**Impression :**

**ULTRASOUND OF NECK**

Right lobe of thyroid measures 14(AP)x21(T)x41(CC)mm.

Left lobe of thyroid measures 13(AP)x20(T)x34(CC)mm.

Isthmus measures 3mm.

Few lymph nodes (oval shaped with preserved fatty hilum) noted in right level -2 measuring 8x4mm, right level -3 measuring 6x2mm, left level -6 largest measuring 6x3mm.

Multiple lymph nodes (oval shaped with preserved fatty hilum) noted in left level -5 largest measuring 7x3mm.

Both lobes of thyroid appear coarse in echotexture with increased vascularity.

Bilateral neck vessels appear normal.

**IMPRESSION**

      **Coarse echotexture with increased vascularity of thyroid lobe â?? to rule out thyroiditis.**

      **Multiple benign appearing lymph nodes as described.**

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| **SURGICAL PATHOLOGY REPORT** |

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| |  |  | | --- | --- | | **Date of sample collection :**  20/03/2012 |  | |
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| |  |  | | --- | --- | |  | **Reported Date :**  22/03/2012 | |
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| |  | | --- | | **Clinical Impression :**  Carcinoma tongue left lateral border | |  | |
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| |  | | --- | | **Gross Description :**  Received in formalin is an unlabelled specimen, consists of single grey brown tissue bits measuring 1.5x0.5x0.4cm. Entire specimen submitted in one cassette. (Dr.Lisa/Rc/Sm) | |  | |
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| |  | | --- | | **Microscopic Description :**  Sections from tongue shows an infiltrating neoplasm consists of cells arranged in sheets and nests. Individual cells have pleomorphic vesicular nuclei, conspicuous nucleoli and moderate amount of eosinophilic cytoplasm. Well formed keratin pearls are seen. There are areas of inflammatory infiltrate surrounding the tumor cells. Vascular invasion noted. | |  | |
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The Ist specimen labelled as "Wide local excision of tongue labelled with sutures, whole measures 5x4x2.5cm. The surface of tongue shows an ulceroinfiltrating growth measuring 3.3x2.6x1.8cm. The growth is situated 0.6cm from anterior mucosal margin, 1.5cm from dorsal mucosal margin, 0.6cm from posterior mucosal margin, 0.8cm from inferior mucosal margin. The tumour is 0.2cm from inked deep margin. Representative sections are submitted as follows: A1 - Posterior mucosal margin A2 - Inferior mucosal margin A3 - Dorsal mucosal margin A4 - Anterior mucosal margin A5 to A7 - Tumour with inked deep margin Specimen II labelled as "Additional deep margin", consists of single circular soft tissue measuring 2.5x1.8x0.5cm. Entire specimen submitted in B1 and B2 cassettes. Specimen III labelled as "Further additional deep margin", consists of 3 fibrofatty tissue in aggregate measuring 3x3x0.5cm. Entire specimen submitted n C1 to C3 cassettes. Specimen IV labelled as "Additional tissue floor of mouth", consists of single soft tissue bit measuring 2.5x2.5x1cm. Entir specimen submitted in D1 to D4 cassettes. Specimen V labelled as "Additional inferior soft tissue margin", consists of single fibrofatty tissue measuring 1.8x1.2x0.8cm. Entire specimen submitted in E1 and E2 cassettes. Specimen VI labelled as "Left level IIA", consists of multiple fibrofatty tissue measuring 4x3x1cm. 1 lymph node identified, measuring 1.1cm. Cut section grey brown. Representative sections are submitted in F1 to F3 cassettes. Specimen VII labelled as "Left level IIB", consists of 2 nodular fibrofatty tissue measuring 2.5x2x1cm. Representative sections are submitted in G1 and G2 cassettes. specimen VIII labelled as "Left level III & IV", consists of single fibrofatty tissue measuring 5x2x1cm. Multiple nodes identified. cut section grey brown. Representative sections are submitted as follows: H1 - 3 nodes H2 - 6 nodes H3 - 3 nodes Specimen IX labelled as "Level IA", consists of single fibrofatty tissue measuring 3.5x2x1cm. 3 nodes identified. Representative sections are submitted in cassette J. Specimen X labelled as "Level IB", consists of single fibrofatty tissue measuring 5x4x2cm. Salivary gland measuring 5x3x2cm and multiple lymph nodes identified, largest measuring 1cm. Representative sections are submitted as follows: K1 - From salivary gland k2 - 3 lymph nodes K3 - 3 lymph nodes  Microscopic Description : A) Wide local excision of tongue : Section shows an infiltrating neoplasm consists of cells arranged in sheets, nests, cords and singly. Individual cells are pleomorphic with round to oval nuclei, inconspicuous nucleoli and moderate amount of eosinophilic cytoplasm. Mitosis is seen 1-2/hpf. Numerous well formed keratin pearls are seen throughout. Vascular invasion is noted. The tumor is seen reaching till the deep inked margin. The other margins are free and well away. Perineural invasion seen. Depth of invasion is 1.8cm. Tumor has infiltrating margins with moderate lymphoplasmacytic inflammation. B) Additional deep margin :Additional deep margin shows similar tumor cells focally. Majority of areas show fibromuscular tissue. C) Further additional deep margin : Further additional deep margin - Free of tumor D) Additional tissue floor of mouth : Show minor salivary gland tissue with features of acute sialadenitis. E) Additional inferior soft tissue margin: Show minor salivary gland tissue with features of acute sialadenitis. F) Left level IIa lymphnodes - 7 reactive nodes G) Left level IIb lymphnodes - 2 reactive nodes H) Left level III and IV - 12 reactive nodes J) Level Ia nodes - 3 reactive nodes K) Level Ib nodes - 2/3 lymphnodes show metastasis. No perinodal spread seen (Size in metastasis deposits is 5x5mm each). Diagnosis : A) WLE tongue :- Moderately differentiated squamous cell carcinoma Tumor size - 3.3x2.6x1.8cm Positive deep margin All other margins are free and well away Vascular and perineural invasion seen B) Additional deep margin is positive for malignant cells. Additional inferior soft tissue margins, tissue floor of mouth and further additional deep margin (C) is free of tumor 2/27 lymphnodes +ve for malignancy. No perineural invasion seen. Stage : T2N2bMx | |  |  |  | | --- | --- | | **Date of Admission :**21/03/2012 | **Date of Procedure :**22/03/2012 |  |  | | --- | | **Date of Discharge :**03/04/2012 |  |  | | --- | |  |  |  | | --- | | **DIAGNOSIS :** | | Carcinoma tongue |  |  | | --- | | **PROCEDURE DONE :** | | Wide local excision with neck dissection with free ALT flap reconstruction done under GA |  |  | | --- | | **HISTORY :** | | C/o ulcer tongue since 4 months Pan chewer No comorbidities O/e: Mouth opening is normal, dentate ulcerproliferative lesion Lt side tongue 3x2 cm with minimal induration with normal tongue movements It is situated 4 cm from tip and reaching upto base tongue, mandible is free Neck: NED all other head and neck areas: Normal Imp:Ca tongue Lt T2N0 |  |  | | --- | | **CLINICAL EXAMINATION :** | | O/e: Mouth opening is normal, dentate, ulcerproliferative lesion Lt side tongue 3x2 cm with minimal induration with normal tongue movements It is situated 4 cm from tip and reaching upto base tongue, mandible is free Neck: NED All other head and neck areas: Normal Imp:Ca tongue Lt T2N0 |   **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 23/03/2012 | 10.7 | 34.8 | 128.0 | 7.41 | 94.3 | 2.44 | 0.042 | - | | 24/03/2012 | 10.6 | 31.5 | 150.0 | 13.9 | 94.2 | 2.93 | 0.02 | - |   **Liver Function Test:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** | | 23/03/2012 | 2.04 | - | - | - | - | - | 2.68 | - |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 23/03/2012 | 14.5 | 0.76 | 139.4 | 3.84 |   Date: 24/03/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.39 M/uL | MCV-Blood : 92.9 fL |  |  |  | | --- | --- | | MCH-Blood : 31.3 pg | MCHC-Blood : 33.7 g/dl |  |  |  | | --- | --- | | RDW-Blood : 17.2 % | MPV-Blood : 18.1 fL |  |  |  | | --- | --- | | MONO -Blood : 2.83 % | BASO-Blood : 0.05 % |   Date: 23/03/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.75 M/uL | MCV-Blood : 92.7 fL |  |  |  | | --- | --- | | MCH-Blood : 28.6 pg | MCHC-Blood : 30.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 17.4 % | MPV-Blood : . fL |  |  |  | | --- | --- | | MONO -Blood : 2.85 % | BASO-Blood : 0.423 % |  |  | | --- | |  | | Post op HPR S12-3152 WLE tongue :- Moderately differentiated squamous cell carcinoma Tumor size - 3.3x2.6x1.8cm Positive deep margin All other margins are free and well away Vascular and perineural invasion seen B) Additional deep margin is positive for malignant cells. Additional inferior soft tissue margins, tissue floor of mouth and further additional deep margin (C) is free of tumor 2/27 lymphnodes +ve for malignancy. No perineural invasion seen. Stage : T2N2bMx USG Neck: Coarse echotexture with increased vascularity of thyroid lobe, to rule out thyroiditis. Multiple benign appearing lymph nodes as described. |  |  | | --- | | **COURSE IN THE HOSPITAL AND DISCUSSION :** | | Patient admitted and planned for surgery. Underwent surgery which was uneventful. Post op in the ICU was uneventful. Shifted to the ward on POD6. Had LRTI which was treated with oral antibiotics and inhalation bronchodilators. Patient was not tolerating oral diet in the early post op period and was asked to continue Ryle's tube feeds for another two days. Seen by swallowing therapist and started oral feeds with semisolid diet in a progressive manner. On discharge, the patient was taking orally as well as Ryle's tube feeding. RT consultation sought and planned for RT. Wounds have healed well.Dental consultation was done scaling and fluride application was done. |  |  | | --- | | **OPERATIVE FINDINGS :** | | 23/03/2012 Under GA and nasotracheal intubation, horizontal skin crease incision given along with midline lip split incision.Cheek flap raised and left level I-IV ND performed preserving the vessels and marginal mandibular nerve.Para median mandibulotomy done after pre plating with titanium mini plates and 2.5\*8 mm screws.The mandible retarcted and the muscles attached to the mandible divided.The lingual nerve identified and sacrificed on the left side.The lesion seen involving the tongue on the left side extending posterior to the curcumvillate papillae.Giving adequate margin WLE of the tongue performed.ALT flap harvested from the left leg of dimension 8\*10 cm.Perforator dissection done.The harvested flap anastamosed to the facial vessels on the left side.The flap inserted to the remanant tongue.Donor site closed primarily.The mandible plated.Trachesotomy performed.Procedure uneventful and the flap was working well. |  |  | | --- | | **DISCHARGE MEDICATION :** | | T.levoflox 500mg od x 3 days T.dolo 650mg tds x 4 days T.pan 20mg bd x 7 days Hexidine mouth wash 2hrly x 7 days |  |  | | --- | | **PLAN ON DISCHARGE :** | | T.levoflox 500mg od x 3 days T.dolo 650mg tds x 4 days T.pan 20mg bd x 7 days Hexidine mouth wash 2hrly x 7 days Radiation Oncology follow up for starting RT Daily visit to HNS opd for swallowing reassessment To continue oral and RT feeds as tolerated Plan to remove RT at later date |  |  | | --- | | **HEAD AND NECK - TUMOUR BOARD** |  |  |  | | --- | --- | |  | **TB Date:**  12/10/2022 | |  | **Tumour Type:** Second Primary |  |  |  | | --- | --- | |  |  | | **Previous Treatment History:** |  | |  |  | | **Treatment:** Complete | **Modality:** Surgery + CRT | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **Presenting Complaints: Neck Mass** | |  | | **Descriptive History and Examination:**  k/c/o Carcinoma left tongue PROCEDURE DONE : Wide local excision with neck dissection with free ALT flap reconstruction done under GA 03/04/2012 received adj CTRT DFI- 10 years c/o- growth in right side of oral cavity x 2 years difficulty in eating + no h/o pain no h/o low/loa | |  | | | | | |  |  | | --- | --- | |  |  | |  | **Others:**  o/e kps-80 mo- less than one finger partially dentate ankyloglossia present proliferative growth present in right lower alveolus from midline anterioly till molar region posteriorly overhanging on tongue palate free neck- post RT changes in neck scopy- lesion extended until BOT, vallecula is free. Hypopharynx free. bilateral VC mobile. | |  |  | | | | | |  | | | | | |  |  | | --- | --- | |  |  | | | | | |  |  | | **Descriptive Plan:**  second primary ca right lower alveolus (cT4aN0) tbd- to discuss imaging in next tumor board excision biopsy done under GA on 13-10-22 Mycobacterium tuberculosis complex : Not Detected. Smear for AFB: Direct : Negative Concentration : Negative provisional biopsy report present |  |  |  | | --- | | **Progress Notes** |       Medical oncology   |  | | --- | |  |      |  | | --- | | **Date of birth:**19/03/1970 |      |  | | --- | | **Date :**03/05/2012 |  |  | | --- | | **ProgressNotes :** | | 42 year old gentleman from Andaman. No comorbidities. Was evaluated for lesion over the tongue, left side. Initial clinical examination: ulcerproliferative lesion Lt side tongue 3x2 cm with minimal induration with normal tongue movements, situated 4 cm from tip and reaching upto base tongue, mandible free, Neck: Clinically NED |   Imp:Ca tongue Lt T2N0 PER OP: The lesion seen involving the tongue on the left side extending posterior to the curcumvillate papillae. HPR: WLE tongue :- Moderately differentiated squamous cell carcinoma -Tumor size - 3.3x2.6x1.8cm -Positive deep margin All other margins are free and well away -Vascular and perineural invasion seen Additional deep margin positive for malignant cells. Additional inferior soft tissue margins, tissue floor of mouth and further additional deep margin free of tumor -2/27 lymphnodes +ve for malignancy. No perinodal spread - Stage : pT2N2bMx, close margins.  PLAN: Concurrent chemoradiation. CT sim done. RT start on 2.5.2012.  Plan: Ht 161 Wt 40 BSA: 1.32 m2 Chemotherapy/Cisplatin 30 mg/m2 (40 mg) Cycle 1 today KFTs Normal   |  | | --- | | **Progress Notes** |      |  | | --- | |  |      |  | | --- | | **Date of birth:**19/03/1970 |      |  | | --- | |  |      |  | | --- | | **Date :**14/10/2022 |  |  | | --- | | **ProgressNotes :** | | k/c/o Carcinoma left tongue PROCEDURE DONE : Wide local excision with neck dissection with free ALT flap reconstruction done under GA 03/04/2012 received adj CTRT Right lower alveolus Biopsy done on 14-10-22 Procedure : 7x5cm huge pedunculated mass attached to right lower edentulous alveolus. Mouth opening 2finger breath. excised intoto. adv review with biopsy report |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Speciality :**  Radiation Oncology | |  | | |  | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | | **D/O Commencement of RT**  03/05/2012 | **D/O Completion of RT**  06/06/2012 | | |  | | |  | | --- | | **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Tongue Left Statuspost, PT2N2BM0, Stage IV A Moderately Differentiated Squamous Cell Carcinoma Completed Postop Concurrent Chemo Irradiation by 3DCRT. | |  | | **CLINICAL HISTORY AND PHYSICAL FINDINGS** , had presented with a lesion over the tongue, left side. On clinical examination there was an ulcero-proliferative lesion over left side of tongue 3x2 cm with minimal induration, normal tongue movements, situated 4 cm from tip and reaching up to base tongue, mandible free, mouth opening normal, dentate, no neck nodes. |He was clinically staged as Ca tongue cT2 N0 MX. It was decided to treat him with surgery. He underwent Wide local excision with neck dissection with free ALT flap reconstruction under GA on 21.03.2012. Post op HPR was reported as Moderately differentiated squamous cell carcinoma with tumor size 3.3 x 2.6 x 1.8 cm, positive deep margin, all other margins were free and well away, vascular and perineural invasion seen; 2/27 lymphnodes positive for malignancy. [Level IB]; No perinodal spread [Ca tongue pT2N2bM0]. After discussion in the tumour board, he was started on concurrent chemoradiation, 6600cGy in 33 fractions, with weekly Cisplatin 30 mg/m2. RT was started on 2.5.2012. | |  | | **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 10/05/2012 | 12.2 | 36.2 | 183.0 | 5.75 | 76.7 | 10.9 | 3.54 | - | | 16/05/2012 | 10.7 | 31.4 | 178.0 | 5.93 | 81.5 | 6.53 | 4.53 | - | | 23/05/2012 | 10.1 | 29.5 | 224.0 | 5.97 | 72.2 | 15.7 | 3.19 | - | | 25/05/2012 | 8.53 | 25.6 | 153.0 | 3.7 | 71.2 | 16.0 | 4.61 | - | | 26/05/2012 | 8.48 | 25.1 | 175.0 | 4.6 | 81.3 | 6.15 | 2.91 | - | | 27/05/2012 | 10.2 | 29.6 | 160.0 | 4.05 | 76.0 | 10.9 | 2.71 | - | | 29/05/2012 | 12.2 | 35.0 | 166.0 | 5.04 | 78.8 | 6.39 | 3.49 | - | | 05/06/2012 | 11.6 | 34.5 | 175.0 | 5.45 | 81.3 | 5.21 | 2.9 | - |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 10/05/2012 | 21.7 | 1.13 | - | - | | 16/05/2012 | - | 1.15 | - | - | | 22/05/2012 | 28.3 | 1.09 | 135.9 | 4.6 | | 25/05/2012 | - | 1.07 | 131.4 | 4.2 | | 26/05/2012 | - | 1.21 | 127.0 | 4.0 | | 29/05/2012 | - | - | 126.7 | - | | 31/05/2012 | - | - | 131.7 | 3.9 | | 05/06/2012 | 19.7 | 0.98 | 133.4 | 4.1 |   Date: 05/06/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.9 M/uL | MCV-Blood : 88.4 fL |  |  |  | | --- | --- | | MCH-Blood : 29.6 pg | MCHC-Blood : 33.5 g/dl |  |  |  | | --- | --- | | RDW-Blood : 16.3 % | MPV-Blood : 8.29 fL |  |  |  | | --- | --- | | MONO -Blood : 9.63 % | BASO-Blood : 0.967 % |   Date: 29/05/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.02 M/uL | MCV-Blood : 87.0 fL |  |  |  | | --- | --- | | MCH-Blood : 30.4 pg | MCHC-Blood : 34.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 16.6 % | MPV-Blood : 8.68 fL |  |  |  | | --- | --- | | MONO -Blood : 10.7 % | BASO-Blood : 0.637 % |   Date: 27/05/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.33 M/uL | MCV-Blood : 88.7 fL |  |  |  | | --- | --- | | MCH-Blood : 30.6 pg | MCHC-Blood : 34.5 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.3 % | MPV-Blood : 10.1 fL |  |  |  | | --- | --- | | MONO -Blood : 9.45 % | BASO-Blood : 0.979 % |   Date: 26/05/2012   |  |  | | --- | --- | | Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 2.83 M/uL |  |  |  | | --- | --- | | MCV-Blood : 88.7 fL | MCH-Blood : 30.0 pg |  |  |  | | --- | --- | | MCHC-Blood : 33.8 g/dl | RDW-Blood : 16.0 % |  |  |  | | --- | --- | | MPV-Blood : 9.37 fL | MONO -Blood : 8.7 % |  |  |  | | --- | --- | | BASO-Blood : 0.913 % |  |   Date: 25/05/2012   |  |  | | --- | --- | | Glucose [R]-Plasma : 83.0 mg/dl | RBC-COUNT-Blood : 2.86 M/uL |  |  |  | | --- | --- | | MCV-Blood : 89.6 fL | MCH-Blood : 29.8 pg |  |  |  | | --- | --- | | MCHC-Blood : 33.3 g/dl | RDW-Blood : 15.9 % |  |  |  | | --- | --- | | MPV-Blood : 10.2 fL | MONO -Blood : 7.59 % |  |  |  | | --- | --- | | BASO-Blood : 0.506 % |  |   Date: 23/05/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.27 M/uL | MCV-Blood : 90.1 fL |  |  |  | | --- | --- | | MCH-Blood : 30.9 pg | MCHC-Blood : 34.3 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.2 % | MPV-Blood : 12.2 fL |  |  |  | | --- | --- | | MONO -Blood : 8.4 % | BASO-Blood : 0.483 % |   Date: 16/05/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.51 M/uL | MCV-Blood : 89.4 fL |  |  |  | | --- | --- | | MCH-Blood : 30.6 pg | MCHC-Blood : 34.2 g/dl |  |  |  | | --- | --- | | RDW-Blood : 16.2 % | MPV-Blood : 10.0 fL |  |  |  | | --- | --- | | MONO -Blood : 6.91 % | BASO-Blood : 0.547 % |   Date: 10/05/2012   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.03 M/uL | MCV-Blood : 90.0 fL |  |  |  | | --- | --- | | MCH-Blood : 30.4 pg | MCHC-Blood : 33.8 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.1 % | MPV-Blood : . fL |  |  |  | | --- | --- | | MONO -Blood : 8.38 % | BASO-Blood : 0.486 % | | |  | | **HISTOPATHOLOGY REPORTS**  Histology Lab No :S12-3152 Clinical Impression : WLE of tongue Gross Description : Received in formalin are 10 specimens. The Ist specimen labelled as "Wide local excision of tongue labelled with sutures, whole measures 5x4x2.5cm. The surface of tongue shows an ulceroinfiltrating growth measuring 3.3x2.6x1.8cm. The growth is situated 0.6cm from anterior mucosal margin, 1.5cm from dorsal mucosal margin, 0.6cm from posterior mucosal margin, 0.8cm from inferior mucosal margin. The tumour is 0.2cm from inked deep margin. Representative sections are submitted as follows: A1 - Posterior mucosal margin A2 - Inferior mucosal margin A3 - Dorsal mucosal margin A4 - Anterior mucosal margin A5 to A7 - Tumour with inked deep margin Specimen II labelled as "Additional deep margin", consists of single circular soft tissue measuring 2.5x1.8x0.5cm. Entire specimen submitted in B1 and B2 cassettes. Specimen III labelled as "Further additional deep margin", consists of 3 fibrofatty tissue in aggregate measuring 3x3x0.5cm. Entire specimen submitted n C1 to C3 cassettes. Specimen IV labelled as "Additional tissue floor of mouth", consists of single soft tissue bit measuring 2.5x2.5x1cm. Entir specimen submitted in D1 to D4 cassettes. Specimen V labelled as "Additional inferior soft tissue margin", consists of single fibrofatty tissue measuring 1.8x1.2x0.8cm. Entire specimen submitted in E1 and E2 cassettes. Specimen VI labelled as "Left level IIA", consists of multiple fibrofatty tissue measuring 4x3x1cm. 1 lymph node identified, measuring 1.1cm. Cut section grey brown. Representative sections are submitted in F1 to F3 cassettes. Specimen VII labelled as "Left level IIB", consists of 2 nodular fibrofatty tissue measuring 2.5x2x1cm. Representative sections are submitted in G1 and G2 cassettes. specimen VIII labelled as "Left level III & IV", consists of single fibrofatty tissue measuring 5x2x1cm. Multiple nodes identified. cut section grey brown. Representative sections are submitted as follows: H1 - 3 nodes H2 - 6 nodes H3 - 3 nodes Specimen IX labelled as "Level IA", consists of single fibrofatty tissue measuring 3.5x2x1cm. 3 nodes identified. Representative sections are submitted in cassette J. Specimen X labelled as "Level IB", consists of single fibrofatty tissue measuring 5x4x2cm. Salivary gland measuring 5x3x2cm and multiple lymph nodes identified, largest measuring 1cm. Representative sections are submitted as follows: K1 - From salivary gland k2 - 3 lymph nodes K3 - 3 lymph nodes (Dr.Amrita/Rc/Sm) Microscopic Description : A) Wide local excision of tongue : Section shows an infiltrating neoplasm consists of cells arranged in sheets, nests, cords and singly. Individual cells are pleomorphic with round to oval nuclei, inconspicuous nucleoli and moderate amount of eosinophilic cytoplasm. Mitosis is seen 1-2/hpf. Numerous well formed keratin pearls are seen throughout. Vascular invasion is noted. The tumor is seen reaching till the deep inked margin. The other margins are free and well away. Perineural invasion seen. Depth of invasion is 1.8cm. Tumor has infiltrating margins with moderate lymphoplasmacytic inflammation. B) Additional deep margin :Additional deep margin shows similar tumor cells focally. Majority of areas show fibromuscular tissue. C) Further additional deep margin : Further additional deep margin - Free of tumor D) Additional tissue floor of mouth : Show minor salivary gland tissue with features of acute sialadenitis. E) Additional inferior soft tissue margin: Show minor salivary gland tissue with features of acute sialadenitis. F) Left level IIa lymphnodes - 7 reactive nodes G) Left level IIb lymphnodes - 2 reactive nodes H) Left level III and IV - 12 reactive nodes J) Level Ia nodes - 3 reactive nodes K) Level Ib nodes - 2/3 lymphnodes show metastasis. No perinodal spread seen (Size in metastasis deposits is 5x5mm each). Diagnosis : A) WLE tongue :- Moderately differentiated squamous cell carcinoma Tumor size - 3.3x2.6x1.8cm Positive deep margin All other margins are free and well away Vascular and perineural invasion seen B) Additional deep margin is positive for malignant cells. Additional inferior soft tissue margins, tissue floor of mouth and further additional deep margin (C) is free of tumor 2/27 lymphnodes +ve for malignancy. No perineural invasion seen. Stage : T2N2bMx | |  | | **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  Impression : ULTRASOUND OF NECK Right lobe of thyroid measures 14(AP)x21(T)x41(CC)mm. Left lobe of thyroid measures 13(AP)x20(T)x34(CC)mm. Isthmus measures 3mm. Few lymph nodes (oval shaped with preserved fatty hilum) noted in right level -2 measuring 8x4mm, right level -3 measuring 6x2mm, left level -6 largest measuring 6x3mm. Multiple lymph nodes (oval shaped with preserved fatty hilum) noted in left level -5 largest measuring 7x3mm. Both lobes of thyroid appear coarse in echotexture with increased vascularity. Bilateral neck vessels appear normal. IMPRESSION Coarse echotexture with increased vascularity of thyroid lobe ; to rule out thyroiditis. Multiple benign appearing lymph nodes as described. | |  | | |  | | |  | | --- | | **Treatment Given:** | |  | | **SURGERY DETAILS :**  He underwent Wide local excision with neck dissection with free ALT flap reconstruction under GA on 21.03.2012 | |  | | **RADIATION DETAILS :**  Teletherapy Intent: Curative Technique: 3DCRT Cat scan simulation:26.04.2012 Computerised planning and resimulation: 2.05.2012 Modified Computerised planning and resimulation: 31.05.2012 RT started on: 3.05.2012 RT completed on: 16.06.2012 Total Dose:6600cGy in 33 fractions Elapsed days: 44 Treatment breaks: NIL | |  | | **Primary Tumour And Drainage Area :**  Big fields: Up to 40Gy/20 fractions. 1. Entire tongue bed+Bilateral neck nodes RP+1+2+3+5: 4000 cGy in 20 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with R LAT, L LAT Technique, 6 MV X-rays, dose prescribed at 100% isodose line. 2 LAN 4+6: 4000 cGy in 20 fractions (200cGy per Fraction, 5 Fractions per Week) was delivered with AP WITH NO BLOCK Technique, 6 MV X-rays & 15MV X-rays, dose prescribed at a depth of 3cm isodose line. OFFCORD SET I: 1000 cGy in 5 fractions (200cGy per Fractions , 5 Fractions per Week) was delivered with R LAT OC I, L LAT OC I Technique, 6 MV X-rays, dose prescribed at 100% isodose line. 4. LAN Photon 40-50: 1000 cGy in 5 fractions (200cGy per Fraction, 5 Fractions per Week) was delivered with AP [WITH NO BLOCK] Technique, 6 MV X-rays, dose prescribed at a depth of 3cm isodose line. 5. LAN Electron: 1000 cGy in 5 fractions (200cGy per Fraction , 5 Fractions per Week) was delivered with ENFACE Technique, 12 MeV Electrons, dose prescribed at 90% isodose line. 6. RPN SET I: 1000 cGy in 5 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with ENFACE Technique, 8MeV Electrons, dose prescribed at 90% isodose line. 7. LPN SET I: 1000 cGy in 5 fractions (200cGy per Fraction , 5Fractions per Week) was delivered with ENFACE Technique, 10 MeV X-rays, dose prescribed at 95% isodose line. 8. OFFCORD SET II: 1000 cGy in 5 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with R LAT OC II, L LAT OC II Technique, 6 MV X-rays, dose prescribed at 100% isodose line. 9. RAO LAN: 1000 cGy in 5 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with RAO OC, field, 15 MV X-rays, dose prescribed at 100% isodose line. 10. RPN SET II: 1000 cGy in 5 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with ENFACE Technique, 8 MeV Electrons, dose prescribed at 90% isodose line. 11. LPN SET II: 1000 cGy in 5 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with ENFACE Technique, 8 MeV X-rays, dose prescribed at 90% isodose line. 12CONE DOWN BOOST TO 66 GY: 600 cGy in 3 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with RAO CD, LPO CD fields using 6 MV X-rays, dose prescribed at 100% isodose line. 13.Right Prefacial node: 600 cGy in 3 fractions (200cGy per Fraction, 5Fractions per Week) was delivered with ENFACE Electron , dose prescribed at 90 % isodose line. | |  | |  | |  | |  | |  | | **CHEMOTHERAPY DETAILS :**  Weekly Cisplatin 40 mg IV Infusion. | |  | | **TREATMENT COURSE :**  completed the planned course of treatment without any interruptions. He received 5 cycles of weekly Cisplatin. The last week's chemotherapy was skipped in view of the grade 3 mucositis. He had 2 kg weight loss during the treatment and completed the course without NG tube feeding. | |  | | **ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**  Medicines: 1.Tab Morphine 15 mg 1-1-1-1-2 x 2 weeks 2.Tab Dolo 650 1-1-1 x2 weeks 3.Tab DOM DT 1-1-1 4.Syp Sucrapen -O gel 2 tsp 1-1-1 x 2 weeks 5.Syp Cremaffin plus 15 ml 1-0-1 x 2 weeks 6.Inj Metrogyl 100 ml for mouth wash 1-1-1 x 2 weeks 7.SILVREREX CREAM for L/A 1-0-1 x 2 weeks 8.Alovera gel for LA 1-0-1 x 2 months. Follow up Pattern: 1. Review after 1 and 2 weeks in RT OPD. 2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic for evaluation of Primary Disease, Neck Nodes, PEG site, Tracheostomy site etc. 3. Review every month on Wednesdays / Fridays in RT OPD for one year and then as advised. Investigations: 1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT and then as advised by Doctors [CXR every 6 months]. 2. TFT [T3,T4,TSH] every 6 months routinely to rule out post RT hypothyroidism. Oral and Skin Care: 1. Soda Bicarbonate powder 2.5 G and Sodium Chloride 2.5 G in 200 cc water to mouthwash every 4 to 6 hours. Neem Leaf mouthwash to continue as before. 2. Skin care: Do not wash the irradiated area for the next two weeks. Apply ointments or creams only as per Doctors' advice. 3. Only Silver Sulfadiazine Cream for Local Application TID for wounds [for healing]. 4. Avoid washing with soap and oil / shaving for 4 weeks. Gentle splashing of water followed by mopping with towel 2 weeks after completion of EBRT. Normal bathing after 4 weeks. | | | |