**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 02/05/2016

**Received on :** 02/05/2016

**Reported Date :** 02/05/2016

**Clinical Impression :**

Case of Ca. tongue

**Gross Description :**

Received for review are one slide and one block labelled "1872/16".

**Microscopic Description :**

Biopsy showing fragments and strips of dysplastic squamous epithelium with minimal subepithelial tissue in one

of the fragment. Epithelium show moderate dysplasia; frequent suprabasal mitosis also noted in the fragment. A

few tongues, cords and small nests of cells are seen invading down evoking an mild inflammatory response at

the interface.

**Impression :**

Slide and block review,

Moderately differentiated squamous cell carcinoma, biopsy tongue.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 20/05/2016

**Received on :** 20/05/2016

**Reported Date :** 23/05/2016

**Gross Description :**

Received in formalin are 13 specimens.

The Ist specimen labelled "WLE right lateral tongue", consists of mucosa covered soft tissue measuring 4.7

(A-P)x 3.5 (S-I)x1.5 (M-L)cm. Oriented with suture double stitch anterior and single stitch medial. Dorsum of

tongue show an ulceroproliferative lesion measuring 1 (A-P)x 1 (S-I)x0.6cm (thick) in 4-9 slices.Depth of lesion

- 0.6cm. Specimen serially sliced from anterior to posterior into 10 slices. A leukoplakic patch noted anterior to

the lesion measuring 0.7x0.8cm which is 0.5cm from inferior margin (closest).

Margin clearance:

Anterior mucosal - o.7cm

Posterior mucosal - 0.6cm

Superior medial - involved

Inferolateral - 0.5cm

Deep - 0.4cm

Representative sections are submitted as follows :

A1 - Anterior margin (shaved)

A2 - Posterior margin (shaved)

A3 - Lesion abutting the superomedial margin (radial)

A4 - Lesion with inferior margin (radial)

A5 - Lesion with deep inked margin

A6 to A9 - Lesion proper

AFB1 to AFB4 - From leukoplakic patch

Specimen II labelled "Deep soft tissue margin", consists of single grey brown tissue measuring 1.2x0.5x0.5cm.

Entire specimen submitted in cassette B

Specimen III labelled "Additional lateral mucosal margin", consists of mucosa covered tissue measuring

0.5x0.3x0.3cm. Entire specimen submitted in cassette C.

Specimen IV labelled "Additional medial mucosal margin", consists of single grey brown tissue measuring

1x0.7x0.5cm. Entire specimen submitted in cassette D

Specimen V labelled " Additional anterior mucosal margin", consists of single mucosal covered grey white tissue

bit measuring 1.5x0.5xc0.3cm. Entire specimen submitted in cassette E.

Specimen VI labelled "Additional posterior mucosal margin", consists of single grey brown tissue bit measuring

0.8x0.5x0.7cm. Entire specimen submitted in cassette F.

Specimen VII labelled "Level IA", consists of fibrofatty tissue measuring 2x1.5x1.5cm. 1 lymph node

identified measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes G1 & G2.

Specimen VIII labelled " Right level IB", consists of nodular fibrofatty tissue measuring 4x4x1.5cm. Cut

surface shows salivary gland tissue appears unremarkable. No lymph nodes identified. Representative sections

are submitted in cassettes H1 & H2.

Specimen IX labelled " Right level II A", consists of fibrofatty tissue measuring 4x3x1cm. 5 lymph nodes

identified. Largest measuring 1.5cm in greatest dimension. Representative sections are submitted in cassettes

J1 to J3.

Specimen X labelled " Right level II B", consists of fibrofatty tissue measuring 4x1.5x2cm. Cut surface shows

2 lymph nodes, largest measuring 1.5cm in greatest dimension. Representative sections are submitted in

cassettes K1 & K2.

Specimen XI labelled "Right level III", consists of fibrofatty tissue measuring 2x1.5x1cm. 1 lymph node

identified measuring 0.6cm in greatest dimension. Entire specimen submitted in cassettes L1 & L2.

Specimen XII labelled "Right level IV", consists of fibrofatty tissue measuring 1.5x1.2x0.8cm. Cut surface 3

lymph nodes identified, largest measuring 0.3cm in greatest dimension. Entire specimen submitted in cassettes

M1 & M2.

Specimen XIII labelled " Prefacial node", consists of 2 lymph nodes, largest measuring 1cm in greatest

dimension. Entire specimen submitted in cassette N.

Received in formalin are 5 specimens.(S16-6535)

The Ist specimen labelled as "Revised margin double stitch medial, single stitch anterior" consists of sleeve of

tongue tissue measuring 5.2 cm (A - P), 1 cm ( M - L), 1.5 cm (S - I). Raw surface inked and specimen sliced

from anterior to posterior. Cut surface unremarkable, no grey white areas identified. Entire specimen submitted

as follows:

A1 - Anterior most slice

A2 - Posterior most slice

A3 - Medial and deep margin

A4 - Lateral and deep margin [A3 & A4 slice 2]

A5 - Medial

A6 - Lateral [A5 & A6 slice 3]

A7 - Medial

A8 - Lateral [A7 & A8 slice 4]

A9 - Medial

A10 - Lateral [A9 & A10 slice 5]

A11 - Medial

A12 - Lateral [A11 & A12 slice 6]

A13 - Medial

A14 - Lateral [A13 & A14 slice 7]

A15 - Medial

A16 - Lateral [A15 & A16 slice 8]

A17 - Medial

A18 - Lateral [A17 & A18 slice 9]

A19 - Medial

A20 - Lateral [A19 & A20 slice 10]

A21 - Medial

A22 - Lateral [A21 & A22 slice 11]

A23 - Medial

A24 - Lateral [A23 & A24 slice 12]

A25 - Medial

A26 - Lateral [A25 & A26 slice 13]

A27 - Medial

A28 - Lateral [A27 & A28 slice 14]

A29 - Medial

A30 - Lateral [A29 & A30 slice 15]

A31 - Medial

A32 - Lateral [A31 & A32 slice 16]

A33 - Medial

A34 - Lateral [A33 & A34 slice 17]

A35 - Medial

A36 - Lateral [A35 & A36 slice 18]

A37 - Medial

A38 - Lateral [A37 & A38 slice 19]

Specimen II labelled as "Additional medial soft tissue margin" consists of soft tissue measuring 1.6 x 1 x 0.5 cm.

Entire specimen submitted in cassette B.

Specimen III labelled as "Additional medial mucosal margin" consists of tissue measuring 1.2 x 0.5 x 0.3 cm.

Entire specimen submitted in cassette C.

Specimen IV labelled as "Additional anterior medial mucosal margin" consists of tissue bit measuring 1.2 x 0.5 x

0.3 cm. Entire specimen submitted in cassette D.

Specimen V labelled as "Additional posterior medial mucosal margin" consists of tissue bit measuring 1.5 x 0.5

x 0.5 cm.

**Microscopic Description :**

Sections from tongue shows an infiltrating neoplasm arising from mucosa with focal ulceration. Tumour is

invading in broad lobules and nests in to the skeletal muscle fibres with minimal lymphocytic response evoked at

the interface. Tumour nests show peripheral palsading of cells and focal keratinisation. Intercellular bridging

noted. A few cells have clear cytoplasm with mucinous cytoplasm.

Adjacent leukoplakic patch shows carcinoma in situ changes. (FB1-4).

Extensive perineural invasion is seen (A7)

Focal vascular emboli noted.

**Diagnosis :**

WLE right lateral tongue with neck ND:

Poorly differentiated squamous cell carcinoma

Tumor dimensions:1x1x0.6 cms

Tumor thickness:6 mm

Depth of invasion:6 mm

Invasive front : noncohesive

WPOI :Pattern 5

LHR : score 3+

Risk : High

Perineural invasion:seen (>1 mm)

Vascular invasion :seen

Margin clearance:

anterior mucosal - 7 mm

posterior mucosal - 6 mm

medial mucosal - involved

lateral mucosal - 5 mm

deep -2 mm

Dysplasia at margins - mild to moderate dysplasia seen in anterior mucosal margin

Additional marginsdeep

soft tissue - free

lateral mucosal - free

medial mucosal - free

anterior mucosal - free

posterior mucosal - free

Additional clearance specimen sent separately (S16- 6535)

Revised medial margin clearance: 3 mm (mucosal) which is 1.5 cm from anterior end; soft tissue is free.

Additional medial soft tissue margin : free

Additional medial mucosal margin : free

Additional antero- medial mucosal margin : free

Additional postero-medial mucosal margin : free

Right cervical Lymph nodes:

level IA - single node - free

level IB - salivary gland - free

level IIA - 2/6 nodes show tumor(cystic metastasis)

- ECS - seen

level IIB -2 nodes - free

level III - 2 nodes - free

level IV - 4 nodes - free

Largest metastatic focus - 5 mm(level IIA)

pT1N2b

**RADIOLOGY REPORT**

**Created Date:** 02/05/2016

**Study Done:**

**ULTRASOUND OF NECK**

Right lobe of thyroid measures 15 x11 x 50mm.

Left lobe of thyroid measures 15 x12 x 47mm.

Isthmus measures 2mm.

Both lobes of thyroid appears normal in echotexture and vascularity.

Multiple enlarged hypoechoic lymphnode noted in bilateral level Ib, II, III, IV and V . Lymphnode in level Ia

measuring 5 x 4mm.

Right Left

Ib 16 x8mm 15 x6mm

II 15 x8mm 7 x4mm

III 12 x5mm 7 x 5mm

IV - 10 x4mm

V 7 x5mm 8 x 4mm.

Some of these lymphnodes are showing loss of fatty hilum.

Neck vessels are grossly normal.

No lymphadenopathy in the neck.

**IMPRESSION**

**Impression:**

***Known case of Ca tongue.***

• **Multiple enlarged hypoechoic lymphnodes with few showing loss of fatty hilum as describedsuggested**

**follow up / further evaluation**

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| **Date of Admission :**18/05/2016 | **Date of Procedure :**19/05/2016 |

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| **Date of Discharge :**24/05/2016 |

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| **DIAGNOSIS :** |
| Carcinoma tongue right side |

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| **PROCEDURE DONE :** |
| WLE + ND under GA on 19.5.2016 |

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| **HISTORY :** |
| Noticed an ulcer in the right lateral tongue x 3 months pain on and off no bleeding Biopsy outside scc, reviewed here in AIMS was also Squamous cell carcinoma |

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| **PAST HISTORY :** |
| Diabetes mellitus Diagnosed as cirrhosis liver about a year back Being treated by medical gastroenterology AIMS |

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| **PERSONAL HISTORY :** |
| Smoker stopped one year back Stopped Alcohol x 1 year back |

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| **CLINICAL EXAMINATION :** |
| 2x1 cm ulcerative lesion right lateral tongue, posterior third, 3.5 cm from tip, close t the CV papillae, 1.5 cm from the midline. FOM free. a separate leukoplakic patch anterior to the main lesion, 0.5 cm , reaching the FOM |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted for surgery and underwent WLE + ND on 19.5.2016. Post op was uneventful. Pathological grossing on 20.5.2016 revealed close margins medially and hence patient was taken to the OR on 20.5.2016 and re-excision of the margins done. |

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| **OPERATIVE FINDINGS :** |
| 19.5.2016 - WLE (per-oral) + right 1-4 SND under GA on 19.5.16 findings: 2x1 cm ulcerative lesion right lateral tongue, posterior third, 3.5 cm from tip, close t the CV papillae, 1.5 cm from the midline. FOM free. a separate leukoplakic patch anterior to the main lesion, 0.5 cm , reaching the FOM. multiple pre facial, level Ia, level II a and III nodes + procedure: per-oral WLE done. class of the defect II a . hemostasis achieved. defect left t granulate secondarily. right cervical neck crease incision. right 1-4 SND done. right marginal mandibular nerve adherent to pre facial nodes, dissected off. spinal accessory preserved. hemostasis achieved. drian put. closure done. 20.5.2016 - 11 OT Diagnosis: Ca. tongue s/p resection on 19.5.2016 for re-excision of margins Tongue specimen was subject to grossing today in path and the medial mucosal and soft tissue margins were close. Hence re-excision of the margins was done along the entire length of the medial part of the remnant tongue. Specimen width on table 1 cm. Further additional mucosal and deep soft tissue margins taken. |
| **WHEN TO OBTAIN URGENT CARE:** | |
| Any bleeding apply pressure with a wet gauze and report to emergency | |

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| **DISCHARGE MEDICATION :** |
| Cap.Amox 500mg tds x 5days Tab Dolo 650mg sos - 10 tabs Hexidine mouth was 10 ml 4hrly rinse and spit |

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| **PLAN ON DISCHARGE :** |
| Soft diet Avoid spices and hot foods Good mouth care |

**Tumour Board Discussion**

**Date of tumor board discussion :** 04/05/2016

**Relevant clinical details :**

Diabetes mellitus Diagnosed as cirrhosis liver CHILD A

Noticed an ulcer in the left lateral tongue x 3 months

pain on and off

no bleeding

Biopsy outside scc, reviewed here scc

smoker stopped one year back

off alcohol x 1 year

o/e- 2 x 1ulcer in the left lateral tongue

no nodes

discussed with Dr.Anoop

Gastro scopy - showed a small polyp and has been biopsied.

However USG abdomen and ct abdomen reveals multiple nodes

Ct chest - prominent mediastinal lns'

problems:

1. tongue unlikely to throw such mets

so how do we evaluate the med nodes

2. Tongue has to be treated on its own merit. Treatment now means small operation and neck dissection.

**Agreed Plan of management :**

Extensive lymphadenopathy unlikely to be due to tongue malignancy, when associated with splenomegaly likely

to be a lymphoproliferative disorder

Hence to plan for inguinal lymph node biopsy

For tongue WLE+SND

11/5/15

Inguinal lymph node biopsy inconclusive

Plan for WLE+SND for tongue

To observe other lymph nodes

**HPR Tumour Board Discussion**

**Date of tumor board discussion :** 08/06/2016

**Histology (include histology done / reviewed elsewhere) :**

Diagnosis :

WLE right lateral tongue with neck ND: Poorly differentiated squamous cell carcinoma Tumor

dimensions:1x1x0.6 cms Tumor thickness:6 mm Depth of invasion:6 mm Invasive front : noncohesive WPOI

:Pattern 5 LHR : score 3+ Risk : High Perineural invasion:seen (>1 mm) Vascular invasion :seen Margin

clearance: anterior mucosal - 7 mm posterior mucosal - 6 mm medial mucosal - involved lateral mucosal - 5 mm

deep -2 mm Dysplasia at margins - mild to moderate dysplasia seen in anterior mucosal margin Additional

margins- deep soft tissue - free lateral mucosal - free medial mucosal - free anterior mucosal - free posterior

mucosal - free Additional clearance specimen sent separately (S16- 6535) Revised medial margin clearance: 3

mm (mucosal) which is 1.5 cm from anterior end; soft tissue is free. Additional medial soft tissue margin : free

Additional medial mucosal margin : free Additional antero- medial mucosal margin : free Additional

postero-medial mucosal margin : free Right cervical Lymph nodes: level IA - single node - free level IB -

salivary gland - free level IIA - 2/6 nodes show tumor(cystic metastasis) - ECS - seen level IIB -2 nodes - free

level III - 2 nodes - free level IV - 4 nodes - free Largest metastatic focus - 5 mm(level IIA) pT1N2b

DEEP MARGIN REXCISION HPR

Revised medial margin clearance: 3 mm (mucosal) which is 1.5 cm from anterior end; soft tissue is free.

Additional medial soft tissue margin : free Additional medial mucosal margin : free Additional antero- medial

mucosal : free Additional postero-medial mucosal margin : free

**Agreed Plan of management :**

ADJUVANT CTRT. as patient has renal issues to consider only for adjuvant RT

**Progress Notes**

**Date : 03/05/2016**

**ProgressNotes :**

Diabetes mellitus Diagnosed as cirrhosis liver CHILD A

Noticed an ulcer in the right lateral tongue x 3 months

pain on and off

no bleeding

Biopsy outside scc, reviewed here scc

smoker stopped one year back

off alcohol x 1 year

o/e- 2 x 1ulcer in the right lateral tongue

no nodes

Gastro scopy - showed a small polyp and has been biopsied.

However USG abdomen and ct abdomen reveals multiple nodes

Ct chest - prominent mediastinal lns'

problems:

1. tongue unlikely to throw such mets

so how do we evaluate the med nodes

2. Tongue has to be treated on its own merit. Treatment now means small operation and neck dissection.

Tumour board discussion

**Service :**

03/05/2016

Endoscopic Biopsy

Histopath-Endoscopic biopsy 2 sample

Nebulisation

**Progress Notes**

**Date : 06/06/2016**

**ProgressNotes :**

case reviewed

hpr - needs CRT

oral cavity - posterior third tongue right side healing well

neck nad

MM weakness and SAN weakness +

to meet for RT