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| **RADIOLOGY REPORT** |

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| |  | | --- | | **Study Done:**  **MRI HEAD & NECK CONTRAST**  *Clinical notes: case  of carcinoma tongue*   Small 2.2 x 1.6 x 2 cm enhancing lesion   seen  along the  right  lateral border of  the anterior third of  oral tongue  Lesion just crosses  the midline and involves the tip of tongue ..Lesion involves the right  sublingual space..  Floor of  the  mouth is  normal .  Base of  tongue is normal . Suspicious   lymph nodes seen in  right level  IB, II  , III  and left level III  Bilateral submandibular  and parotid salivary gland appear  normal. Larynx and pharynx appear normal. Carotid and IJV appear  normal. Bones show normal signals | |  | |
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| |  | | --- | | **Impression:**   * **Enhancing lesion   seen  along the  right  lateral border of  the anterior third of  oral tongue . Lesion just crosses  the midline and involves the tip of tongue ..Lesion involves the right  sublingual space..** * **B/L Suspicious lymphnodes as described.** | |

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| **Radiology Report** |

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| |  | | --- | | **Study Done:**  **CT CHEST-PLAIN**  ***Clinical information- Known case of Ca tongue, to rule out metastasis.***  Normal mediastinal vascular structures.  The hila are normal.  The tracheobronchial tree is normal.  Normal lung parenchyma.  Acessory azygous lobe noted  No pleural pathology.  Chest wall is normal. | |  | |
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| **RADIOLOGY REPORT** |

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| |  | | --- | | **Study Done:**  ULTRASOUND NECK   Highly suspicious nodes with absent hilum seen in right level IB ,II & III measuring 5.7.4 c4.8 ,16.2 x8 mm,10.5 x5 mm respectively. Tiny node measuring 5.6 x4.4 mm seen in left level II with no hila - mildly suspicious -needs follow up | |

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| **SURGICAL PATHOLOGY REPORT** |

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| |  | | --- | | **Clinical Impression :**  C/o Carcinoma tongue | |  | |
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| |  | | --- | | **Gross Description :**  Received in formalin are 9 specimens. The Ist specimen labelled "WLE tongue mass" consists of same measuring 5x3x1.7cm.Raw surface inked. On serial slicing there is a grey white irregular lesion measuring 1.8(AP)x1.5(SI)x1.9(ML)cm.The main lesion is 1.2cm away from anterior margin,1.3cm away from inferior margin , 0.7cm from posterior margin, 1.1cm from lateral margin and abutting superior margin; depth of lesion - 0.9cm.Representative sections are submitted as follows: A1 - Anterior A2 - Posterior shaved margin A3- Lateral margin A4 - Superior margin A5 - Inferior margin A6 to A8 - Lesion A9- Grey white separate lesion. Specimen II labelled " Additional deep margin" consists of fragments of tissue bit measuring 1x0.8cm. Entire specimen submitted in cassette B. Specimen III labelled "Anteroinferior margin" consists of linear tissue bit measuring 1x0.2cm. Entire specimen submitted in cassette C. Specimen IV labelled "Level IA" consists of fibrofatty tissue measuring 4x2x0.5cm. No lymph node identified. Representative sections are submitted in cassette D. Specimen V labelled "Right level Ib" consists of same measuring 4x2.8x2cm. Cut surface salivary gland identified. Representative sections are submitted in cassettes E1 to E3. Specimen VI labelled "Right level II A" consists of same measuring 3x2.6x2cm. Representative sections are submitted in cassettes F1 to F3. Specimen VII labelled " right level IIB" consists of fibrofatty tissue measuring 2x1,5x0.5cm. Entire specimen submitted in cassettes G1to G3. Specimen VIII labelled "Right level III" consists of fibrofatty tissue measuring 2x1.5x0.5cm. Entire specimen submitted in cassettes H1 to H4. Specimen IX labelled " right level IV" consists of fibrofatty tissue measuring 2.5x2x0.5cm. 2lymph nodes identified. Representative sections are submitted in cassettes J1 to J3. | |  | |
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| |  | | --- | | **Microscopic Description :**  A. Sections from tongue lined by stratified squamous epithelium shows an infiltrating neoplasm composed of cells arranged predominantly in lobules, nests, with focal cords and trabeculae pattern. Individual cells are large with distinct cell border, moderate eosinophilic cytoplasm, vesicular nucleus and prominent nucleoli. Small basal type of cells noted in the periphery of tumour islands. Occasional dyskeratotic cells seen . Plenty of keratin pearl formation noted. Continous bands of lymphoplasmacytic infiltration seen in and around the tumour islands. Occasional mitosis and LVE noted. No PNI seen. Margins: B.Additional deep margin- free of tumour C.Additional inferior margin -free of tumour D. Right level IA-0/1node-free of tumour E.Right level IB - 1 node and salivary gland - free of tumour F.Right level IIA - 5 nodes - free of tumour G.Right level IIB - 8 nodes -free of tumour H. Right level III - 2 nodes - free of tumour J. Right level IV - - Fibrofatty tissue - Free of tumour. | |  | |
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| |  | | --- | | **Impression :**  WLE tongue right side + ipsilateral LND + Additional deep margin and anterior inferior margin: - Well differentiated squamous cell carcinoma - Tumour size - 1.5x1.8x1.9cm - Depth of invasion - 1.5cm - LVE - Present WPOI - Pattern 4, score-1 LHR -Continuous band - Score -0 PNI - absent - score 0 Risk for local recurrence-Intermediate risk Margins : - Superior margin appears close (approximately 0.2cm); all other margins are free. However, additional inferior and deep margins taken are free of tumour LND : All nodes are free of tumor(0/16) pT3N0 | |

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| **Date of Admission :**06/08/2018 |

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

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| **DIAGNOSIS :** |
| ca tongue rt lateral border cT2N0Mx(Final HPR Awaited) |

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| **PROCEDURE DONE :** |
| Re-exploration for flap congesion under GA |

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| **HISTORY :** |
| 57 year old lady with h/o ulcer over tongue on right side since 1 month no other complaints comorbidities- DM on injection H.Mixtard 30/70 14-0-8 , T.Metformin 500mg BD T.Glimipride 2mg OD HTN-on Amlodipine habits- nil |

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| **PERSONAL HISTORY :** |
| DM on injection H.Mixtard 30/70 14-0-8 , T.Metformin 500mg BD T.Glimipride 2mg OD HTN-on Amlodipine No h/o TB/DLP/Asthma/ Seizures/Thyroid disorder/ CAD/CVA/COPD No h/o Previous blood transfusions Moderate Effort Tolerance No Recent fever/cough Normal Bowel and bladder habits |

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| **CLINICAL EXAMINATION :** |
| On Examination: KPS 100 ht 146, wt 52.7 Mouth opening adequate dental hygiene adequate ulceroproliferative 3x2cm lesion over right lateral border of tongue, 2 c, from tip, 5cm from TLS, approximately 1cm of induration all around, just reaching midline in centre. FOM/BOT supple no palpable neck nodes |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| 57 Year old came to OPD with above mentioned complaints.After all preliminary examinations and investigations her case discussed in Head and Neck multi disciplinary Tumor board and planned for............After PAC clearence she underwent the proposed procedure.Post operatively she was shifted to ICU for further observations. She had a episode of flap congestion for that she went Re exploration.subsequently she was shifted to ward for further care.She is being discharged with an advised to follow up. Conditions at discharge: GC Fair Vitals stable Drains removed,Clips removed |

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| **OPERATIVE FINDINGS :** |
| Re-exploration for flap congesion under GA Findings: Flap congested Neck sutures opened, and all blood clots evacuated. Wash given with warm NS Intra-orally flap skin was congested and flap sutures taken out, Flap margins bleeding was adequate and muscle also bleeding well Neck vessels- Artery- working well vein- milking- sluggish flow Vein was kinked, abgel was kept below vein and made it straight now flow was good after putting abgel, flow was adequate. Flap was working well Holding sutures were taken with remanant tongue. Hemostasis achieved. Drain kept in neck. Neck wound closure done in layers. |

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab Dolo 650mg 1-0-1 X 3days Tab Pan 40mg 1-0-0 X 3DAYS |

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| **Tumour Board Discussion** |

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| |  | | --- | | **Relevant clinical details :**  57 year old lady with h/o ulcer over tongue on right side since 1 month no other complaints comorbidities- DM on injection H.Mixtard 30/70 14-0-8 , T.Metformin 500mg BD T.Glimipride 2mg OD HTN-on Amlodipine habits- nil o/e KPS 100 Mouth opening adequate dental hygiene adequate ulceroproliferative 3x2cm lesion over right lateral border of tongue, 2 c, from tip, 5cm from TLS, approximately 1cm of induration all around, just reaching midline in centre. FOM/BOT supple no palpable neck nodes biopsy EB/9748/18 dtd 9.7.18 SCC insitu with focal invasion imp ca tongue rt lateral border cT2N0Mx  plan WLE ND +STF(sir's reconstruction plan photo saved in NILA, to be referred to during planning for OT) MRI HN, Chest CT PAC | |  | |
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| |  | | --- | | **Other relevant investigations (including metastatic workup) :**  MRI H &N (26/07/18) : Small 2.2 x 1.6 x 2 cm enhancing lesion seen along the right lateral border of the anterior third of oral tongue Lesion just crosses the midline and involves the tip of tongue ..Lesion involves the right sublingual space.. Floor of the mouth is normal . Base of tongue is normal . Suspicious lymph nodes seen in right level IB, II , III and left level III | |  | |  | |  | |
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| **Progress Notes** |

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| **Date of birth:**25/07/1961 |

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| **Date :**25/07/2018 |

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| **ProgressNotes :** |
| 57 year old lady with h/o ulcer over tongue on right side since 1 month no other complaints comorbidities- DM on injection H.Mixtard 30/70 14-0-8 , T.Metformin 500mg BD T.Glimipride 2mg OD HTN-on Amlodipine habits- nil o/e KPS 100, ht 146, wt 52.7 Mouth opening adequate dental hygiene adequate ulceroproliferative 3x2cm lesion over right lateral border of tongue, 2 c, from tip, 5cm from TLS, approximately 1cm of induration all around, just reaching midline in centre. FOM/BOT supple no palpable neck nodes biopsy EB/9748/18 dtd 9.7.18 SCC insitu with focal invasion imp ca tongue rt lateral border cT2N0Mx  Adv  WLE ND +STF medial sural artery perforator flap(sir's reconstruction plan photo saved in NILA, to be referred to during planning for OT) MRI HN, Chest CT PAC usg neck and fnac from cl node |

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| **Progress Notes** |

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| **Date of birth:**25/07/1961 |

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| **Date :**29/08/2018 |

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| **ProgressNotes :** |
| ca tongue rt lateral border cT2N0Mx(Final HPR Awaited) PROCEDURE DONE : Re-exploration for flap congesion under GA HPR:WLE tongue right side + ipsilateral LND + Additional deep margin and anterior inferior margin: - Well differentiated squamous cell carcinoma - Tumour size - 1.5x1.8x1.9cm - Depth of invasion - 1.5cm - LVE - Present WPOI - Pattern 4, score-1 LHR -Continuous band - Score -0 PNI - absent - score 0 Risk for local recurrence-Intermediate risk Margins : - Superior margin appears close (approximately 0.2cm); all other margins are free. However, additional inferior and deep margins taken are free of tumour LND : All nodes are free of tumor(0/16) pT3N0 o/e: flap healing well ned  PLAN: referred to for RT dental consult-dental prophylaxis SR today RT can be removed today |

Radiation oncology

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| **Progress Notes** |

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| **Date of birth:**25/07/1961 |

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| **Date :**30/08/2018 |

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| **ProgressNotes :** |

57 year old lady with h/o ulcer over tongue on right side since 1 month complaints with comorbidities of DM (on injection H.Mixtard 30/70 14-0-8 , T.Metformin 500mg BD T.Glimipride 2mg OD HTN-on Amlodipine) with no habits.

MRI Head and Neck(26/7/18) Impression: Enhancing lesion seen along the right lateral border of the anterior third of oral tongue . Lesion just crosses the midline and involves the tip of tongue .Lesion involves the right sublingual space. B/L Suspicious lymphnodes as described.

ULTRASOUND NECK(27/7/18) Highly suspicious nodes with absent hilum seen in right level IB ,II & III measuring 5.7.4 c4.8 ,16.2 x8 mm,10.5 x5 mm respectively. Tiny node measuring 5.6 x4.4 mm seen in left level II with no hila - mildly suspicious -needs follow up

S/P WLE tongue right side + ipsilateral LND + Additional deep margin and anterior inferior margin on 7/8/18

: - Well differentiated squamous cell carcinoma - Tumour size - 1.5x1.8x1.9cm - Depth of invasion - 1.5cm - LVE - Present WPOI - Pattern 4, score-1 LHR -Continuous band - Score -0 PNI - absent - score 0 Margins : - Superior margin appears close (approximately 0.2cm); all other margins are free. However, additional inferior and deep margins taken are free of tumour LND : All nodes are free of tumor(0/16) pT3N0

PLAN CT Sim taken- 10/8/18 RT start date - 17/8/18 3DCRT