**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 01/11/2019

**Received on :** 01/11/2019

**Reported Date :** 06/11/2019

**Clinical Impression :**

Carcinoma left lateral border tongue

**Gross Description :**

Received in formalin are 9 specimens.

The Ist specimen labelled "WLE left lateral border of tongue tagged short superior & long anterior"consists of a

portion of tongue measuring 3.5x3.5x2cm. A grey brown lesion is noted on the mucosal surface of the tongue

measuring 2x1x0.6cm. Depth of the lesion 0.6cm. It is 1.1cm from the superior mucosal and soft tissue margin,

0.4cm from the inferior mucosal and soft tissue margin, 0.9cm from the anterior margin and soft tissue margin,

1.5cm from posterior mucosal and soft tissue margin and 0.7 cm from the deep inked margin. Representative

sections are submitted as follows:

A1 - Lesion with superior mucosal and soft tissue margin (radial)

A2 - Lesion with inferior mucosal and soft tissue margin (Radial)

A3 & A4- Lesion with anterior mucosal and soft tissue margin radial

A5- Posterior margin and soft tissue (shaved)

A6- Tumour with maximum depth and deep inked margin

A7 -Tumour proper

Specimen II labelled"level IA" consists of multiple fibrofatty measuring 2.5X2X0.9cm. 4 lymph nodes

identified ,largest measuring 0.6cms and Smallest measuring 0.6cm in greatest dimension.Representative

sections are submitted in cassettes B1 to B4.

Specimen III labelled"level IB" consists of multiple fibrofatty measuring 3x2.5x1cm. Composed of 2 lymph

nodes,largest measuring 1.1x1x0.5cm. Smallest measuring 0.6cm in greatest dimension.Representative sections

are submitted in cassettes C1 to C3.

Specimen IV labelled"Level IIA"consists of a fibrofatty tissue measuring 2.3x1.6x0.5cm.One lymph node

identified one lymph node measuring 2x1.1x0.5cm. Entire specimen submitted in casettes D1 to D3.

Specimen V labelled "Level III"consists of a fibrofatty tissue measuring 4x1.3x0.5cm.3 lymph nodes

identified.largest measuring 0.7x0.5x0.2cm. Smallest measuring 0.5cm in greatest dimension. Entire specimen

submitted in cassettes E1 to E4.

Specimen VI labelled "Level IV"consists of a fibrofatty tissue measuring 3x1.5x0.4cm. 2 lymph nodes

identified one measuring 0.6x0.5x0.5cm.Other measuring 0.5cm. Entire specimen submitted in cassettes F1to

F4.

Specimen VII labelled"level IIB "consists of 3 lymph nodes, largest 1cm in greatest dimension.Smallest

measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes G1 to G3.

Specimen VIII labelled "Additional posterior mucosal margin " consists of single grey brown tissue bit

measuring 0.4x0.4x0.3cm.Entire specimen submitted in cassette H.

Specimen IX labelled "Inferior mucosal margin"consists of single grey brown tissue bit measuring

0.3x0.3x0.3cm. Entire specimen submitted in cassette J.

**Microscopic Description :**

A.Sections from tongue shows an infiltrative neoplasm arising from the epithelium with cells arranged in large

nests, small islands and in cords /single cell pattern.Cells have abundant eosinophilic granular cytoplasm, round

nucleus with fine chromatin,prominent nucleoli.Individual cell keratinization and keratin pearl formation noted.

Dense patchy lymphoid infiltrate is seen at the tumour interface.Tumour cells are seen infiltrating into the

muscle fibres. Adjacent mucosa shows moderate to severe dysplasia (superior margin -A1) and ulceration of the

epithelium. No evidence of lymphovascular invasion /PNI.All margins are free of tumour closest being inferior

which is 0.4cm away.

B.Level IA -Section shows 5 reactive lymph nodes

C. Level IB - Section shows 3 reactive lymph nodes and salivary gland tissue free of tumour

D. Level IA-Section show 7 lymph nodes -free of tumour

E. Level III-Section show 10 lymph nodes free of tumour

F. Level IV -Section show 3 lymph nodes- free of tumour

G. Level II B -Section shows 6 lymph nodes - free of tumour. Adjacent tissue is showing fat necrosis.

H. Additional posterior mucosal margin-free of tumour/dysplasia.

J. Additional inferior mucosal margin - free of tumour/dysplasia.

**Impression :**

WLE left lateral border tongue + left level IA, IB IIA, IIb, IIIA,IV lymph nodes +additional posterior and

inferior mucosal margin :

- Well differentiated squamous cell carcinoma of tongue

- Tumour size- 2x1x0.6cm.

- Depth of invasion -0.6cm

- Worst pattern of invasion - Pattern 4

- Lymphocytic infiltrate at interface - score 1

- PNI /LVE -absent

- Risk group - intermediate

- All mucosal and soft tissue margins are free of tumour closest being inferior which 0.4cm away. Additional

posterior and inferior margins are free of tumor. Moderate to severe dysplasia is seen 0.4cm away from superior

mucosal margin .

- LN - 34 lymph nodes - free of tumour

AJCC stage pT2N0

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| **Date of Admission :**30/10/2019 | **Date of Procedure :**31/10/2019 |

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| **Date of Discharge :**07/11/2019 |

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

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| **DIAGNOSIS :** |
| Left Carcinoma Tongue |

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| **PROCEDURE DONE :** |
| WLE + Left SND under GA on 31.10.2019 |

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| **HISTORY :** |
| 46 year old male, referred by Dr Ravi (Dental Dept) 46/F, hailing from Chennamangalam referred from Kodungallur Govt hospital came with complaints of pain on tongue.Noticed white patch on tongue 5 yrs back, no pain at that time. Later he developed pain, red patches , difficulty in swallowing, difficulty in speech Consulted Thrissur govt hospital, diagnosed as cancer, ref to Trivandrum govt hospital there they done, a pre- cancerous lesion, advised conservative management. Later they consulted ENT, Ernakulam govt hospital and taken ayurvedic medication When pain increased, consulted Kodungallur Taluk hospital, referred to AIMS. |

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| **MEDICINE ON ADMISSION :** |
| Thyroxine 12.5mcg. |

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| **PAST HISTORY :** |
| Hypothyroidism on Thyroxine 12.5mcg No h/o type 2 diabetes, hypertension,bronchial asthma, seizure Allergic rhinitis |

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| **PERSONAL HISTORY :** |
| Normal bowel and bladder habits. Sleep - normal. |

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| **CLINICAL EXAMINATION :** |
| On Examination: General condition fair. Vitals stable. O/E: Mouth opening- less than 2 fingers OSMF + Dental hygiene poor with stained teeth Left Lateral border of tongue 3 X 2.5 cm UP lesion with induration present gingival margin is free 2 cm from TLS 2 cm from tip Tenderness + No palpable neck nodes |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| 46 year old female presented with above mentioned complaints. Relevant investigations were done. She underwent Procedure WLE + Left SND under GA on 31.10.2019. Post operative period was uneventful with no major issues. Neck drain was removed on POD 3. At the time of discharge, patient is stable, afebrile and is being discharged with RT insitu. |

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| **OPERATIVE FINDINGS :** |
| Diagnosis- Left Carcinoma Tongue Procedure WLE + Left SND under GA on 31.10.2019 Patient under GA betadine wash given. 2.5x2cm ulcerative lesion involving the left lateral border tongue with ~0.5cm induration. FOM/BOT/tip of the tongue free from growth . Taking adequate margins wide local excision done. Hemostasis achieved. Wound was left as such for secondary healing. Horizontal skin crease incision given over the neck. Subplatysmal flaps elevated. Fibrofatty tissue cleared from levels 1-4. Spinal accessory nerve, IJV and sternomastoid muscle preserved. Hemostasis achieved. Romovac suction drain no 14 placed in situ. Wound closed in layers. Patient shifted to 1-1 ICU for observation. |

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| **ADVICE ON DISCHARGE :** |
| Keep the wound area clean and dry. Maintain oral hygiene. |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of bleeding/pus discharge, infection or high grade fever. |

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| **DIET RECOMMENDATIONS :** |
| Normal diet. |

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| **PHYSICAL ACTIVITY :** |
| As tolerated. |

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab.Ciplox 500mg 1-0-1 x 3 days Tab.Pan 40mg 1-0-0 x 5days. Tab.Dolo 650mg 0-1-0-1 x 5days. Tab Tramadol 50mg 1-0-1-0 x 5 days Tab. Emeset4mg 1-0-1-0 x 5 days Tab.Thyronorm 12.5mcg 1-0-0 x to cont. Chlorhexidine mouth wash 1-1-1-1 (after every meals) |

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| **HEAD AND NECK - TUMOUR BOARD** |

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|  | **TB Date:**  18/09/2019 |
| **Diagnosis date:**  31/08/2019 | **Tumour Type:** Primary |

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| |  | | --- | | **Presenting Complaints: Ulcer** | |  | | **Descriptive History and Examination:**  C/O pain on tongue P+ reformed Noticed white patch on tongue 5 yrs back, no pain at that time Later developed pain, red patches , difficulty in swallowing, difficulty in speech | |  | | | |
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| |  | | --- | |  | |  | | **Comments:**  M/H- Hypothyroidism (under medication since 8yrs- Thyroxine 25mcg)   |  |  | | --- | --- | |  | **Others:**  O/E: Mouth opening- less than 2 fingers OSMF + dental hygiene poor with stained teeth Left Lateral border of tongue 3 X 2.5 cm UP lesion with induration present gingival margin is free 2 cm from TLS 2 cm from tip tenderness + no palpable neck nodes | |  |  | | | | |

**Primary:**

WELL DIFFERENTIATED SQUAMOUS CELL CARCINOMA

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| **Descriptive Plan:**  MRI head and Neck awaited Planned for WLE + i/l SND + STF PATIENT SERVICES 25/9/2091 patient services has been cleared admission after 27th sept to do above investigations once admitted |  |
| **Progress Notes**  **Date : 12/09/2019**  **ProgressNotes :**  C/O pain on tongue  P+ reformed  Noticed white patch on tongue 5 yrs back, no pain at that time  Later developed pain, red patches , difficulty in swallowing, difficulty in speech  M/H- Hypothyroidism (under medication since 8yrs- Thyroxine 25mcg)  O/E:  Mouth opening- less than 2 fingers  OSMF +  dental hygiene poor with stained teeth  Left Lateral border of tongue 3 X 2.5 cm UP lesion with induration present  gingival margin is free  2 cm from TLS  2 cm from tip  tenderness +  no palpable neck nodes  Incisional biopsy done on 29/8/19 along with 37, 38 extractions  Report- well differentiated SCC  **Operative Notes**  **Date : 01/11/2019**  **ProgressNotes :**  Diagnosis- Ca Tongue  Procedure WLE + Left SND under GA on 31.10.2019  Findings : Left Level II two nodes 1cm X 1cm and 1.5cm X 2cm. ,  Patient under GA  betadine wash given.  2.5x2cm ulcerative lesion involving the right lateral border tongue with ~0.5cm induration. FOM/BOT/tip of  the tongue free from growth .  Taking adequate margins wide local excision done.  Hemostasis acheived.  Wound was left as such for secondary healing.  Left SND I-IV  A horizontal neck crease incision taken , subplatysmal flaps raised anterior and posterior border of SCM  delineated , Left SND I- IV completed , SCM . SAN and IJV preserved .  Hemostasis achieved . RVD secured  **Date : 15/01/2020**  **ProgressNotes :**  Left Carcinoma Tongue  s/p WLE + Left SND under GA on 31.10.2019  AJCC stage pT2N0  Planned for close observation  o/e: whitish patch rt side of tongue  Sharp tooth +  adv: Physiotherapy.  Dental Cx.  if perssiting may need excsion under LA in theatre |  |