**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 14/03/2017

**Received on :** 14/03/2017

**Reported Date :** 14/03/2017

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received for review are 3 slides only labelled

1- stained

2- unstained

**Impression :**

Incisional Biopsy, Tongue - Squamous carcinoma

Note : It is a thick Biopsy, the tumor extends to lower base of biopsy ( as in sections provided) and measures

>0.4cm in depth.

**Radiology Report**

**Created Date:** 17/03/2017

**Study Done:**

**SPIRAL CT NECK-CONTRAST**

A 1.5 x 0.7 cm ill defined enhancing lesion noted in right lateral border of tongue, not crossing the midline. Two

significant rounded lymphnodes noted in right level Ib. No other significant lymphnodes.

Osopharynx appears normal.

Nasopharynx and hypopharynx appear normal.

Brain parenchyma appears normal.

Visualized bone appears normal.

Mediastinal vascular structures appear normal.

Visualized lung fields appear normal.

**Impression:**

• **Enhancing lesion in right lateral border of tongue as described.**

• **Two significant round lymphnodes noted in right level Ib.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 20/03/2017

**Received on :** 20/03/2017

**Reported Date :** 25/03/2017

Right Ca. tongue.

**Gross Description :**

Received in formalin are 8 specimens.

The Ist specimen labelled "Double stitch anterior single stitch superior WLE specimen of right lateral border of

tongue", consists of same measuring 4.5(AP)x4.5(SI)x1(ML)cm.Depth of the lesion is 0.7cm Lateral border of

tongue shows ulcerative lesion measuring 1.4x0.8cm. Deep margin 1cm, superomedial mucosal margin 1cm, ,

anterior mucosal and soft tissue margin 1cm, posterior mucosal and soft tissue margin 1.5cm, inferolateral

mucosal margin 1.4cm and medial soft tissue margin 1cm. Representative sections are submitted as follows:

A1 - Anterior shaved margin

A2 - Posterior shaved margin

A3 & A4 - Superior radial margin

A5 & A6 - Inferior radial margin

A7 - Deep inked margin with lesion

A8 & A9 - RTS from lesion.

Specimen II labelled "Level IA lymph node", consists of fibrofatty tissue measuring 3.5x2.5x1cm. 5 lymph

nodes largest measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes B1 to B6.

Specimen III labelled "Right level IB", consists of salivary gland and attached fibrofatty tissue measuring

7x5.2x2cm. Cut surface of salivary gland unremarkable. 5 lymph nodes identified , largest measuring 1cm in

greatest dimension. Representative sections are submitted in cassettes C1 to C8.

Specimen IV labelled "Right level 2A", consists of fibrofatty tissue measuring 5.5x2.5x2cm. 8 lymph nodes

identified, largest measuring 2cm in greatest dimension. Entire specimen submitted in cassettes D1 to D7.

Specimen V labelled "Right level 2B", consists of nodular tissue bit measuring 2.5x1x1cm. 1 lymph node

identified measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes E1 & E2.

Specimen VI lablled "Right level III", consists of fibrofatty tissue measuring 2.5x2.5x1cm. 1 lymph node

identified measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes F1 to F3.

Specimen VII labelled "Right level IV", consists of fibrofatty tissue measuring 4x1.5x1cm. 2 lymph nodes

identified, largest measuring 1cm in greatest dimension. Entire specimen submitted in cassettes G1 & G2.

Specimen VIII labelled "Cystic lesion vascular possibly lymphoid tissue", consists of grey white tissue bit

measuring 0.5x0.5x0.2cm. Entire specimen submitted in cassette H.

**Microscopic Description :**

Sections from tongue shows an infiltrating neoplasm composed of dysplastic squamous cells arranged in

nests,whorls, cords, trabeculae and singly infiltrating. Cells show moderate degree of pleomorphism with many

keratin pearls. Interface shows moderate patchy lymphoplasmactic infilrate. No LVE/ PNI seen.

**Impression :**

Right lateral border tongue WLE + level I-IV lymph nodes :

- Moderately differentiated squamous cell carcinoma

- Tumour measures 1.4x0.8x0.7cm.

- Depth of lesion -0.7cm

- Invasive front - Non-cohesive

- PNI-absent

- LVE - Absent

- Lymphocytic host response - Moderate patchy

Margin clearance:

Posterior soft tissue is involved. Inferolateral soft tissue margin is very close (1mm).

Lesion is 1cm from anterior mucosal and soft tissue margin, 1.5cm from posterior mucosal margin, 1.2cm from

superior mucosal margin and 0.6cm from inferior mucosal margin.

Lymph nodes:

Level Ia - 3 nodes -free of tumour

Right level IB - 5 nodes and salivary gland - free of tumour

Level II A - 1/7 node show metastasis

- ECE - absent

Level II B - Single node and salivary gland - Free of tumour

Level III - 2 nodes -Free of tumour

Level IV - 2 nodes - Free of tumour

Largest metastatic focus measures 0.5cm.

Vallecular tissue - Shows lymphoid tissue.

- Free of tumour

Stage - pT2N1 (AJCC 8th edition)

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| **Date of Admission :**19/03/2017 | **Date of Procedure :**20/03/2017 |

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| **Date of Discharge :**27/03/2017 |

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

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| **DIAGNOSIS :** |
| Ca tongue (Final HPR awaited) |

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| **PROCEDURE DONE :** |
| Wide local excision of tongue lesion + SND (Level Ia, RIb, RIIa, RIIb, RIII, RIV) + Biopsy from valleculaUnder GA on 20.03.17 |

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| **HISTORY :** |
| A 49 years old male patient, working in aluminum fabrication, With no comorbidity no habits. Came to OPD with C/O Ulceroproliferative lesion at right lateral tongue x 2 months Not asso with pain or breathing difficulty or swallowing difficulty O/E: KPS 90 approx 1x1 cm lesion at right lateral border of tongue Bulky tongue not crossing midline BOT, FOM and tonsillar fossa NAD Scopy- BL VC mobile and normal Cystic lesion at glosso-epiglottic fold at BOT ? Lymphoid hyperplasia Neck- No LN palpable Imp: cT1N0 Ca tongue |

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| **PERSONAL HISTORY :** |
| No co-morbidity |

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| **CLINICAL EXAMINATION :** |
| O/E: KPS 90 approx 1x1 cm lesion at right lateral border of tongue Bulky tongue not crossing midline BOT, FOM and tonsillar fossa NAD Scopy- BL VC mobile and normal Cystic lesion at glosso-epiglottic fold at BOT ? Lymphoid hyperplasia Neck- No LN palpable GC- Fair Vitally- stable |

**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** |
| 21/03/2017 | 13.5 | 39.5 | 339 | 22.7 | 87.7 | 10.4 | 0.0 | - |

Date: 25/03/2017

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| Glucose [R]-Plasma : 162.2 mg/dl |  |

Date: 21/03/2017

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| RBC-COUNT-Blood : 4.54 M/uL | MCV-Blood : 87.0 fL |

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| MCH-Blood : 29.7 pg | MCHC-Blood : 34.2 g/dl |

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| RDW-Blood : 11.7 % | MPV-Blood : 9.2 fL |

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| MONO -Blood : 1.8 % | BASO-Blood : 0.1 % |

Date: 19/03/2017

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

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| SPIRAL CT NECK-CONTRAST (17.03.17) A 1.5 x 0.7 cm ill defined enhancing lesion noted in right lateral border of tongue, not crossing the midline. Two significant rounded lymphnodes noted in right level Ib. No other significant lymphnodes. Osopharynx appears normal. Nasopharynx and hypopharynx appear normal. Brain parenchyma appears normal. Visualized bone appears normal. Mediastinal vascular structures appear normal. Visualized lung fields appear normal. Impression: \* Enhancing lesion in right lateral border of tongue as described. \* Two significant round lymphnodes noted in right level Ib. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient came to OPD with above mentioned complaints. He was evaluated and admitted for planned surgery, Wide local excision of tongue lesion + SND (Level Ia, RIb, RIIa, RIIb, RIII, RIV) + Biopsy from valleculaUnder GA on 20.03.17 done, His peri and post operative periods were uneventful. On discharge- Stable and afebrile |

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| **OPERATIVE FINDINGS :** |
| Wide local excision of tongue lesion + SND (Level Ia, RIb, RIIa, RIIb, RIII, RIV) + Biopsy from valleculaUnder GA on 20.03.17 Findings- Approx 1x1 cm lesion at right lateral border of tongue, Tongue volume is good. Vallecula ?lymphoid hyperplasia present, biopsy taken and sent for HPE. Surgeons: Dr. KK, Dr. Aadarsh, Dr. Priyank Procedure: Under GA nasally intubated patient taken to OT Aseptic precautions taken, Painting and drapping done. Primary lesion accessed, Wide local excision done and sent to HPE. Neck transeverse incision given, skin with platysma elevated, Level Ia, And right sided RIb, RIIa, RIIb, RIII, RIV cleared. Sent for HPE. Hemostasis achieved. Wash given, RVD kept in Neck. Neck closure done in layers. Tongue raw area kept, hemostasis achieved. Patient shifted to 11 ICU for post op care. |

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| **PROGNOSIS ON DISCHARGE :** |
| Afebrile Stable Good |
| **PREVENTIVE ADVICE (LIFE STYLE MODIFICATION / HEALTH EDUCATION)IF ANY:** | |
| Oral care wound care | |

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| **DIET RECOMMENDATIONS :** |
| Orally diet allowed Soft and blend |

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| **PHYSICAL ACTIVITY :** |
| Normal |

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| **DISCHARGE MEDICATION :** |
| Tab. Ciplox 500mg 1-0-1 x 5 days Tab. Dolo 650mg 1-1-1 x 7 days Tab. Pan 20mg 1-0-1 x 7 days Chlorhexidine gargles 4-5 times a day x 5 days Candid oral paint 3 times a day x 5 days Tab. Ultracet 1 tab SOS on pain |

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| **Date of Admission :**11/04/2017 | **Date of Procedure :**11/04/2017 |

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| **Date of Discharge :**13/04/2017 |

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

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| **DIAGNOSIS :** |
| Ca tongue S/P Wide local excision of tongue lesion + SND (Level Ia, RIb, RIIa, RIIb, RIII, RIV) + Biopsy from valleculaUnder GA on 20.03.17 Moderately differentiated squamous cell carcinoma pT2N1 (AJCC 8th edition) |

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| **PROCEDURE DONE :** |
| Re-excision of margin under GA on 11.04.17 |

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| **HISTORY :** |
| A 49 years old male patient, working in aluminum fabrication, With no comorbidity no habits. Came to OPD with C/O Ulceroproliferative lesion at right lateral tongue x 2 months Not asso with pain or breathing difficulty or swallowing difficulty Imp: Ca tongue S/P Wide local excision of tongue lesion + SND (Level Ia, RIb, RIIa, RIIb, RIII, RIV) + Biopsy from valleculaUnder GA on 20.03.17 Moderately differentiated squamous cell carcinoma pT2N1 (AJCC 8th edition) |

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| **PERSONAL HISTORY :** |
| No Co-morbidity |

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| **CLINICAL EXAMINATION :** |
| O/E: KPS-90 According to HPR: Posterior soft tissue is involved. Inferolateral soft tissue margin is very close (1mm). minimal grannulation present slough present at raw area of WLE. Neck- Surgical scar present well healed wound no palpable edema or nodes GC- fair Vitally- Stable |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient is previously operated for Ca tongue According to final HPR posterior margin and soft tissue margin is involved So re-excision done under GA, post operatively patient is stable and afebrile. On discharge- stable and afebrile. |

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| **OPERATIVE FINDINGS :** |
| Re-excision done under GA on 11.04.17 Posterior soft tissue is involved. Inferolateral soft tissue margin is very close (1mm). Under GA position given, under aseptic precautions- WLE done Hemostasis achieved, patient shifted to 11 ICU for post operative care. |

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| **PROGNOSIS ON DISCHARGE :** |
| Afebrile Stable |
| **PREVENTIVE ADVICE (LIFE STYLE MODIFICATION / HEALTH EDUCATION)IF ANY:** | |
| Oral care wound care | |

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| **DIET RECOMMENDATIONS :** |
| Orally diet allowed |

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| **PHYSICAL ACTIVITY :** |
| Normal |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 40mg 1-0-0 x 5 days Tab. Dolo 650mg 1-1-1 x 5 days Tab. Ultracet 1tab SOS on pain Tab. Ciplox 500mg 1-0-1 x 5 days Chlorhexidine gargles 2-3 times a day |

**Tumour Board Discussion**

**Relevant clinical details :**

A 49 years old male patient, working in aluminum fabrication,

With no comorbidity

no habits.

Came to OPD with

C/O Ulceroproliferative lesion at right lateral tongue x 2 months

Not asso with pain

or breathing difficulty or swallowing difficulty

O/E: KPS 90

approx 1x1 cm lesion at right lateral border of tongue

Bulky tongue

not crossing midline

BOT, FOM and tonsillar fossa NAD

Scopy- BL VC mobile and normal

Cystic lesion at glosso-epiglottic fold at BOT

? Lymphoid hyperplasia

Neck- No LN palpable

Imp: cT1N0 Ca tongue

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

WDSCC

Sent for review

**Agreed Plan of management :**

WLE + SND

BOT lesion to access on Table under GA

**Histopathology Tumour board**

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

Right lateral border tongue WLE + level I-IV lymph nodes : - Moderately differentiated squamous cell

carcinoma - Tumour measures 1.4x0.8x0.7cm. - Depth of lesion -0.7cm - Invasive front - Non-cohesive -

PNI-absent - LVE - Absent - Lymphocytic host response - Moderate patchy Margin clearance: Posterior soft

tissue is involved. Inferolateral soft tissue margin is very close (1mm). Lesion is 1cm from anterior mucosal and

soft tissue margin, 1.5cm from posterior mucosal margin, 1.2cm from superior mucosal margin and 0.6cm from

inferior mucosal margin. Lymph nodes: Level Ia - 3 nodes -free of tumour Right level IB - 5 nodes and salivary

gland - free of tumour Level II A - 1/7 node show metastasis - ECE - absent Level II B - Single node and

salivary gland - Free of tumour Level III - 2 nodes -Free of tumour Level IV - 2 nodes - Free of tumour Largest

metastatic focus measures 0.5cm. Vallecular tissue - Shows lymphoid tissue. - Free of tumour Stage - pT2N1

(AJCC 8th edition)

**Agreed Plan of management :**

Margin is positive

(Posterior soft tissue is involved. Inferolateral soft tissue margin is very close (1mm))

re-excision +Adj RT

**Operative note**

**Date : 20/03/2017**

**ProgressNotes :**

Wide local excision of tongue lesion + SND (Level Ia, RIb, RIIa, RIIb, RIII, RIV) + Biopsy from

valleculaUnder GA

Findings- Approx 1x1 cm lesion at right lateral border of tongue, Tongue volume is good.

Vallecula ?lymphoid hyperplasia present, biopsy taken and sent for HPE.

Procedure: Under GA

nasally intubated patient taken to OT

Aseptic precautions taken, Painting and drapping done.

Primary lesion accessed, Wide local excision done and sent to HPE.

Neck transeverse incision given, skin with platysma elevated,

Level Ia, And right sided RIb, RIIa, RIIb, RIII, RIV cleared.

Sent for HPE.

Hemostasis achieved.

Wash given, RVD kept in Neck.

Neck closure done in layers.

Tongue raw area kept, hemostasis achieved.

Patient shifted to 11 ICU for post op care.

**Progress Notes**

**Date : 19/04/2017**

**ProgressNotes :**

Ca tongue

S/P Wide local excision of tongue lesion + SND (Level Ia, RIb, RIIa, RIIb, RIII, RIV) + Biopsy from

valleculaUnder GA on 20.03.17

Moderately differentiated squamous cell carcinoma

pT2N1 (AJCC 8th edition)

:

Re-excision of margin under GA on 11.04.17

HPR- reexcison Additional posterior and inferolateral margins( in a k/c/o Ca tongue s/p excision with SND) :

free of tumor.

plan

review in radiation oncology

oralprophylaxis

dental consult