 05/05/2013 | 11.6 | 33.4 | 255.0 | 6.4 | 65.8 | 21.4 | 1.32 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 30/04/2013 | - | - | 136.7 | 4.0 |
| 01/05/2013 | - | 0.87 | 132.8 | 3.8 |
| 05/05/2013 | - | - | 120.2 | 3.5 |
| 06/05/2013 | - | - | 125.7 | 3.6 |
| 08/05/2013 | - | - | 128.0 | 4.2 |

Date: 05/05/2013

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| RBC-COUNT-Blood : 3.95 M/uL | MCV-Blood : 84.5 fL |

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| MCH-Blood : 29.4 pg | MCHC-Blood : 34.8 g/dl |

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| RDW-Blood : 14.3 % | MPV-Blood : 6.17 fL |

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| MONO -Blood : 11.0 % | BASO-Blood : 0.554 % |

Date: 02/05/2013

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| RBC-COUNT-Blood : 3.86 M/uL | MCV-Blood : 85.6 fL |

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| MCH-Blood : 29.7 pg | MCHC-Blood : 34.6 g/dl |

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| RDW-Blood : 14.1 % | MPV-Blood : 8.66 fL |

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| MONO -Blood : 3.08 % | BASO-Blood : 0.081 % |

Date: 01/05/2013

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| RBC-COUNT-Blood : 3.74 M/uL | MCV-Blood : 86.5 fL |

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| MCH-Blood : 29.3 pg | MCHC-Blood : 33.8 g/dl |

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| RDW-Blood : 13.1 % | MPV-Blood : 8.56 fL |

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| MONO -Blood : 4.9 % | BASO-Blood : 0.2 % |

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| RBC-COUNT-Blood : 3.97 M/uL | MCV-Blood : 85.9 fL |

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| MCH-Blood : 29.1 pg | MCHC-Blood : 33.9 g/dl |

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| RDW-Blood : 14.3 % | MPV-Blood : 6.11 fL |

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| MONO -Blood : 6.18 % | BASO-Blood : 0.578 % |

Date: 30/04/2013

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| Glucose [F]-Plasma : 151.1 mg/dl |  |

Date: 29/04/2013

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| Compatibility test; cross match complete (3 tests) : Compatible |  |

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| Surgical Pathology ReportDepartment :Head And Neck Surgery And Oncology Ref By :Dr.Subramania Iyer Date of sample collection :05/04/2013 Received on :05/04/2013 Reported Date :08/04/2013 Clinical Impression : ? Carcinoma tongue Gross Description : Received in formalin is an unlabelled specimen, consists of single grey brown tissue bits in aggregate measuring 1x0.4x0.4cm. Entire specimen submitted in one cassette. (Dr.Surya/Rg/Sm) Microscopic Description : Section shows fragments of tissue lined by stratified squamous epithelium with a neoplasm showing feartures of moderately fifferentiated squamous cell carcinoma.No necrosis seen. Occasional mitotis seen. No LVI/PNI seen. Impression : Tongue (left lateral border) biopsy:- Moderately differentiated squamous cell carcinoma CT - Report CreatedDate:12/04/2013 Study Done: CT NECK + CHEST - CONTRAST Clinical info: - Biopsy proven case of Ca right lateral border of tongue. Neck There is 1.6 x 1.4cm enhancing soft tissue lesion adjacent to right lateral border of anterior tongue which is extending to mid line. No evidence of adjacent bone erosion. Few lymph nodes noted at IA bilateral IB, II, III and V largest measures 13 x 8mm at right level II. Nasophargnx, osopharynx and Hypopharynx are normal. Few small hypo echoic nodule in thyroid. Chest Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. Normal lung parenchyma. No pleural pathology. Chest wall is normal. Impression: Enhancing soft tissue lesion in right lateral border of tongue as described. Radiology Report ULTRASOUND OF NECK CreatedDate:10/04/2013 Study Done: Right lobe of thyroid measures 14 x 11 x 28mm. Left lobe of thyroid measures 13 x 9 x 23mm. Isthmus measures 3.9mm. Both lobes of thyroid appears coarse in echotexture . Few subcentimetric hypodense lesion seen in both lobes of thyroid. A hypoechoic lymph nodes in right level Ib measuring 1.2 x 0.8cm . Few lymph nodes seen in right level II/ III with preserved fatty hilum , largest one measuring 1.3 x 0.8cm in right level III. Neck vessels are normal. Impression: Case of carcinoma tongue. Features suggestive of thyroiditis. Few right sided cervical lymph nodes as described. Surgical Pathology Report Department :Head And Neck Surgery And Oncology Date of sample collection :02/05/2013 Received on :02/05/2013 Reported Date :07/05/2013 Clinical Impression : Carcinoma right lateral border of tongue Gross Description : Received in formalin are 6 specimens. The I specimen labelled as "Right lateral border of tongue, stitch anterior", consists of the same measures 5.5cm (Anteroposteriorly) 3cm (Superoinferiorly) & 2.5cm (Mediolaterally). Grey white indurated lesion is seen along the (R) lateral border measuring 3cm (A-P) & 1.4cm (S-I). It is 1.5cm from posterior mucosal margin, 1cm from anterior mucosal margin, 1 cm from inferior mucosal margin and 1.5cm from superior mucosal margins. Specimen sliced serially from anterior to posterior into 14 slices and divided into superior and inferior halves. Lesion appears superficial. Entire specimen submitted follows: A1 - Anterior shaved margin A2 - A7 - II to VII slices A8 - Superior half of slice VIII A9 - Inferior half of slice VIII A10 - Superior half of slice IX A11 - Inferior half of slice IX A12 - Superior half of slice X A13 - Inferior half of slice X A14 - Superior half of slice XI A15 - Inferior half of slice XI A16 - A18 - Slices XII- XIV Specimen II labelled as "Right level Ib", consists of salivary gland with attached fat tissue measuring 4x2.5x1cm. 2 lymphnodes identified. Largest measures 0.6cm in greater dimension. Representative sections are submitted in B1 - B3 cassettes. Specimen III labelled as "Right level IIa", consists of a nodular tissue measuring 2x1cm. 1 lymphnode identified measures 0.9cm in greater dimension. Representative sections are submitted in one cassette C. Specimen IV labelled as "Right level IIB", consists of multiple nodular tissue in aggregate measuring 3x2cm. 3 lymphnodes identified. Largest measures 1.5cm in greater dimension. Representative sections are submitted in D1 - D2 cassettes. Specimen V labelled as "Right level 3 & 4", consists of multiple fibrofatty tissue measuring 3x2.5cm. 4 lymphnodes identified. Largest measures 1cm in greater dimension. Representative sections are submitted in E1 - E2 cassettes. Specimen VI labelled as "Level Ia", consists of single fibrofatty tissue measuring 3x2cm. 2 lymphnodes identified. Largest measures 0.3cm in greater dimension. Representative sections are submitted in cassette F. (Dr.Sajna/sh) Microscopic Description : A) Right lateral border of tongue:- - Tumor type - Moderately differentiated squamous cell carcinoma - Tumor size - 3x1.4cm - Tumor involves sections A5 - A15 (Slices 5 to 11) - Tumor depth - 4mm (Section A12) - Lymphovascular emboli / perineural invasion - Absent - Anterior, posterior, superior and deep margin - Free and well away - Inferior (Ventral) mucosal margin - 4 mm free margin (Section A15) (Microinvasive focus seen near inferior mucosal margin) - Adjacent mucosa shows mild dysplsia B) (R) level IB :- 2 reactive lymphnodes and unremarkable salivary gland C) (R) level IIa :- 1 reactive lymphnode D) (R) Level IIB :- 3 reactive lymphnodes E) (R) level III and IV:- 4 reactive lymphnodes F) Level Ia :- 2 reactive lymphnodes Impression : Right lateral border of tongue + (R) neck node :- - Well differentiated squamous cell carcinoma - Tumor size - 3x1.4cm - Tumor depth - 4mm - Closest margin is inferior (Ventral) margin which is 4 mm away. - All other margins are free and well away - 12 reactive lymphnodes seen |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was evaluated. Biopsy done (05/04/2013) reported as Moderately differentiated squamous cell carcinoma. CT done(12/04/2013) showed as enhancing soft tissue lesion in right lateral border of tongue as described. USG of Neck done on 10/04/2013 revealed as case of carcinoma tongue,Features suggestive of thyroiditis.Few right sided cervical lymph nodes as described. Her case was discussed in Head and tumour board and planned for surgery. She was admitted. After all preliminary investigation and evaluation she was taken up for surgery. She underwent WLE + Neck Dissection (1-4) + Lateral Arm flap + Tracheostomy on 30-04-2013 under GA. Post operative period was uneventful. On the ninth post operative day she was started on taking orally. Ryles tube removed on 09-05-2013. Condition at discharge:Vitals stable,Afebrile,all sutures removed,Taking orally. |

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| **OPERATIVE FINDINGS :** |
| Diagnosis: Ca Right lateral border of tongue Surgery: WLE + Neck Dissection (1-4) + Lateral Arm flap + Tracheostomy Findings: A 3 x 2 cm tumor on the right lateral border of tongue Few enlarged LN in right neck in level 1 and 2 Procedure: A 1 cm margin marked all around the tumor borders and excised with cautery. Right neck dissection done levels 1-4 by a horizontal incision(Crile's) Left lateral arm flap harvested on the profunda brachi artery and donor site closed primarily over a suction drain. Flap inset into the tongue after anastomosing its vessels with right superior thyroid vessels in the neck. Hemostasis secured and wound closed over a suction and glove drain. Tracheostomy done |

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

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1X7 days Tab. dolo 650 mg sos for pain Continue own medications. |

**Progress Notes**

**Date : 10/04/2013**

**ProgressNotes :**

Tongue (left lateral border) - Moderately differentiated squamous cell carcinoma

Seen by Dr. SI: Plan for WLE + ND + Soft Tissue flap under GA.

Endocrine opinion for DM and Thyroiditis.

MDCT Head & Neck + chest.

PAC investigationa and PAC consult.

Diagnosis: Ca Right lateral border of tongue Surgery: WLE + Neck Dissection (1-4) + Lateral Arm flap + Tracheostomy Findings: A 3 x 2 cm tumor on the right lateral border of tongue Few enlarged LN in right neck in level 1 and 2 Procedure: A 1 cm margin marked all around the tumor borders and excised with cautery. Right neck dissection done levels 1-4 by a horizontal incision(Crile's) Left lateral arm flap harvested on the profunda brachi artery and donor site closed primarily over a suction drain. Flap inset into the tongue after anastomosing its vessels with right superior thyroid vessels in the neck. Hemostasis secured and wound closed over a suction and glove drain. Tracheostomy done