**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 19/09/2013

**Received on :** 19/09/2013

**Reported Date :** 20/09/2013

**Clinical Impression :**

Carcinoma Tongue.

**Gross Description :**

Received for review are 2 slides and 2 blocks labelled **Microscopic Description :**

Sections studied show mucosa lined by stratified squamous epithelium and an infiltrative neoplasm composed of

cells arranged in nests and forming islands.The cells have moderate eosinophilic cytoplasm with modertae

eosinophilic cytoplasm,intercellular bridges and individual cell keratinisation ,the nuclei is vesicular with

prominent nucleoli and occasional mitosis.The advancing front of the tumour shows moderate lymphocytic

infiltrtae.Occasional keratin pearl is also noted.

**Impression :**

Biopsy Tongue,Slide Review:Moderately Differentiated Squamous Cell

Carcinoma

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| **CT - Report** |

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| |  | | --- | | **CreatedDate:**  20/09/2013 | |  | |
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| |  | | --- | | **Study Done:**  **MDCT NECK AND CHEST - CONTRAST**  Neck    A illdefined moderately enhancing lesion seen adjacent to the right lateral border of tongue measuring 1.9x0.8x2.17cm (APxTrxCC). Inferiorly the lesion shows minimal infiltration to the sublingual space and remain close to the right neurovascular structures.    No evidence of any midline extension or intension to the vallaculae.    No submental and submandibular lymphadenopathy seen.    No extension of the lesions to pharyngeal space.    Hyoid and mandible appears intact.    Tiny calcific specks are noted in the right tonssilar fossa (? Calcification in the tonsillar fossa).    No cervical lymphadenopathy.    Chest    Normal mediastinal vascular structures.    The hila are normal.    The tracheobronchial tree is normal.    Normal lung parenchyma.    No pleural pathology.    Chest wall is normal. | |  | |
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| |  | | --- | | **Impression:**    **Known case of patient with Ca tongue.**          **Moderately enhancing lesion in the right lateral border of tongue with minimal extension to the sublingual space.**          **No cervical lymphadenopathy noted.** | |

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 07/10/2013

**Received on :** 07/10/2013

**Reported Date :** 11/10/2013

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received in fresh is a specimen labelled as "right lateral border of tongue tumor", consists of partial glossectomy

specimen measures 6.5x4.5x2cm. An ulcero proliferative lesion measures 2.8x2.3cms seen with a maximum

depth of 1.8cms.Lesion is 2cm from anterior mucosal margin, 1.2cm from posterior mucosal margin, 0.9cm

from lateral mucosal margin and 2.1cm from medial mucosal margin. The lesion is 0.8cm from the medial raw

surface.

Frozen : margins conveyed

The remaining specimen transferred into formalin and representative sections are submitted as follows:

A1 - Anterior shaved mucosal margin

A2 - Posterior shaved mucosal margin

A3 - Lesion with lateral margin

A4 - Medial shaved mucosal margin

A5-A6 - Lesion with medial raw surface

A7- A9 - From lesion

Subsequently received in formalin are 6 specimens. Specimen II labelled as "Medial soft tissue margin", consists

of grey brown tissue bit measures 2.5x1.7x0.7cm. Entire specimen submitted in B1 - B2 cassettes.

Specimen III labelled as "Level Ia", consists of fibrofatty tissue measures 2.5x1.5x0.8cms. Representative

sections are submitted in C1 - C2 cassettes.

Specimen IV labelled as "Right level Ib", consists of salivary gland tissue measures 5x4x1.5cms. 6 lymph nodes

identified largest measures 1.5cms. Representative sections are submitted as follows:

D1 - Largest lymph node

D2-D3 - 2 lymph nodes

D4 - Salivary gland

Specimen V labelled as "Right level IIa & III", consists of fibrofatty tissue in aggregate measures 5x4x1.5cms,

largest lymph node measures 1.5cms. Representative sections are submitted as follows:

E1 - Largest lymph node

E2 - 4 lymph nodes

E3 - 4 lymph nodes

E4 - 5 lymph nodes

E5 - 4 lymph nodes

Specimen VI labelled as "Right level IIb", consists of single nodular tissue measures 1.2x0.5x0.5cm. Entire

specimen submitted in cassette F.

Specimen VII labelled as "Right level IV", consists of an fibrofatty tissue measures 2.5x2x1cms. Representative

sections are submitted in G1 - G2 cassettes.

**Microscopic Description :**

A) Sections from tongue shows an infiltrating neoplasm arising from stratified squamous epithelium arranged in

nests and lobules. Keratin pearl formation noted. Neoplasm is infiltrating the muscle bundles.

All margins are free, closest being lateral mucosal margin which is 0.5cm away and lateral soft tissue margin

0.4cm away.

B) Medial soft tissue margin - Free of tumor

C) 3 lymph nodes seen - Free of tumor

D) 6 lymph nodes seen - Free of tumor

E) 18 lymph nodes seen - Free of tumor

F) Single node - Free of tumor

G) 2 lymph nodes - Free of tumor

**Impression :**

Partial glossectomy+ lymph node dissection :

Moderately differentiated squamous cell carcinoma

Tumor measures 2.8x2.3x1.8 cms

Lateral margin is closest(mucosal-0.5 cms.soft tissue-0.4 cms)

30 LNs seen -all are free of tumor

pT2N0Mx

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| **Date of Admission :**06/10/2013 | **Date of Procedure :**07/10/2013 |

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| **Date of Discharge :**17/10/2013 |

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

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| **DIAGNOSIS :** |
| Carcinoma Right lateral border of tongue |

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| **PROCEDURE DONE :** |
| Wide local excision of right lateral border of tongue lesion+ Right level I- IV selective neck dissection+ Free lateral arm flap+ Tracheostomy on 7-10-2013 under GA. |

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| **HISTORY :** |
| 40 year old Mr. M.P. Basheer presented to Head and Neck OPD with complaints of ulcer over right lateral border of tongue since six months, associated with irritation in throat and occasional pain gradually increasing in size. Initially went to Amala Hospital where biopsy( 7-09-2013) which suggestive of moderately squamous cell carcinoma. Came here for further management. |

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| **CLINICAL EXAMINATION :** |
| On examination there is about 2.5cmx2.5cm ulceroproliferative growth seen right lateral border of tongue (posterior aspect), induration present. Tongue mobility normal Neck - 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** |
| 07/10/2013 | 11.7 | 35.9 | 254 | 14.2 | 89.3 | 5.1 | 0.0 | - |
| 08/10/2013 | 10.9 | 33.1 | 251 | 12.6 | 86.8 | 6.1 | 0.0 | - |
| 09/10/2013 | 11.9 | 37.3 | 269.0 | 11.6 | 83.0 | 10.4 | 0.065 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 07/10/2013 | - | - | 135.9 | 3.8 |

Date: 12/10/2013

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| APTT[Activated Partial Thrombo-Plasma : 38.3/32.2 s |  |

Date: 09/10/2013

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| RBC-COUNT-Blood : 4.92 M/uL | MCV-Blood : 75.8 fL |

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| MCH-Blood : 24.2 pg | MCHC-Blood : 31.9 g/dl |

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| RDW-Blood : 15.2 % | MPV-Blood : 6.73 fL |

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| MONO -Blood : 6.32 % | BASO-Blood : 0.207 % |

Date: 08/10/2013

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| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 4.51 M/uL |

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| MCV-Blood : 73.4 fL | MCH-Blood : 24.1 pg |

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| MCHC-Blood : 32.9 g/dl | RDW-Blood : 14.1 % |

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| MPV-Blood : 8.2 fL | MONO -Blood : 7.1 % |

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| BASO-Blood : 0.0 % |  |

Date: 07/10/2013

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| RBC-COUNT-Blood : 4.86 M/uL | MCV-Blood : 73.9 fL |

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| MCH-Blood : 24.0 pg | MCHC-Blood : 32.5 g/dl |

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| RDW-Blood : 14.1 % | MPV-Blood : 7.7 fL |

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| MONO -Blood : 5.5 % | BASO-Blood : 0.1 % |

Date: 06/10/2013

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

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| Surgical Pathology Report Received on :19/09/2013 Reported Date :20/09/2013 Histology Lab No :S13-10349 Clinical Impression : Carcinoma Tongue. Gross Description : Received for review are 2 slides and 2 blocks labelled as 5522I,II/13 from Amala Institute Thrissur. Microscopic Description : Sections studied show mucosa lined by stratified squamous epithelium and an infiltrative neoplasm composed of cells arranged in nests and forming islands.The cells have moderate eosinophilic cytoplasm with modertae eosinophilic cytoplasm,intercellular bridges and individual cell keratinisation ,the nuclei is vesicular with prominent nucleoli and occasional mitosis.The advancing front of the tumour shows moderate lymphocytic infiltrtae.Occasional keratin pearl is also noted. Impression : Biopsy Tongue,Slide Review(5522/13,Amala Institute Thrissur):Moderately Differentiated Squamous Cell Carcinoma. CreatedDate:20/09/2013 Study Done: MDCT NECK AND CHEST - CONTRAST Neck A illdefined moderately enhancing lesion seen adjacent to the right lateral border of tongue measuring 1.9x0.8x2.17cm (APxTrxCC). Inferiorly the lesion shows minimal infiltration to the sublingual space and remain close to the right neurovascular structures. No evidence of any midline extension or intension to the vallaculae. No submental and submandibular lymphadenopathy seen. No extension of the lesions to pharyngeal space. Hyoid and mandible appears intact. Tiny calcific specks are noted in the right tonssilar fossa (? Calcification in the tonsillar fossa). No cervical lymphadenopathy. Chest Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. Normal lung parenchyma. No pleural pathology. Chest wall is normal. Impression: Known case of patient with Ca tongue. Moderately enhancing lesion in the right lateral border of tongue with minimal extension to the sublingual space. No cervical lymphadenopathy noted. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. Slide review done at AIMS on 19-09-2013 reported as Moderately Differentiated Squamous Cell Carcinoma. MDCT neck and Chest with contrast was done on 20-09-2013 showed Moderately enhancing lesion in the right lateral border of tongue with minimal extension to the sublingual space. No cervical lymphadenopathy. His case was discussed in Head and Neck tumour board and planned for surgery. He was admitted on 6-10-2013 and after all preliminary investigations and evaluation he was taken up for surgery. He underwent Wide local excision of right lateral border of tongue lesion+ Right level I- IV selective neck dissection+ Free lateral arm flap+ Tracheostomy on 7-10-2013 under GA. Postoperative period was uneventful. Tracheostomy tube was decannulated on the fourth postoperative day. On the seventh postoperative day he was started on oral fluids and Ryles tube removed at the time of discharge. Condition at discharge: Stable, afebrile, taking orally, all sutures removed, final pathology awaited. |

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| **OPERATIVE FINDINGS :** |
| Surgery: Wide local excision of right lateral border of tongue lesion+ Right level I- IV selective neck dissection+ Free lateral arm flap+ Tracheostomy under GA. Notes: Patient under GA. Under all aseptic precautions parts prepped and draped. Per oral approach. Tongue lesion on the right lateral border of tongue marked with adequate margins away from the lesion. Per oral wide excision done with adequate margins. Specimen sent for frozen section of margins, closest was deep margin 8mm. Horizontal neck crease incision marked for neck dissection. Subplatysmal flaps raised. Right side selective neck dissection done from Level IA to IV preserving the spinal accessory nerve, internal jugular vein and sternocleidomastoid muscle. Facial artery and vein preserved for microvascular anastomosis. Hemostasis confirmed. Negative suction drain kept. Reconstruction notes:Lateral arm flap marked on left hand with skin flap of 6 x 4 cm with distal end at lateral condyle.Exploratory incision given proximal to skin flap and septum identified.Radial nerve and profunda brachai artery identified.Then anterior incision given onto brachialis and brachioradialis and septum identified.Posterior incision given and septum identified from posterior.PRCA identified and dissected to Profunda brachi.Pedicle ligated flush from profund brachi . Microvascular anastomosis done to superior thyroid artery and common facial vein on right side..Flap insetting done. |

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| **PROGNOSIS ON DISCHARGE :** |
| GOOD   |  | | --- | | **DIET RECOMMENDATIONS :** | | SOFT DIET |  |  | | --- | | **PHYSICAL ACTIVITY :** | | NORMAL |  |  | | --- | | **DISCHARGE MEDICATION :** | | Tab. Levofloxacin 500 mg 1-00 X 5 days Tab. Pan 20 mg 1-0-1 x 3 days Tab. Dolo 650 mg SOS for pain Hexidine mouth gargles fourth hourly |   **Progress Notes**  **Date : 17/09/2013**  **ProgressNotes :**  c/o ulcer over right lateral border of tongue - 6mth  associated with irritation in throat and occasional pain  gradualy increasing in size  Went Amala Hospital where biopsy was done  HPR on 7/9/13 - suggestive of moderately squamous cell carcinoma  no DM, HTN  no smoking, alcohol,  h/o tobacco +(left for last 1year)  o/e - 2.5cmx2.5cm ulceroproliferative growth seen right lateral border of tongue (posterior aspect),  induration present.  tongue mobility normal  neck - ned  imp : ca tongue cT2N0  adv: slide review, MDCT H&N and Chest, PAC, TB discussion  **Progress Notes**  **Date : 24/01/2014**  **ProgressNotes :**  Carcinoma Right lateral border of tongue  PROCEDURE DONE :  Wide local excision of right lateral border of tongue lesion+ Right level I- IV selective neck dissection+ Free  lateral arm flap+ Tracheostomy on 7-10-2013 under GA.  HPR: Partial glossectomy+ lymph node dissection : Moderately differentiated squamous cell carcinoma Tumor  measures 2.8x2.3x1.8 cms Lateral margin is closest(mucosal-0.5 cms.soft tissue-0.4 cms) 30 LNs seen -all are  free of tumor pT2N0Mx  Plan: Observation  No major complaints now.  Speech slight slurring present, but able to communicate well.  Locoregionally no evidence of disease.  Plan: Review after one month.  Adv  Speech and swallowing assesment |