**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 23/06/2015

**Received on :** 23/06/2015

**Reported Date :** 24/06/2015

**Clinical Impression :**

? Ca Tongue

**Gross Description :**

Received in formalin is a specimen consists of 2 tissue bit largest measuring 1.1 x 0.8 x 0.2 cm, Other

measuring 0.8 x 0.5 x 0.4 cm. Entire specimen bisected & submitted in A & B cassettes.

A-Largest bisected

B-Other bisected

**Microscopic Description :**

Section shows tissue lined by stratified squamous epithelium showing focal ulcerationa and moderate to severe

dysplasia In areas the cells are seen infiltrating into the stroma as small nests and cords. Cells have moderately

pleomorphic vesicular nucleus with prominent nucleoli and moderate amount of eosinophilic cytoplasm. Keratin

perls, individual cell keratinization and mitosis present. Stroma shows dense lymphoplasmacytic infiltration

predominantly lymphocytes and foreign body giant cells.

**Impression :**

Left lateral border of tongue:Well differentiated squamous cell carcinoma.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 01/07/2015

**Received on :** 01/07/2015

**Reported Date :** 07/07/2015

**Clinical Impression :**

Ca. tongue

**Gross Description :**

Received in formalin are 10 specimens. The Ist specimen labelled "Left lateral border of tongue" measures

5x4x1.5cm tagged with sutures. An ulcerative lesion noted on the tongue dorsum measuring 2.1x1x0.3cm.

The lesion is 2cm from anterior, 1.4cm from posterior, 1.4cm from superomedial and 1.2cm from inferomedial

margins and 1.5cm from deep margin. Representative sections are submitted as follows:

A1 - Anterior margin

A2 - Posterior margin

A3 - Superiomedial and inferomedial (whole slice)

A4 to A5 - Lesion

Specimen II labelled "Additional medial mucosal margin", consists of single grey white tissue measuring

0.6x0.5x0.3cm. Entire specimen submitted in cassette B.

Specimen III labelled "Additional lateral mucosal margin" consists of single grey white tissue measuring

0.5x0.4x0.4cm. Entire specimen submitted in cassette C.

Specimen IV labelled " Additional posterior mucosal margin", consists of single grey white tissue measuring

0.6x0.5x0.3cm. Entire specimen submitted in cassette D.

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

0.4x0.4x0.3cm. Entire specimen submitted in cassette E.

Specimen VI labelled "Additional deep soft tissue margin", consists of single grey brown tissue measuring

0.4x0.5x0.4cm. Entire specimen submitted in cassette F.

Specimen VII labelled "Left level I", consists of single nodular tisuse fibrofatty tissue whole measuring

8x4.5x2.5cm. Cut surface shows salivary gland tissue. 10 lymph nodes identified, largest measuring 1cm in

greatest dimension. Representative sections are submitted in cassettes G1 to G5.

Specimen VIII labelled "Left level IIA and III", consists of fibrofatty tissue measuring 5x4.5x2.5cm. 7 lymph

nodes identified, 0.5cm in greatest dimension, Representative sections are submitted in cassettes H1 to H4.

Specimen IX labelled "Left level IIB", consists of fibrofatty tissue in aggregate measuring 2.5x2x1.5cm. 5

lymph node identified, largest measuring 0.6cm in greast dimension . Entire specimen submitted in cassette J1 &

J2.

Specimen X labelled "Left level IV", consists of fibrofatty tissue measuring 2.5x3x1.5cm. 5 lymph nodes

identified, largest measuring 1.7cm in greatest dimension. Entire specimen submitted in cassettes K1 & K2.

**Diagnosis :**

Type of specimen: WLE left lateral border of tongue

Histological type: Squamous cell carcinoma

Differentiation : Well to Moderate

Invasive front: Cohesive

Tumor size: 2.1x1x0.3cm

Maximum depth of invasion: 0.3cm

Vascular invasion- Absent

Nerve invasion - Absent

WPOI: 3

Lymphocytic infiltrate: Continuous band

Risk - Low

Margins: The tumor is 2cm from anterior, 1.4cm from posterior, 1.5cm from superomedial, 0.5cm from

inferomedial margins and 1.5cm from deep margin.

"Additional medial, lateral, posterior, anterior mucosal margins and deep soft tissue margin": Negative for

malignancy.

Lymph nodes:

"Left level I": Ten lymph nodes, free of tumor.

"Left level IIA and III": Seven lymph nodes, free of tumor.

"Left level IIB": Five lymph ndoes, free of tumor.

"Left level IV": Seven lymph nodes, free of tumor.

pTNM stage: pT2N0

**Radiology Report**

**Created Date:** 26/06/2015

**Study Done:**

MRI TONGUE [CONTRAST]

A 16.6 x 7.5 x 13 mm (AP x TR x CC) , volume 1.3 cc, well enhancing lesion noted involving the left

lateral border of the anterior and middle third of oral tongue.

This lesion seems to involve the hyoglossal muscle. Lesion do not cross the mid line or invade the

sublingualspace.

Subcentrimetric benign nodes seen in level Ia, bilateral level II. The node in level Ia measures 9 x 7 mm and left

level II measures 1.7 x 1.2 cm â##kindly correlate with ultrasound.

The lesion shows an ADC value of 0.00129 and normal site that of 0.00133.

**Impression:**

***Known case of Carcinoma Tongue.***

• **Poorly defined enhancing lesion involving the left lateral border of oral tongue as described.**

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| **Date of Admission :**29/06/2015 | **Date of Procedure :**30/06/2015 |

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| **Date of Discharge :**03/07/2015 |

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

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| **DIAGNOSIS :** |
| Well differentiated Squmous cell carcinoma of lateral border of tongue |

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| **PROCEDURE DONE :** |
| Wide local excision of left lateral border of tongue + Selective neck dissection (Level I-IV) under GA on 30/06/2015 |

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| **HISTORY :** |
| 53 year old male Radhakrishnan presented to our OPD with complaint of ulcer left lateral border of tongue since 1 and 1/2 months had sharp tooth on left side and consulted dentist and grinding of tooth done. He was Used oragel for L/a and no bleeding from the ulcer and assoc pain present. Histopath-Excision biopsy (small) was done on 23/06/2015 reported as well differentiated squamous cell carcinoma. MRI TONGUE [CONTRAST] was done on 26/06/2015 reported as Poorly defined enhancing lesion involving the left lateral border of oral tongue. Admitted for further management. |

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| **PAST HISTORY :** |
| H/o Typhoid in childhood |

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| **PERSONAL HISTORY :** |
| Smoker for > 10 yrs stopped 3 yrs back |

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| **FAMILY HISTORY :** |
| Nil significant |

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| **CLINICAL EXAMINATION :** |
| O/E About 1.5 x 2 cm ulcerative lesion on left lateral border of tongue 2.5 cm from the tip 4 cm from midline & 4 cm from the ant tonsillar pillar; no reaching FOM . small leukoplakic area posterior to the ulcer. Neck no nodes VLS - 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** |
| 01/07/2015 | 13.8 | 39.7 | 206 | 16.4 | 92.5 | 4.3 | 0.0 | - |

Date: 01/07/2015

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| RBC-COUNT-Blood : 4.70 M/uL | MCV-Blood : 84.5 fL |

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| MCH-Blood : 29.3 pg | MCHC-Blood : 34.7 g/dl |

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| RDW-Blood : 13.6 % | MPV-Blood : 8.4 fL |

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| MONO -Blood : 3.2 % | BASO-Blood : 0.0 % |

Date: 30/06/2015

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

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| Histopath-Excision biopsy (small) Received on :23/06/2015 Gross Description : Received in formalin is a specimen consists of 2 tissue bit largest measuring 1.1 x 0.8 x 0.2 cm, Other measuring 0.8 x 0.5 x 0.4 cm. Entire specimen bisected & submitted in A & B cassettes. A-Largest bisected B-Other bisected (Dr Neenu/AM/gb) Microscopic Description : Section shows tissue lined by stratified squamous epithelium showing focal ulcerationa and moderate to severe dysplasia In areas the cells are seen infiltrating into the stroma as small nests and cords. Cells have moderately pleomorphic vesicular nucleus with prominent nucleoli and moderate amount of eosinophilic cytoplasm. Keratin perls, individual cell keratinization and mitosis present. Stroma shows dense lymphoplasmacytic infiltration predominantly lymphocytes and foreign body giant cells. Impression : Left lateral border of tongue:Well differentiated squamous cell carcinoma. 26/06/2015 MRI TONGUE [CONTRAST] A 16.6 x 7.5 x 13 mm (AP x TR x CC) , volume 1.3 cc, well enhancing lesion noted involving the left lateral border of the anterior and middle third of oral tongue. This lesion seems to involve the hyoglossal muscle. Lesion do not cross the mid line or invade the sublingualspace. Subcentrimetric benign nodes seen in level Ia, bilateral level II. The node in level Ia measures 9 x 7 mm and left level II measures 1.7 x 1.2 cm ?kindly correlate with ultrasound. The lesion shows an ADC value of 0.00129 and normal site that of 0.00133. Impression: Known case of Carcinoma Tongue. \* Poorly defined enhancing lesion involving the left lateral border of oral tongue as described. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| With above mentioned complaints & reports his case was discussed in Head and Neck tumor board and It was decided to treat him with surgery. After all preliminary investigations and evaluation he was admitted and taken up for surgery. He underwent Wide local excision of left lateral border of tongue + Selective neck dissection (Level I-IV) under GA on 30/06/2015. His post operative period was uneventful. On 6th POD Ryles tube was removed after trial feeds. Condition at discharge- Afebrile, vitals stable, ryles tube removed. |

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| **OPERATIVE FINDINGS :** |
| Findings: 2x2cm ulcer over left lateral border of tongue, Multiple nodes in left level Ib, II, III, largest in level II measuring 2x1.5cm. Under all aseptic and antiseptic condition patient positioned and dreped. Wide local excision of left lateral border of tongue done with adequate margins all around the lesion. Additional margins taken. Hemosatsis achieved. Left Selective neck dissection (Level I-IV) done. Hemostasis achieved. Drain placed. Wound closed in layers. |

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| **PROGNOSIS ON DISCHARGE :** |
| GOOD |

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| **ADVICE ON DISCHARGE :** |
| Review in Head and Neck surgery OPD on friday (10-7-2015) and suture removal on the same day |

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

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| **PHYSICAL ACTIVITY :** |
| MODERATE |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 5 days Tab. Dolo 650 mg 1-1-1 x 5 days Tab Chymoral forte 1-1-1 x 5 days Tab Ciplox 500 mg 1-0-1 x 5 days Chlorhexidine mouth wash 1-1-1 and sos |

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| **PLAN ON DISCHARGE :** |
| Review with final HPE report |

**Tumour Board Discussion**

**Date of tumor board discussion :** 01/07/2015

**Relevant clinical details :**

c/o ulcer lt lateral border of tongue since 1 and 1/2 months

had sharp tooth lt side

consulted dentist and grinding of tooth was done Used oragel for LA

no bleeding from the ulcer

assoc pain+

l/e:

ulcerative lesion left lateral border of tongue 1.5 x 1.5 cm lesion in the left lateral border of tongue , 2.5 cm from

tip , 3 cm from pharyngeal tongue , not involving the FOM and well away from the midline

small leukoplakic area posterior to the ulcer

no sharp tooth / caries tooth

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

Biopsy Impression :

Left lateral border of tongue:Well differentiated squamous cell carcinoma.

**Other relevant investigations (including metastatic workup) :**

MRI done here

**Agreed Plan of management :**

WLE+ Left SND(1 to 4)

**Tumour Board -HPE Discussion**

**Date of tumor board discussion :** 09/07/2015

**Attendees :**

Type of specimen: WLE left lateral border of tongue Histological type: Squamous cell carcinoma Differentiation

: Well to Moderate Invasive front: Cohesive Tumor size: 2.1x1x0.3cm Maximum depth of invasion: 0.3cm

Vascular invasion- Absent Nerve invasion - Absent WPOI: 3 Lymphocytic infiltrate: Continuous band Risk -

Low Margins: The tumor is 2cm from anterior, 1.4cm from posterior, 1.5cm from superomedial, 0.5cm from

inferomedial margins and 1.5cm from deep margin. "Additional medial, lateral, posterior, anterior mucosal

margins and deep soft tissue margin": Negative for malignancy. Lymph nodes: "Left level I": Ten lymph nodes,

free of tumor. "Left level IIA and III": Seven lymph nodes, free of tumor. "Left level IIB": Five lymph ndoes,

free of tumor. "Left level IV": Seven lymph nodes, free of tumor. pTNM stage: pT2N0

plan- observation

**Progress Notes**

**Date : 22/06/2015**

**ProgressNotes :**

c/o ulcer lt lateral border of tongue since 1 and 1/2 months

had sharp tooth lt side

consulted dentist and grinding of tooth done

Used oragel for L/a

no bleeding from the ulcer

assoc pain+

O/E

ulcerative lesion left lateral border of tongue

adv

biopsy

further plan based on report

if Bx negative-laser excision on thursday

if BX postv-plan WLE+SND on tuesday after MRI head and neck and pac

**Progress Notes**

**Date : 05/08/2015**

**ProgressNotes :**

DIAGNOSIS :

Well differentiated Squamous cell carcinoma of lateral border of tongue

PROCEDURE DONE :

Wide local excision of left lateral border of tongue + Selective neck dissection (Level I-IV) under GA on

30/06/2015

HPE: pT2N0 , low risk

TB discussion: close observation

l/e:

locoregionally NAD

neck - NAD

ADV

follow up

going to gulf

review monthly

will come next year