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| **CT - Report** |

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| |  | | --- | | **Study Done:**  **MDCT NECK - CONTRAST**    Ill defined enhancing mass lesion noted along the right lateral margin of tongue measuring approximately 2 x 0.7 cm.    No evidence of adjacent bone erosion.    Left IA, bilateral IB largest in the left measuring 9 x9 mm, bilateral level II, level III, left level IV, level V, supra clavicular largest in the left measuring 0.8 x 1.3 cm.    Carotid and jugular neck vessels appears patent.    Visualized lung fields appears normal.    Brain neuroparenchyma does not show any focal lesion.    Ventricles are normal sized.    Brainstem and cerebellum appears normal.    No evidence of abnormal enhancement. | |  | |
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| |  | | --- | | **Impression:**       **Ill defined enhancing mass lesion along the right lateral margin of tongue.**       **Cervical lymphnodes as described.** | |

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| **SURGICAL PATHOLOGY REPORT** |

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| |  | | --- | | **Microscopic Description :**  The section shows tissue lined by stratified squamous epithelium showing moderate to severe dysplasia and foci of invasion into stroma & the skeletal muscle fibres.. Stroma shows lymphocytes, neutrophils, scanty eosinophils & scattered foreign body giant cells. Keratin pearl formation noted. | |  | |
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**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 09/07/2013

**Received on :** 09/07/2013

**Reported Date :** 12/07/2013

**Gross Description :**

Received in fresh is a specimen labelled as "Left prefacial node", consists of reddish yellow nodular tissue

measures 1.6x0.8x0.5cm containing a lymph node measures 1x0.7x0.5cm.

Frozen read as : No malignancy seen

Received in formalin are 8 specimens. The I specimen labelled as "WLE Main specimen oriented with suture",

consists of hemiglossectomy specimen (Right side of tongue). Raw surface inked, whole measures 5.6cm (AP),

3.5cm (SI), 3cm (ML). Mucosa shows an ulcero erosive lesion involving lateral to inferior mucosa, lesion

measures 3.5x2.5cm. Distance of lesion from anterior mucosal margin is 0.5cm, from posterior surgical mucosal

margin is 1.5cm, 0.5 cm from the inferior mucosal margin, from superior mucosal margin 1.1cm.

Below the ulcero erosive lesion,there is a grey white firm area which is going up to the depth of 0.5cm. Distance

of this grey white area is 1.2cm from the deep resection margin. Representative sections are submitted as

follows:

A1 - Anterior mucosal and soft tissue margin

A2 - Posterior mucosal and soft tissue margin

A3 - Superior mucosal and soft tissue margin

A4 - Inferior mucosal and soft tissue margin

A5 - A8 - Lesion with deep inked resected margin

Specimen II labelled as "Additional inferior mucosal margin", consists of single mucosa covered elongated tissue

measures 2.6x0.7x0.5cm. Entire specimen submitted in cassette B.

Specimen III labelled as "Level Ia", consists of single fibrofatty tissue measures 4.1x2.6x0.7cm. 3 lymphnodes

identified, largest measures 0.7cm in greater dimension. Representative sections are submitted in cassette C.

Specimen IV labelled as "Right level Ib", consists of single fibrofatty tissue measures 5cm in greater dimension.

On serial section 4 lymphnodes identified largest measures 0.8cm in greater dimension and normal salivary

tissue is also identified. Representative sections are submitted in D1 - D2 cassettes.

Specimen V labelled as "Right level IIa", consists of single nodular fibrofatty tissue measures 3.3cm in greater

dimension. On serial section 7 lymphnodes identified, largest measures 1cm in greater dimension. Representative

sections are submitted in E1 - E2 cassettes.

Specimen VI labelled as "Right level IIB", consists of single nodular fibrofatty tissue measures 3.3cm in greater

dimension. On serial section 9 lymphnodes identified, largest measures 1cm in greater dimension.

Representative sections are submitted in F1-F3 cassettes.

Specimen VII labelled as "Right level III", consists of single fibrofatty tissue measures 2.5x0.8x0.5cm. Entire

specimen submitted in one cassette G.

Specimen VIII labelled as "Right level IX", consists if single nodular fibrofatty tissue measures 2.5x2.3x0.5cm.

Representative sections are submitted in H1 - H2 cassettes.

**Microscopic Description :**

A) Sections show from lined by stratified squamous epithelium with focal ulcertion and an infiltrating neoplasm

arising from it ,arranged in lobules, nests and diffuse sheet pattern. Neoplastic cells shows moderate amount of

eosinophilic cytoplasm with distinct cell borders,pleomorphic nuclei with conspicuous nucleoli.Keratin pearls

noted. Focally intercellular bridging seen. Dense infiltration of lymphocytes, plasma cells, neutrophils seen.

Tumour front is infiltrating.The tumour cells are seen between muscle fibres. No necrosis / lymphovascular

invasion / perineural invasion seen.Tumour depth is 3mm.

Anterior mucosal and soft tissue margin is free.

Posterior mucosal amd soft tissue margin is free

Superior mucosal and soft tissue margin is free

Inferior mucosal and soft tissue margin is free

Deep (inked) soft tissue margin is free and is 7mm from the tumour.

B) Additional inferior mucosal margin is free from tumor

C) Level Ia (R) shows 2 reactive lymphnodes .

D) Right level Ib shows 1 reactive lymphnode with benign salivary gland tissue

E) Right level IIa show 10 reactive nodes,2 of them show non caseating granulomas,special stains -No micro

organisms seen.

F) Right level IIb show 11 reactive nodes,one show granuloma.

G) Right level III , 1 reactive lymphnode seen.

H) Right level IV ,3 reactive lymphnodes

**Impression :**

WLE Tongue (Right side of tongue) + Lymphnode + Inferior additional margin:-

Moderately differentiated squamous cell carcinoma

No lymphovascular invasion / perineural invasion seen.

Tumour measures 3.5x2.5cm.

Tumour depth/thickness is 3mm.

All margins are free of tumour:anterior and inferior mucosal margins 0.5cm away,

posterior surgical mucosal margin is 1.5cm,

superior mucosal margin 1.1cm.

Deep (inked) soft tissue margin is free and is 7mm from the tumour.

Inferior additional margin is free.

28 reactive nodes seen,2 showing noncaseating granulomas.

pT2N0MX

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| **Date of Admission :**08/07/2013 | **Date of Procedure :**09/07/2013 |

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| **Date of Discharge :**19/07/2013 |

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

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| **DIAGNOSIS :** |
| Carcinoma Right Tongue cT2N0M0 |

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| **PROCEDURE DONE :** |
| Wide excision + Right Neck Dissection (I-IV) + Radial Forearm Free Flap + Tracheostomy on 9-07-2013 under GA |

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| **HISTORY :** |
| 34 year old male Mr. Tapas Halder presented to Head and Neck OPD with complaints of ulcer in tongue since two months back.Not associated with pain, bleeding. Biopsy done from outside reported as moderately differentiated squamous cell carcinoma. Came here for further management. |

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| **CLINICAL EXAMINATION :** |
| O/E Oral cavity-tobacco staining over tooth. Mouth opening adequate. Indurated ulcer seen on left lateral border of tongue starting 5 cm from tip and extending posteriorlu upto glosso tonsillar sulcus.Medially not crossing midline. Inferiorly not involving FOM. Movement of tongue not restricted. Laryngoscopy-NAD 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** |
| 09/07/2013 | 12.5 | 37.3 | 152.0 | 8.77 | 90.0 | 6.75 | 0.099 | - |
| 11/07/2013 | 11.8 | 34.4 | 157.0 | 9.05 | 78.3 | 12.8 | 0.08 | - |
| 12/07/2013 | 11.6 | 33.3 | 157.0 | 7.24 | 70.4 | 20.9 | 0.432 | - |
| 15/07/2013 | 11.1 | 33.0 | 244.0 | 8.36 | 72.1 | 18.7 | 2.49 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 09/07/2013 | - | - | 137.9 | 3.5 |
| 11/07/2013 | - | - | 135.3 | 3.5 |
| 12/07/2013 | - | - | 133.1 | 4.1 |
| 14/07/2013 | - | - | 135.9 | - |
| 15/07/2013 | - | - | 132.0 | 4.8 |

Date: 15/07/2013

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| RBC-COUNT-Blood : 3.33 M/uL | MCV-Blood : 93.6 fL |

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| MCH-Blood : 33.4 pg | MCHC-Blood : 35.7 g/dl |

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| RDW-Blood : 11.5 % | MPV-Blood : 15.3 fL |

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| MONO -Blood : 5.88 % | BASO-Blood : 0.84 % |

Date: 12/07/2013

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| RBC-COUNT-Blood : 3.57 M/uL | MCV-Blood : 93.2 fL |

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| MCH-Blood : 32.4 pg | MCHC-Blood : 34.7 g/dl |

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| RDW-Blood : 11.3 % | MPV-Blood : . fL |

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| MONO -Blood : 7.66 % | BASO-Blood : 0.673 % |

Date: 11/07/2013

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| RBC-COUNT-Blood : 3.64 M/uL | MCV-Blood : 94.6 fL |

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| MCH-Blood : 32.3 pg | MCHC-Blood : 34.2 g/dl |

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| RDW-Blood : 15.2 % | MPV-Blood : 11.8 fL |

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| MONO -Blood : 8.45 % | BASO-Blood : 0.402 % |

Date: 10/07/2013

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

Date: 09/07/2013

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| RBC-COUNT-Blood : 3.93 M/uL | MCV-Blood : 95.0 fL |

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| MCH-Blood : 31.7 pg | MCHC-Blood : 33.4 g/dl |

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| RDW-Blood : 15.0 % | MPV-Blood : . fL |

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| MONO -Blood : 3.0 % | BASO-Blood : 0.156 % |

Date: 08/07/2013

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

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| Date:06/07/2013 MDCT NECK - CONTRAST Ill defined enhancing mass lesion noted along the right lateral margin of tongue measuring approximately 2 x 0.7 cm. No evidence of adjacent bone erosion. Left IA, bilateral IB largest in the left measuring 9 x9 mm, bilateral level II, level III, left level IV, level V, supra clavicular largest in the left measuring 0.8 x 1.3 cm. Carotid and jugular neck vessels appears patent. Visualized lung fields appears normal. Brain neuroparenchyma does not show any focal lesion. Ventricles are normal sized. Brainstem and cerebellum appears normal. No evidence of abnormal enhancement. Impression: Ill defined enhancing mass lesion along the right lateral margin of tongue. Cervical lymphnodes as described. Surgical Pathology Report Received on :06/07/2013 Reported Date :08/07/2013 Histology Lab No :S13- 7620 Clinical Impression : Case of Ca. tongue Gross Description : Received for review is one slide only labelled "11654/13". Microscopic Description : The section shows tissue lined by stratified squamous epithelium showing moderate to severe dysplasia and foci of invasion into stroma & the skeletal muscle fibres.. Stroma shows lymphocytes, neutrophils, scanty eosinophils & scattered foreign body giant cells. Keratin pearl formation noted. Impression : Slide review labelled 11654/13 - Moderately differentiated Squamous cell carcinoma, Tongue. Surgical Pathology Report Received on :09/07/2013 Reported Date :12/07/2013 Histology Lab No :S13-7682 Gross Description : Received in fresh is a specimen labelled as "Left prefacial node", consists of reddish yellow nodular tissue measures 1.6x0.8x0.5cm containing a lymph node measures 1x0.7x0.5cm. Frozen read as : No malignancy seen Received in formalin are 8 specimens. The I specimen labelled as "WLE Main specimen oriented with suture", consists of hemiglossectomy specimen (Right side of tongue). Raw surface inked, whole measures 5.6cm (AP), 3.5cm (SI), 3cm (ML). Mucosa shows an ulcero erosive lesion involving lateral to inferior mucosa, lesion measures 3.5x2.5cm. Distance of lesion from anterior mucosal margin is 0.5cm, from posterior surgical mucosal margin is 1.5cm, 0.5 cm from the inferior mucosal margin, from superior mucosal margin 1.1cm. Below the ulcero erosive lesion,there is a grey white firm area which is going up to the depth of 0.5cm. Distance of this grey white area is 1.2cm from the deep resection margin. Representative sections are submitted as follows: A1 - Anterior mucosal and soft tissue margin A2 - Posterior mucosal and soft tissue margin A3 - Superior mucosal and soft tissue margin A4 - Inferior mucosal and soft tissue margin A5 - A8 - Lesion with deep inked resected margin Specimen II labelled as "Additional inferior mucosal margin", consists of single mucosa covered elongated tissue measures 2.6x0.7x0.5cm. Entire specimen submitted in cassette B. Specimen III labelled as "Level Ia", consists of single fibrofatty tissue measures 4.1x2.6x0.7cm. 3 lymphnodes identified, largest measures 0.7cm in greater dimension. Representative sections are submitted in cassette C. Specimen IV labelled as "Right level Ib", consists of single fibrofatty tissue measures 5cm in greater dimension. On serial section 4 lymphnodes identified largest measures 0.8cm in greater dimension and normal salivary tissue is also identified. Representative sections are submitted in D1 - D2 cassettes. Specimen V labelled as "Right level IIa", consists of single nodular fibrofatty tissue measures 3.3cm in greater dimension. On serial section 7 lymphnodes identified, largest measures 1cm in greater dimension. Representative sections are submitted in E1 - E2 cassettes. Specimen VI labelled as "Right level IIB", consists of single nodular fibrofatty tissue measures 3.3cm in greater dimension. On serial section 9 lymphnodes identified, largest measures 1cm in greater dimension. Representative sections are submitted in F1-F3 cassettes. Specimen VII labelled as "Right level III", consists of single fibrofatty tissue measures 2.5x0.8x0.5cm. Entire specimen submitted in one cassette G. Specimen VIII labelled as "Right level IX", consists if single nodular fibrofatty tissue measures 2.5x2.3x0.5cm. Representative sections are submitted in H1 - H2 cassettes. (Dr.Sudheer/sh) Microscopic Description : A) Sections show from lined by stratified squamous epithelium with focal ulcertion and an infiltrating neoplasm arising from it ,arranged in lobules, nests and diffuse sheet pattern. Neoplastic cells shows moderate amount of eosinophilic cytoplasm with distinct cell borders,pleomorphic nuclei with conspicuous nucleoli.Keratin pearls noted. Focally intercellular bridging seen. Dense infiltration of lymphocytes, plasma cells, neutrophils seen. Tumour front is infiltrating.The tumour cells are seen between muscle fibres. No necrosis / lymphovascular invasion / perineural invasion seen.Tumour depth is 3mm. Anterior mucosal and soft tissue margin is free. Posterior mucosal amd soft tissue margin is free Superior mucosal and soft tissue margin is free Inferior mucosal and soft tissue margin is free Deep (inked) soft tissue margin is free and is 7mm from the tumour. B) Additional inferior mucosal margin is free from tumor C) Level Ia (R) shows 2 reactive lymphnodes . D) Right level Ib shows 1 reactive lymphnode with benign salivary gland tissue E) Right level IIa show 10 reactive nodes,2 of them show non caseating granulomas,special stains -No micro organisms seen. F) Right level IIb show 11 reactive nodes,one show granuloma. G) Right level III , 1 reactive lymphnode seen. H) Right level IV ,3 reactive lymphnodes Impression : WLE Tongue (Right side of tongue) + Lymphnode + Inferior additional margin:- Moderately differentiated squamous cell carcinoma No lymphovascular invasion / perineural invasion seen. Tumour measures 3.5x2.5cm. Tumour depth/thickness is 3mm. All margins are free of tumour:anterior and inferior mucosal margins 0.5cm away, posterior surgical mucosal margin is 1.5cm, superior mucosal margin 1.1cm. Deep (inked) soft tissue margin is free and is 7mm from the tumour. Inferior additional margin is free. 28 reactive nodes seen,2 showing noncaseating granulomas. pT2N0MX |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. MDCT Neck with contrast was done on 6-07-2013, which showed Ill defined enhancing mass lesion noted along the right lateral margin of tongue measuring approximately 2 x 0.7 cm. No evidence of adjacent bone erosion.Left IA, bilateral IB largest in the left measuring 9 x9 mm, bilateral level II, level III, left level IV, level V, supra clavicular largest in the left measuring 0.8 x 1.3 cm. Slide review done at AIMS showed Moderately differentiated Squamous cell carcinoma, Tongue. His case was discussed in Head and Neck tumour board and planned for surgery. He underwent Wide excision + Right Neck Dissection (I-IV) + Radial Forearm Free Flap + Tracheostomy on 9-07-2013 under GA. Postoperative period was uneventful. Tracheostomy tube was decannulated on the fifth postoperative day. He was started orally on the sixth postoperative day and Ryles removed on Seventh postoperative day (16-07-2013). His case was discussed in Head and Neck tumour board based on the pathology report he is recommended close observation. Pulmonology consultation sought in view of 2 showing noncaseating granulomas and advised Mantaux test, CBC, Chest X-ray, Sputum AFB, Quanti TB Gold test and to review in Pulmonology OPD with reports. Condition at discharge: Stable, afebrile, taking orally, sutures removed. |

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| **OPERATIVE FINDINGS :** |
| Operative notes: Surgery: Wide excision + right neck dissection (I-IV) + Radial forearm free flap + Tracheostomy. Indication : Carcinoma Right Tongue. Procedure: Under aseptic precaution, pt painted and drapped. E/o lesion of 4 x 2 cms involving the rt lateral border of tongue with surrounding induration. 1 cms wide margin marked, excision done with haemostasis secured including the mucosa over the rt anterior pillar area. Additional inferior mucosal margin taken. Right side selective level I-IV neck dissection done preserving the sternocleidomastoid, spinal accessory nerve and internal jugular vein. Frozen sent from left perifacial node read as negative for malignancy. Radial artery forearm flap raised from the left side. Flap insetting done to the donor side defect which measured 8 x 6 cm. Anastomosis done to facial artery and rt common facial vein. Hemostasis achieved. Negative suction drain kept. Wound closed in layers. Forearm defect covered with SSG taken from left thigh. Wound closed in layers after keeping negative suction drain. |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 3 days Tab. Dolo 650 mg SOS for pain Hexidine mouth gargles fourth hourly   |  | | --- | | **OPERATIVE FINDINGS :** | | Operative notes: Surgery: Wide excision + right neck dissection (I-IV) + Radial forearm free flap + Tracheostomy. Indication : Carcinoma Right Tongue. Procedure: Under aseptic precaution, pt painted and drapped. E/o lesion of 4 x 2 cms involving the rt lateral border of tongue with surrounding induration. 1 cms wide margin marked, excision done with haemostasis secured including the mucosa over the rt anterior pillar area. Additional inferior mucosal margin taken. Right side selective level I-IV neck dissection done preserving the sternocleidomastoid, spinal accessory nerve and internal jugular vein. Frozen sent from left perifacial node read as negative for malignancy. Radial artery forearm flap raised from the left side. Flap insetting done to the donor side defect which measured 8 x 6 cm. Anastomosis done to facial artery and rt common facial vein. Hemostasis achieved. Negative suction drain kept. Wound closed in layers. Forearm defect covered with SSG taken from left thigh. Wound closed in layers after keeping negative suction drain. | |