**Radiology Report**

**Created Date:** 30/03/2020

**Study Done:**

**CT CHEST-CONTRAST**

**Clinical Information:Known case of squamous cell carcinoma of left alveolus.**

Few centrilobular nodules with tree in bud pattern noted in anterior segment of right upper

lobe-probably infective in nature.

Tiny major fissure based nodule (4.4mm) noted on the left side.

Two llll defined subcentimetric nodules seen in lateral basal and posterior basal segments of left

lobe.These are too tiny to characterize.

Subcentimetric lower paratracheal lymph nodes seen.

The hila are normal.

The tracheobronchial tree is normal.

No pleural pathology.

Chest wall is normal.

Degenerative changes noted in visualized vertebrae.

**Impression:**

• No definite evidence of metastatic lesion in the present CT.

• Left major fissure based nodule and left lower lobe nodules as described are too small to

characterize.

• Few centrilobular nodules with tree in bud pattern noted in anterior segment of right upper

lobe-probably infective in nature.

**RADIOLOGY REPORT**

**Created Date:** 02/04/2020

**Study Done:**

**MRI HEAD/NECK PLAIN WITH CONTRAST**

**Clinical information**- **Known case of Ca left alveolus (T4aNoMx).**

A heterogeneously enhancing soft tissue noted in left lower alveolus of mandible extending from the level of

canines till the retromolar trigone measuring 2.8 (TR)x 2.5 (AP)x2.1(CC) .The lesions is involving the sockets of

the molar teeth.Left alveolar nerve canal also appears eroded.This lesion involves the left inferior gingivobuccal

sulcus and medially extends into sublingual space and undersurface of tongue .Inferiorly the lesion involves the

floor of mouth infiltrating the mylohyoid muscle.

Submandibular space and digastric muscles are free.

Few suspicious left level Ib and level II lymphnodes noted largest measuring 11x6mm.

Diffuse mucosal thickening noted in the bilateral maxillary sinuses.

Bilateral neck vessels appear patent.

Naso & oropharynx appear normal.

Supraglottis ,glottis and subglottis appear normal.

Both parotid and submandibular salivary gland appear normal.

Cervical spine appear normal.

**Impression:**

• **A heterogeneously enhancing soft tissue in left lower alveolus of mandible extending from the**

**level of canines till the retromolar trigone with involvement of the floor of mouth as**

**described.**

• **Few suspicious left level Ib and level II lymphnodes as described.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 16/04/2020

**Received on :** 16/04/2020

**Reported Date :** 23/04/2020

**Clinical Impression :**

Carcinoma alveolus

**Gross Description :**

Received in formalin are 6 specimens. Specimen I labelled as "WLE+Segmental mandibulectomy", consists of

portion of body and ramus of mandible, part of floor of mouth,part of buccal mucosa, soft tissue and muscle .The

proliferative grey white lesion measuring 4.3x3.6x 2cm on the lower alveolus of the mandible is extending up to

the retromolar trigone posteriorly. Medially extending to the lower gingivo buccal surface (Hanging over). The

raw surface inked. The lesion is

1.1cm from the anterior mucosal margin.

1.5cm from the anterior soft tissue margin floor of mouth

0.7 cm from the medial, floor of mouth mucosal and soft tissue margin

1.1cm from the lateral gingivo buccal mucosal and soft tissue margin

0.8cm from the posterior mucosal margin

4.5cm from posterior soft tissue margin

3.5cm from inferior soft tissue margin

Representative sections are submitted as follows:

A1 - Lateral gingivo buccal muccosal margin (Radial)

A2 - Posterior mucosal margin(Radial)

A3 - Medial floor of mouth mucosal margin (Radial)

A4 - Anterior mucosal margin (shaved)

A5 - Anterioinferior mucosal margin(Shaved)

A6,A7 - Tumour proper

A8 - Inferior soft tissue margin (shaved)

A9 - Posterior soft tissue margin (shaved)

AFB1-Anterior soft tissue bits

AFB2- Anterior mucosal bits (4 bits)

AFB3- Antero-lateral soft tissue

AFB4- AFB7 -Lateral gingivo buccal sulcus mucosa+ soft tissue (Anterior to posterior serially sliced)

AFB8-AFB10- Sections between tumor & RMT mucosal margin (anterior to posterior)

AFB11- Soft tissue in RMT area

Lingual aspect ( Floor of mouth mucosa + Soft tissue) Anterior to posterior

AFB12- Anterior soft tissue

AFB13-AFB16- Tumor+ soft tissue

AFB17-AFB19- Soft tissue (shaved) from the lateral aspect of mandibular rami(Anterior to posterior )

AFB20-AFB22 - Soft tissue shaved from lateral aspect of angle of mandible.

AFB23- Tumor proper

AFB24- Postero superior bony margin of ramus of mandible

AFB25- Anterior bony margin of mandible

AFB26-AFB34- Tumour with bone

Specimen II labelled as "Left level IA+IB", consists of fibrofatty tissue whole measuring 7x5x2cm. Salivary

gland identified measuring 4x3.7x1.5cm. 8 lymph node identified largest measuring 2x1.5x1.5cm smallest

measuring 1.7x1.5x0.5cm. Representative sections are submitted as follows:

B1 - Salivary gland

B2 - Largest lymph node bisected

B3 - 3 lymph nodes

B4 - Fibrofatty tissue

B5 - 3 Lymph nodes

B6 - 1 lymph node

Specimen III labelled as "Left level IIa", consists of fibrofatty tissue whole measuring 5x 3x 1.5cm. 6 lymph

nodes identified, largest measuring 1.9x0.1x1cm, smallest measuring 0.5x0.5x0.5cm.Entire specimen submitted

as follows:

C1 - 3 lymph node

C2 - 3 lymph node

C3-C5 - Fibrofatty tissue

Specimen IV labelled as "Left level III", consists of fibrofatty tissue whole measuring 3.7x3x2cm. 6 lymph node

identified largest measuring 2x2x1.5cm, smallest measuring 0.7x0.5x0.3cm. Cut surface of largest lymph node

shows grey white area with small rent, grey white area measuring 5x1x1.5cm. Entire specimen submitted as

follows:

D1-D2 - Largest lymph node bisected

D3 - 3 lymph node

D4 - 2 lymph node

D5 - Fibrofatty tissue

Specimen V labelled as "Left level IV", consists of fibrofatty tissue measuring 2.5x1.5x1cm. 2 lymph node

identified one 1x1x1cm. Other 0.8x0.8x0.8cm. Entire specimen submitted in cassette E.

E - 2 lymph node

Specimen VI labelled as "Left level IIB", consists of fibrofatty tissue whole measuring 4.5x1.7x1.7cm. 1 lymph

node identified measuring 0.7x0.7x0.7cm. Entire specimen submitted in F1 and F2 cassettes.

F1,F2 - 1 lymph node bisected

**Microscopic Description :**

Sections studied shows an invasive neoplasm arising from the epithelium and are arranged in lobules, nests and

tubecular pattern. Individual cells are polygonal with vesicular chromatin, few with prominent nucleoli and

moderate amount of cytoplasm. Tumor islands of < 15 cells noted. Prominent intercellular bridges noted focally

.Dense

patches of lymphocytic infiltrate noted. PNI seen, small nerves. No LVE seen . Mitosis 1-2/hpf. Stroma shows

dense desmoplastic reaction.

Margins:

-All mucosal and soft tissue margins are free of tumour.

-The bony excision margins are free of tumor.

The tumor is seen to involve the lower alveolus , mainly involving the socket of molar teeth and extending along

the gingivo-buccal sulcus and gingivo lingual sulcus. No extension is seen in the subepithelium and soft tissue in

the retromolar region and sublingual soft tissue areas.

B) Left level 1a + 1b :- 8 reactive nodes free of tumor, salivary gland- unremarkable

C) Left level IIa- 11reactive nodes free of tumor

D) Left level III- 1/11 nodes shows metastasis

Metastatic deposit - 1cm in greatest dimension

ENE present

Size of node -2cm in greatest dimension

E) Left level IV- 2 reactive nodes , free of tumor

F) Left level IIB-3 reactive lymphnodes

**Impression :**

Wide local excision segmental mandibulectomy + left SLND + PMME

-Well differentiated squamous cell Carcinoma, lower alveolus

-Tumor size- 4.3x3.6x 2cm

-Depth of invasion - Tumour is seen to infiltrate the underlying bone.

-WPOI- pattern 4 (+1)

-LHR- score 1

-PNI present, small nerves

-No LVE

-Risk group- Intermediate

-Margins-All mucosal and soft tissue margins are free of tumor

-Bony cut margins are free of tumor

-Salivary gland free of tumor

-Lymph nodes - 1/35 lymphnode show mets, with metastatic node measuring 2cm in greatest dimension

-Deposit size - 1cm in greatest dimension

-ENE present

pT4N1

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| **Date of Admission :**15/04/2020 | **Date of Procedure :**16/04/2020 |

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| **Date of Discharge :**25/04/2020 |

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

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| **DIAGNOSIS :** |
| Carcinoma Left Lower Alveouls cT4aN0Mx |

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| **PROCEDURE DONE :** |
| Left WLE + segmental mandibulectomy + Left SND I-IV + left PMMC flap under GA on 16/04/2020 |

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| **HISTORY :** |
| 75 yr /M k/c/o HTN /Angina /TMT positive on medications. No addiction presented with c/o Left side cheek ulcer x 4 months a/w pain 1 episode of bleeding from the lesion ceased spontaneously, h/o of spontaneous fall teeth 2yrs back. Initially assssed by a dentist who suggested biopsy from lesion. Biopsy done at Unity hospital Thrissur. Now came for further management. |

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| **MEDICINE ON ADMISSION :** |
| Tab. Clopilet 75 mg 0-1-0 ( after food) Tab. Atorlip 10 mg 0-0-1 Tab. Nebicard 2.5 mg 1-0-0 Tab. Amlong 2.5 mg 0-0-1 Tab. Deriphyllin R 150 mg 0-0-1 Syp Ascoril 5ml 1-0-1 |

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| **PAST HISTORY :** |
| Hypertensive since 3 years Class II e/angina x 3 yrs No h/o DM/ DLP/TB/ Seizures/ CAD / CVA / Thyroid Dysfunction |

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| **PERSONAL HISTORY :** |
| No recent h/o fever and cough Bowel and bladder normal Good effort tolerance No Habituation to alcohol or smoking. Patient hails from Thrissur; no h/o contact or travel outside Kerala No h/o fever/cough/sore throat/breathlessness |

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| **CLINICAL EXAMINATION :** |
| On Examination : KPS 90 Oral : Mo adequate absent mandibular dentition , An ulceroproliferative lesion on alveolar process of mandible on the left side approc 2cm x3cm obliterating lower GBS and medially involving floor of mouth . Posteriorly RMT free and tongue free Neck No palpable nodes Thrissur Path centre dated 16/03/2020 (B/2272/20) : WDSCC |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with the above mentioned complaints. Relevant investigations were done. He then underwent the procedure Left WLE + segmental mandibulectomy + Left SND I-IV + left PMMC flap under GA on 16/04/2020. His intra and post operative period was uneventful. Drains were removed by POD 4. HE was given a trial of oral feeds and was tolerating well hence RT was removed on POD 8. All clips and sutures were removed by POD 8. He is now being discharged in a stable and afebrile condition with the following advice. |

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| **OPERATIVE FINDINGS :** |
| Left WLE + segmental mandibulectomy + Left SND I-IV + left PMMC flap under GA on 16/04/2020 Findings : An ulceroproliferative lesion on alveolar process of mandible on the left side approc 2cm x3cm obliterating lower GBS and medially involving floor of mouth .Posteriorly RMt free and tongue free Neck : Multiple nodes left level I b ,II and III LN largest level II 2cm x 1cm Procedure : Patient under GA ,PPD .A horizontal neck crease incision marked extended to mid line lip split with a z plasty at the labiomental crease to break the scar line.Incision taken as marked subplatysmal flap raised superiorly till lower border of mandible submandibular gland on left side released and dropped inferiorly from mandible . The lip spilt incision completed and wide local excision marked around the the lesion mucosal incision taken anteriorly as marked and deepened to soft tissue and extended to include mental nerve and masseter to pedicle on mandible.Dissection continued till RMT to expose sigmoid notch.Bony cuts taken anteriorly beyond mental nerve and posteriorly at sigmoid notch . Medially wide margin taken along floor of mouth to include sublingual gland .An enblock specimen of WLE + segmental mandibulectomy delivered and sent for HPR . subplatysmal flaps raised anterior and posterior border of SCM delineated , SND I- IV completed , SCM . SAN and IJV preserved . Facial vessels preserved .Hemostasis achieved . RVD secured.Defect assessed and PMMC flpa planned .Flap inset done and closure done in layers .Patient toleratred the procedure well. Left pectoralis major myocutaneous flap reconstruction under GA Dimensions: 10X4cms with skin . The clavicle, xiphoid, ipsilateral sternal border are identified, and then the size and location of the skin paddle being located at the inferior-medial border of the pectoralis major muscle are marked. The vascular axis is drawn on the skin of the chest. The initial incision is made at the lateral part toward the anterior axillary line down to the pectoralis major muscle. The inferior, medial and lateral incisions are made through the skin, subcutaneous fat and pectoralis fascia down to the chest wall. The superior incision is made down to the muscle fibres and the skin island is tightened to the muscle with sutures to protect the skin island during operative handling and shearing. As the muscle is elevated inferiorly to superiorly, the pedicle is identified by palpation and visualization on the deep surface of the muscle. While cutting the muscle along the sternal attachment, care was taken not to injury the internal mammary perforators adjacent to the sternum that supply the deltopectoral flap. After dissection of the flap off the chest wall, a subcutaneous tunnel is formed under the skin between neck and the chest and the flap is passed underneath the skin bridge and brought into neck. Flap inset done using 3-0 vicryl to the defect. |

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| **ADVICE ON DISCHARGE :** |
| Keep the wound dry and clean Oral care |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of infection / bleeding / purulent discharge |

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| **DIET RECOMMENDATIONS :** |
| Soft Oral Diet |

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| **PHYSICAL ACTIVITY :** |
| As tolerated |

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab Pan 40mg 1-0-0 x 3 days Tab Dolo 650mg 1-1-1 x 3 days and sos for pain Chlorhexidine mouth gargles (for oral care) 1-1-1-1 x to continue after every meals. To continue: Tab Clopilet 75 mg 0-1-0 ( after food) Tab Atorlip 10 mg 0-0-1 Tab Nebicard 2.5 mg 1-0-0 Tab Amlong 2.5 mg 0-0-1 Tab Deriphyllin R 150 mg 0-0-1 |

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| **HEAD AND NECK - TUMOUR BOARD** |

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|  | **TB Date:**  01/04/2020 |
|  | **Tumour Type:** Primary |
| |  | | --- | | **Presenting Complaints: Ulcer** | |  | | **Descriptive History and Examination:**  75 yr /M k/c/o HTN /Angina /TMT positive on medications No addiction c/o Left side cheek ulcer x 4 months a/w pain 1 episode of bleeding from the leaion ceased spontaneously h/o of spontaneous fall teeth 2yrs back Initially assssed by a dentist who suggested biopsy from lesion Biopsy done at Unity hospital thrissur Now come for further management O/E KPS 90 Oral : Mo adequate absent mandibular dentition , An ulceroproliferative lesion on alveolar process of mandible on the left side approc 2cm x3cm obliterating lower GBS and medially involving floor of mouth .Posteriorly RMt free and tongue free Neck No palpable nodes Thrissur Path centre dated 16/03/2020 (B/2272/20) : WDSCC Impression : Ca lower Alveouls left side cT4aN0Mx | |  | | | |
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| |  | | --- | | **Co-Morbidities: Hypertension** | |  | | **Comments:**  angina /TMT positive  **Primary:**  Thrissur Path centre dated 16/03/2020 (B/2272/20) : WDSCC  **Descriptive Plan:**  Carcinoma lower Alveouls left side cT4aN0Mx WLE + Segmental mandibulectomy + ND + SC Flap 08.04.2020: MRI and CT scan done | | | |

**Progress Notes**

**Date : 31/03/2020**

**ProgressNotes :**

75 yr /M

k/c/o HTN /Angina /TMT positive on medications

No addiction

c/o Left side cheek ulcer x 4 months

a/w pain

1 episode of bleeding from the leaion ceases spontaneously

h/o of spontaneous fall teeth 2yrs back

Initially assssed by a dentist who suggested biopsy from lesion

Biopsy done at Unity hospital thrissur

Now come for further management

O/E KPS 90

Oral : Mo adequate absent mandibular dentition , An ulceroproliferative lesion on alveolar process of mandible

on the left side approc 2cm x3cm obliterating lower GBS and medially involving floor of mouth .Posteriorly

RMt free and tongue free

Neck No palpable nodes

Impression : Ca lower Alveouls left side cT4aN0Mx

Adv

MRI HN contrast

CT chest

Cardilogy Review for fitness for surgery

PAC investigations

Tentaive plan: WLE + segmental mandibulectomy +Supraclavicular flap

**Progress Notes**

**Date : 24/07/2020**

**ProgressNotes :**

Ca Left lower Alveouls cT4aN0Mx

s/p -Left WLE + segmental mandibulectomy + Left SND I-IV + left PMMC flap under GA

HPE- Wide local excision segmental mandibulectomy + left SLND + PMME -Well differentiated squamous

cell Carcinoma, lower alveolus -Tumor size- 4.3x3.6x 2cm -Depth of invasion - Tumour is seen to infiltrate the

underlying bone. -WPOI- pattern 4 (+1) -LHR- score 1 -PNI present, small nerves -No LVE -Risk group-

Intermediate -Margins-All mucosal and soft tissue margins are free of tumor -Bony cut margins are free of

tumor -Salivary gland free of tumor -Lymph nodes - 1/35 lymphnode show mets, with metastatic node

measuring 2cm in greatest dimension -Deposit size - 1cm in greatest dimension -ENE present pT4N1 taking

blent diet orally

PLAN - In view of the age , he may tolerate only adj RT - Logistic issues compel it to be taken outside

completed adjuvant CTRT

66Gy in 33# completed on 09.07.2020

taken 4 cycles of chemo

on RT feeds

o/e:

L/R- NAD

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| **Operative Notes** |

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| **Date of birth:**30/03/1945 |

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| **Date :**20/04/2020 |

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| **ProgressNotes :** |
| Left WLE + segmental mandibulectomy + Left SND I-IV + left PMMC flap under GA Findings : An ulceroproliferative lesion on alveolar process of mandible on the left side approc 2cm x3cm obliterating lower GBS and medially involving floor of mouth .Posteriorly RMt free and tongue free Neck : Multiple nodes left level I b ,II and III LN largest level II 2cm x 1cm Procedure : Patient under GA ,PPD .A horizontal neck crease incision marked extended to mid line lip split with a z plasty at the labiomental crease to break the scar line.Incision taken as marked subplatysmal flap raised superiorly till lower border of mandible submandibular gland on left side released and dropped inferiorly from mandible . The lip spilt incision completed and wide local excision marked around the the lesion mucosal incision taken anteriorly as marked and deepened to soft tissue and extended to include mental nerve and masseter to pedicle on mandible.Dissection continued till RMT to expose sigmoid notch.Bony cuts taken anteriorly beyond mental nerve and posteriorly at sigmoid notch . Medially wide margin taken along floor of mouth to include sublingual gland .An enblock specimen of WLE + segmental mandibulectomy delivered and sent for HPR . subplatysmal flaps raised anterior and posterior border of SCM delineated , SND I- IV completed , SCM . SAN and IJV preserved . Facial vessels preserved .Hemostasis achieved . RVD secured.Defect assessed and PMMC flpa planned .Flap inset done and closure done in layers .Patient toleratred the procedure well. |