**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 13/05/2011

**Received on :** 13/05/2011

**Reported Date :** 14/05/2011

**Clinical Impression :**

Mass right Buccal Mucosa fungating into the skin

**Gross Description :**

Received in formalin is a specimen labelled as "Growth Right Buccal Mucosa", consists of multiple grey white

tissue bits in aggrgate measures 1x0.7x0.3cm. Entire specimen submitted in one cassette.

**Impression :**

Excision Biopsy :- Well differentiated Squamous Cell Carcinoma.

**Impression :**

**MDCT NECK - CONTRAST**

Study shows large enhancing necrotic fungating mass lesion extending from the right infra temporal fossa to the sub mandibular region. It measures approximately 9.1x5.8x6.4 cm in craniocaudal, transverse and AP dimensions.

The mass superiorly involves the right lateral pterygoid plate, infra temporal muscles (lateral pterygoid temporalis) right parotid gland, sternocleidomastoid muscle. There is marked infiltration and erosion of the mandible â?? ascending ramus, angle and body upto 2.5 cm from the midline. The mass extends medially into tonsillar fossa, parapharyngeal space, right retromolar trigone, right buccal space and abuts the right left border of the tongue. Laterally the right buccal mucosa shows fungating infiltration.

Inferiorly infiltration of submandibular gland and extension to the paralaryngeal space seen. However the larynx and pharyngeal mucosal space is preserved.

Multiple enlarged peripherally enhancing necrotic lymphnodes seen on the right level Ib and II.

Largest confluent level II necrotic lymphnodal mass measures 3.5x1.8 cm in size.

Right IJV appears normal. Right common carotid and internal carotid artery are normal right external carotid artery shows partial encasement in the infra temporal fossa without luminal narrowing.

Left lobe of thyroid gland shows well defined nodule 2.3x1.4 cm.

Neuroparenchyma appears normal.

Lung fields visualized parts appear normal.

**IMPRESSION**

      **Large fungating necrotic mass involving the right infra temporal fossa, mandible, buccal mucosa and reaching upto the submandibular space.**

      **Necrotic metastatic nodes seen at level right Ib and II.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 02/06/2011

**Received on :** 02/06/2011

**Reported Date :** 06/06/2011

**Histology Lab No :** S11-6040

**Clinical Impression :**

Buccal mucosa, fungating lesion.

**Gross Description :**

Received in fresh is a specimen labelled as "infra temporal fossa", consists of 2 grey brown tissue bits in

aggregate measuring 1.3x1x0.5cm.

Frozen read as : Well differentiated squamous cell nests. Suggestive of neoplasm.

Margin to be revised. Frozen permanent serial deeper shows occasional squamous cells with pkynotic nuclei.

Subsequently received in formalin are 8 specimens. The I specimen labelled as "WLE buccal mucosa with skin

and mandible", consists of a piece of skin with subcutaneous tissue, attached mandible and soft tissue together

measuring 14x12x4cm. Surface of the skin shows an ulceroproliferative lesion measuring 6x5.3x3.5cm & is

situated 2cm away from anterior skin margin, 2.8cm away from superior skin margin, 1.8cm away from inferior

skin margin, 1.2cm away from posterior skin margin and it is reaching the inked deep soft tissue margin. The

tumor is situated 2.5cm away from superior soft tissue margin, 1.5cm away from inferior soft tissue margin, 2cm

away from posterior soft tissue margin, 2 cm away from anterior soft tissue, 2.5cm away from anterior bony

margin. Two grey white nodules are identified towards the deep margin, larger one measures 1.5cm, smaller one

measures 0.8cm. Tumor is involving buccal mucosa. Cut section of tumor is grey white. Representative sections

are submitted as follows:

A1 - Anterior skin margin

A2 - Superior skin margin

A3 - Inferior skin margin

A4 - Posterior skin margin

A5 - Shaved anterior soft tissue margin

A6 - Shaved superior soft tissue margin

A7 - Shaved inferior soft tissue margin

A8 - Shaved posterior soft tissue margin

A9 - Tumor with inked deep margin

A10 - A13 - From tumor

A14 - From tumor

A15 & A16 - From nodule

A17 - Tumor with buccal mucosa

Specimen II labelled as "level IIa right", consists of a single fibrofatty tissue measuring 2.5x1.5x0.7cm. 2

lymphnodes identified, larger one measures 1.3cm in maximum dimension. Cut section grey brown with focal

grey white area. Representative sections are submitted in cassete B.

Specimen III labelled as "level IIb right ", consists of single fibrofatty tissue measures 3x2x0.8cm. 3 lymphnodes

identified, largest one measures 0.8cm in maximum dimension. Cut section grey white. Representative sections

are submitted in cassette C.

Specimen IV labelled as "level Ia right", consists of single fibrofatty tissue measures 3.5x2x0.5cm. 3

lymphnodes identified, largest one measures 0.8cm in maximum dimension. Cut section grey brown.

Representative sections are submitted in cassette D.

Specimen V labelled as "level III right", consists of single fibrofatty tissue measures 5x2.5x0.7cm. 7 lymphnodes

identified, largest one measures 0.8cm in maximum dimension,. Cut section grey brown. Representative sections

are submitted in E1 - E2 cassettes.

Specimen VI labelled as "level IV right", consists of single fibrofatty tissue measures 4x2x0.8cms. 2 lymphnodes

identified, largest one measures 0.4cm in maximum dimension. Cut section grey brown. Representative sections

are submitted in cassette F.

Specimen VII labelled as "level V right", consists of 2 nodular tissue, larger one measures 3cm in maximum

dimension, smaller one measures 1.5cm in maximum dimension. Cut section grey white. Representative sections

are submitted in cassette G.

Specimen VIII labelled as "revised margin from IFT", consists of 2 grey brown tissue in aggregate measures

1x1x0.5cm. Representative sections are submitted in cassette H.

**Microscopic Description :**

A) Sections from the mass (A9 - A17) show well differentiated squamous cell carcinoma. Keratin pearl

formation seen. Mitotic figures constitute 4-5/10HPF's. No necrosis or lymphovascular emboli seen. No

perineural invasion appreciated.

- Anterior skin, superior skin, posterior skin and inferior skin margins are all free of tumor.

- Shaved anterior soft tissue, superior soft tissue, inferior soft tissue and posterior soft tissue margins are also all

free of tumor infiltration.

- Inked deep margin is also free.

B) - 1 right level IIa node show reactive change (0/1).

C) - 3 right level IIb nodes show reactive change (0/3).

D) - 3 right level Ia nodes show reactive change (0/3).

F) - 2 right level IV nodes show reactive hyperplasia (0/2).

G) - 2 right level V nodes show metastasis without perinodal spread (2/2). Largest node measures 3 cms in

maximum dimension.

H) Revised margin from infratemporal fossa is free of tumor infiltration.

**Impression :**

WLE, buccal mucosa with skin and mandible with right level IIa,IIb,Ia, III, IV and V lymphnodes with revised

infratemporal fossa margin :

Consistent with well differentiated squamous cell carcinoma, buccal mucosa.

- Lesion measures 6x5.3x3.5cms in maximum dimension.

- No lymphovascular emboli seen.

- Anterior, superior, posterior and inferior skin margins : Free

- Shaved anterior, superior, posterior and inferior soft tissue margins : Free

- Inked deep margin : Free

- 2 right level V lymphnodes show metastasis, largest node measures 3 cms in maximum dimension. No

perinodal spread seen.

- All other lymphnodes (Right level IIa, IIb, Ia, III and IV) are free of tumor infiltration.

- Revised infratemporal fossa margin is also free of tumor infiltration.

pTNM = pT3N2bMx.

**Signed On:**10-06-2011 14:13

***(Amended, see details below)***

**Date :** 14/06/2011 **Created Time :** 16:37:41

**This is an addendum to the clinical document. This should be issued and read always alongwith the**

**original document.**

**ADDENDUM :**

Fresh bits were taken from anterior and posterior bony margins. Both are free of tumor infiltration.

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| **Date of Admission :**01/06/2011 | **Date of Procedure :**02/06/2011 |

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| **Date of Discharge :**7/07/2011 |

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

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| **DIAGNOSIS :** |
| Carcinoma buccal mucosa pT4N2bMx. |

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| **PROCEDURE DONE :** |
| Wide local excision + Right modified radical neck dissection + Skin grafting + ALT flap reconstruction under GA on 2-06-2011 Debridement + skin grafting under GA on 30-06-2011 |

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| **HISTORY :** |
| 59 year old Mrs. Ponkili presented to Head and Neck OPD with complaints of painful swelling right side of face since two months following tooth extraction. Noticed small lesion adjacent to the extracted tooth. H/o right upper molar loosening and falling of teeth since six months. She also had complaints of mild difficulty in opening of mouth |

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| **CLINICAL EXAMINATION :** |
| Examination revealed around 5\*5 cms proliferative growth involving right RMT,upper GB sulcus ,lower alveolus,4-5 cms away from commissure. Hard tender discharging swelling involving the whole of right cheek extending from preauricular region, zygoma, commissure and submandibular region, two fungating lesions over the swelling, no nodes could be made out separately in the neck, mild trismus, partially dentate on the left side |

**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** |
| 02/06/2011 | - | - | 341.0 | - | - | - | - | - |
| 30/06/2011 | - | - | 443.0 | - | - | - | - | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 03/06/2011 | - | - | 140.0 | 3.84 |
| 04/07/2011 | 11.5 | 0.84 | - | - |
| 07/07/2011 | 19.7 | 0.84 | - | - |

Date: 01/07/2011

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| Nitrite-urine : Neg | Microscopy (Urine) : NUM:RBCs,EPI[4+],NUM:PUS CELLS/HPF |

Date: 02/06/2011

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| MCV-Blood : 83.0 fL | MCH-Blood : 29.3 pg |

Date: 01/06/2011

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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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| Service :Histopath-Excision biopsy (small) Received on :13/05/2011 Reported Date :14/05/2011 Histology Lab No :S11-5196 Impression : Excision Biopsy :- Well differentiated Squamous Cell Carcinoma Date : 15/05/2011 MDCT NECK - CONTRAST IMPRESSION Large fungating necrotic mass involving the right infra temporal fossa, mandible, buccal mucosa and reaching upto the submandibular space. Necrotic metastatic nodes seen at level right Ib and II. Service :Histopath - Wide local excision ? buccal mucosa/Lip/Tongue Received on :02/06/2011 Reported Date :06/06/2011 Histology Lab No :S11-6040 Impression : WLE, buccal mucosa with skin and mandible with right level IIa,IIb,Ia, III, IV and V lymphnodes with revised infratemporal fossa margin : Consistent with well differentiated squamous cell carcinoma, buccal mucosa. - Lesion measures 6x5.3x3.5cms in maximum dimension. - No lymphovascular emboli seen. - Anterior, superior, posterior and inferior skin margins : Free - Shaved anterior, superior, posterior and inferior soft tissue margins : Free - Inked deep margin : Free - 2 right level V lymphnodes show metastasis, largest node measures 3 cms in maximum dimension. No perinodal spread seen. - All other lymphnodes (Right level IIa, IIb, Ia, III and IV) are free of tumor infiltration. - Revised infratemporal fossa margin is also free of tumor infiltration. pTNM = pT3N2bMx. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. MDCT neck was done on 15-05-2011, which showed large fungating necrotic mass involving the right infra temporal fossa, mandible, buccal mucosa and reaching upto the submandibular space and necrotic metastatic nodes at level right Ib and II. She was admitted and after preliminary investigations and evaluation she was taken up for surgery. She underwent wide local excision + Right modified radical neck dissection + Skin grafting + ALT flap reconstruction under GA on 2-06-2011. Postoperatively the flap got partially necrosed following infection. The wound was managed with daily dressings, subsequently she was taken up for skin grafting following debridement under GA on 30-06-2011. Postoperatively she had hematuria, Urology opinion was obtained and managed conservatively as per their advice. Rest of the postop period was uneventful. Her final histopathology report showed "Lesion measures 6x5.3x3.5cms in maximum dimension- No lymphovascular emboli seen- Anterior, superior, posterior and inferior skin margins : Free - Shaved anterior, superior, posterior and inferior soft tissue margins : Free- Inked deep margin : Free- 2 right level V lymphnodes show metastasis, largest node measures 3 cms in maximum dimension. No perinodal spread seen.- All other lymphnodes (Right level IIa, IIb, Ia, III and IV) are free of tumor infiltration.- Revised infratemporal fossa margin is also free of tumor infiltrationpTNM = pT3N2bMx." The report was reviewed in the tumour board and was planned for adjuvant RT. Radiation Oncology consultation was sought and given date for the same. Pre RT dental consultation was done and advised for total extraction. The patient is stable, afebrile, taking orally and all sutures removed at the time of discharge. |

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| **DIET RECOMMENDATIONS :** |
| High protein diet |

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| **DISCHARGE MEDICATION :** |
| Tab. Dolo 650mg SOS (5) Tab. pan 20mg 1-0-1 x 3 days Syp. Hemfer 10ml 0-0-1 x 10 days Ciplox eye drops 2-2-2 (Right eye) Ciplox eye ointment at night time (Right eye) |

**Progress Notes**

**Date : 13/05/2011**

**ProgressNotes :**

h/o painful swelling right side of face since 2 months following tooth extraction right upper molar

loosening and falling of teeth-6 months

h/o small lesion adjacent to the extracted tooth

mild difficulty in opening of mouth

used tobacco powder (stopped 4 months back)-40 years

no co morbidities

o/e

face-hard tender discharging swelling involving the whole of right cheek extending from preauricular

region,zygoma,commissure and submandibular regions.2 fungating lesions over the swelling.no nodes could

be made out separately in the neck

oral cavity-mild trismus+

partially dentate on the left side

proliferative growth involving right RMT,upper GB sulcus,lower alveolus,4-5 cms away from

commissure -size-5\*5 cms

adv:

MDCT

Biopsy taken from buccal mucosa growth.review with reports

**Progress Notes**

**Date : 23/08/2011**

**ProgressNotes :**

Patient reviwed

first f/u visit following surgery

wound has healed well

minimal periorbital edema on the Rt eye seen

graft uptake good

primary and neck-NED

intra oral flap uptake good

has defaulted RT which was due in July 2011 due to financial problem

radiation oncology

**ProgressNotes :**

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07/07/2011

Ca Buccal Mucosa pT3N2Mx.

Discussed in HN Tumour board.

For adjuvant RT.

CT sim on 25/07/2011.

RT start 27/07/2011.

Dental clerance now itself before going home.

FIC for 33 fractions given.

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24/08/2011.

Deafulted for RT due to financial concerns.

Has come now ready for RT.

Clinically Wounds has healed well. KPS improved 90.

Discussed in HN TB : Plan to offer local RT for whatever benefit it may give.

Explained the same to Patient and daughter.

CXR to be repeated - if no mets proceed with RT

CT sim on 25/08/2011.

RT start as early possible ( scheduled date on 31/08 )

Dental done at home town.