**SURGICAL PATHOLOGY REPORT**

**Age :** 72

**Date of sample collection :** 24/09/2012

**Received on :** 24/09/2012

**Reported Date :** 26/09/2012

**Clinical Impression :**

Ulcer left lateral tongue - 2 months

**Gross Description :**

Received in formalin is an unlabelled specimen, consists of single mucosal covered tissue measuring

0.7x0.4x0.3cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Section shows fragments of tissue lined by stratified squamous epithelium with subepithelium showing minimal

inflammatory cells consists of lymphocytes. Surface shows mild hyperparakeratosis. No dysplasia / invasive

malignancy seen. No ulcer seen.

**Impression :**

Biopsy ulcer left lateral border of tongue :- Consistent with Leukoplakia.

**SURGICAL PATHOLOGY REPORT**

**Age :** 72

**Date of sample collection :** 22/10/2012

**Received on :** 22/10/2012

**Reported Date :** 27/10/2012

**Clinical Impression :**

Leukoplakia of tongue

**Gross Description :**

Received in fresh is a specimen labelled as "Left posterior tongue lesion near T.L surface", consists of single

irregular piece of tissue with covered mucosa tagged as long stitch anterior and short stitch superior measuring

3x2x1.5cm. Surface of mucosa shows puckering with a whitish tinge measuring 2x0.8cm. This is close to the

short suture (superior) and 0.5cm from the anterior margin. On slicing no definite growth identified. A vague

thickness of mucosa of 0.5cm seen. The lesion is serially sliced from anterior to posterior in 8 slices.

Frozen read as : Moderately differentiated squamous cell carcinoma. Superior and deep margin are close - 2mm.

Depth of invasion is 4mm.

Subsequently received in formalin are 12 specimens. The I specimen unlabelled consists of mucosa covered soft

tissue with four sutures labelled as anterior, superior, posterior, inferior. Entire specimen submitted as follows:

A1 - Anterior margin

A2 - Superior margin

A3 - Posterior margin

A4 - Inferior margin

A5-A7 - Deep margin

Specimen II labelled as "Additional anterior mucosal margin", consists of single brownish soft tissue measures

1x1x0.3cm. Entire specimen submitted in cassette B.

Specimen III labelled as "Further additional deep margin", consists of single brownish

softy tissue measures 1.5x0.8x0.3cm. Entire specimen submitted in cassette C.

Specimen IV labelled as "Further additional superior mucosal margin", consists of single brownish soft tissue

measures 1.5x0.8x0.3cm. Entire specimen submitted in cassette D.

Specimen IV labelled as "Further additional inferior mucosal margin", consists of single brownish tissue

measures 1.3x0.8x0.3cm. Entire specimen submitted in cassette E.

Specimen V labelled as "Further additional posterior mucosal margin", consists of single brown soft tissue

measures 1.6x0.4x0.2cm. Entire specimen submitted in cassette F.

Specimen VI labelled as "Level Ia", consists of 2 pieces of fibrofatty tissue meausres 3.5x2x1.5and 2x1x0.5cm.

On cutting 3 lymphnodes identified, largest measures 1cm. Cut section grey white. Representative sections are

submitted in G1 - G2 cassettes.

Specimen VII labelled as "Level Ib", consists of single brownish soft tissue measures 5x3.5x2.5cm. On cut

section normal salivary gland was identified and 6 lymphnodes are dissected out largest measures 1.8cm. Cut

section lymphnode light brown. Representative sections are submitted in H1 - H5 cassettes.

Specimen VIII labelled as "Left level IIa", consists of fibrofatty tissue measures 5.5x3x0.8cm. Upon dissection 6

lymphnodes are identified, largest measures 2cm. Cut section light brown and whitish. Representative sections

are submitted in J1 - J4 cassettes.

Specimen IX labelled as "Left level IIb", consists of single fibrofatty tissue measures 2.5x2.5x1cm and

dissection shows 3 lymphnodes largest measures 0.3cm. Representative sections are submitted in cassette K.

Specimen X labelled as "Level III", consists of single fibrofatty tissue measures 3.5x2x1.5cm. 4 lymphnodes

identified largest measures 1cm. Representative sections are submitted in L1 - L2 cassettes.

Specimen XI labelled as "Level IV left", consists of fibrofatty tissue measures 3x2.5x1cm. 2 lymphnodes

dissected, largest measures 0.5cm. Representative sections are submitted in cassette M.

**Microscopic Description :**

Permanent section from frozen and frozen remaining shows :-

- Moderately differentiated squamous cell carcinoma.

- Tumor has infiltrative margins with moderate chronic inflammatory reaction around.

- Microscopic tumour size is 2x1x0.8cm.

- Depth of invasion 8mm (FSR9 & FSA)

- Perineural invasion seen

- No obvious lymphovascular emboli

- Superior margin close (2mm)

- Deep free margin 5mm

- Anterior margin show features of leukoplakia with moderate to severe dysplasia

- Tumor involves the posterior margin (FSR9)

- Inferior and deep margin appears free

A) Additional excision of tongue:-

Additional anterior, posterior,inferior and deep margins are free of tumor

Superior margin shows a tiny nest of neoplastic cells, but deeper sections are free of tumor.

B) Additional anterior mucosal margin - Free of neoplasm.

C) Further additional deep margin - Free of neoplasm.

D) Further additional superior margin - Free of neoplasm.

E) Further additional inferior mucosal margin - Free of neoplasm

F) Further additional posterior margin - Free of neoplasm.

G) Level Ia - 2 reactive lymphnodes identified.

H) Left level Ib - Normal salivary gland and 4 reactive lymphnodes identified.

J) Left level IIa - 7 reactive lymphnodes identified.

K) Left level IIb - single reactive lymphnode identified.

L) Left level III - 3 reactive lymphnodes identified.

M) Left level IV - 2 reactive lymphnodes identified

**Diagnosis :**

Permanent section from frozen and frozen remaining + additional margins and selective neck dissection :

- Moderately differentiated squamous cell carcinoma.

- Microscopic tumour size is 2x1x0.8cm.

- Depth of invasion 8mm

- Perineural invasion seen

- No obvious lymphovascular emboli

- Superior margin close (2mm) - Further additional margin is free.

- Deep free margin 5mm

- Anterior margin show features of leukoplakia with moderate to severe dysplasia

- Tumor involves the posterior margin - additional margin is free.

- Inferior and deep margins and additional margins are free.

- 19 reactive nodes.

pT1N0Mx.

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| **Date of Admission :**21/10/2012 | **Date of Procedure :**22/10/2012 |

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| **Date of Discharge :**26/10/2012 |

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

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| **DIAGNOSIS :** |
| Carcinoma left lateral border of tongue |

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| **PROCEDURE DONE :** |
| WLE+ Left Neck Dissection Level(I-IV) |

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| **HISTORY :** |
| Suspicious lesion left side lateral border tongue posterior Third (Irritating tooth- cause) Rest of oral cavity- NAD Scopy- NAD |

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| **CLINICAL EXAMINATION :** |
| O/E- 3X3 cms whitish lesion + in left side lateral border of tongue, slight induration + Neck-NAD |

**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** |
| 24/09/2012 | 15.5 | 46.5 | 272.0 | 9.46 | 62.9 | 25.9 | 1.99 | - |
| 23/10/2012 | 13.8 | 40.7 | 245.0 | 17.9 | 83.5 | 9.82 | 0.369 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 24/09/2012 | 17.4 | 1.05 | 134.1 | 4.6 |

Date: 23/10/2012

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| RBC-COUNT-Blood : 4.56 M/uL | MCV-Blood : 89.2 fL |

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| MCH-Blood : 30.3 pg | MCHC-Blood : 33.9 g/dl |

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| RDW-Blood : 14.4 % | MPV-Blood : 6.36 fL |

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| MONO -Blood : 5.9 % | BASO-Blood : 0.383 % |

Date: 21/10/2012

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

Date: 24/09/2012

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| HBs Ag Test - Emergency Screen : 0.06 Non Reactive | Anti HCV - Emergency Screen : 0.07 Non Reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.04 Non Reactive | Blood typing; ABO and RhD : AB Rh D Positive |

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| Glucose [R]-Plasma : 122.6 mg/dl | PT[Prothrombin Time with INR]-Plasma : 15.1/14.60/1.04 sec |

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| APTT[Activated Partial Thrombo-Plasma : 38.6/32.2 s | RBC-COUNT-Blood : 5.28 M/uL |

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| MCV-Blood : 88.1 fL | MCH-Blood : 29.4 pg |

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| MCHC-Blood : 33.4 g/dl | RDW-Blood : 14.9 % |

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| MPV-Blood : 7.31 fL | MONO -Blood : 8.63 % |

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| BASO-Blood : 0.606 % |  |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Post operative period was uneventful. Ryles tube was removed on third postoperative day and was started on soft diet. Post operative HPE is awaited. |

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| **OPERATIVE FINDINGS :** |
| Under aseptic precaution, lesion of 1.5x1.5cm visualised involving the left lateral border of the tongue posteriorly. lesion excised with wide margins, sent for frozen, reported as positive for malignancy. Additional wide margins taken and sent for JPE. Haemostasis achieved. Defect of 3.5 x 2.5 cm left to heal secondarily. NECK DISSECTION Left upper crease (Neck) incision given and sub platysmal skin flaps raised and fixed with stay sutures. Clearance of level 1a done. Marginal mandibular nerve identified and dissected. Submandibular triangle clearance done after identifying facial vessels. Medial end of SCM identified and muscle separated exposing internal jugular vein. In level 2 spinal accessory nerve identified and separated. Level two B cleared. Next level two, three and four cleared of lymph nodes and fibro fatty tissue. Hemostasis secured after Valsalva maneuver. Neck closed in layers after placing drains. Procedure uneventful |

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| **ADVICE ON DISCHARGE :** |
| To review in Head Neck opd on Wednesday on 31/10/12 |

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| **DIET RECOMMENDATIONS :** |
| Soft diet |

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| **DISCHARGE MEDICATION :** |
| Tab pan 20 mg 1-0-1 Xdays Tab Dolo 650 sos Hexidine mouth washes 5ml 4 times/day |
| **Progress Notes**  **Date : 05/10/2012**  **ProgressNotes :**  Suspicious lesion left side lateral border tongue posterior Third (Irritating tooth- cause)  Biopsy done- Leukoplakia  TB Decision-  Clinically suspicious of malignancy, hence plan for wide excision of lesion- Frozen, if required do Neck  dissection same time or later after final HPE.  Adv  fitness- Laser WLE  Date for surgery given  Counselling done to pts abt need of ND Sos  **Progress Notes**  **Date : 03/12/2012**  **ProgressNotes :**  DIAGNOSIS :  Carcinoma left lateral border of tongue  PROCEDURE DONE :  WLE+ Left Neck Dissection Level(I-IV)  Hpr: pT1N0Mx  TB - observation  o/e- neck wound - scar + small sinus haling  otherwise nad  oral cavity nad  adv-  review |