

Pathology Report  
09/07/2007

Specimen:  
Right tongue biopsy

Gross Description:

Received in formalin is a specimen identified as 'right tongue'. The specimen consists of a single portion of gray-white colored soft tissue that measures 0.6 x 0.2 cm. The specimen is bisected and totally submitted in one block.

Final Diagnosis:

Excisional biopsy, right tongue: Invasive well-differentiated squamous cell carcinoma with overlying ulceration.

Radiology Report  
09/12/2007

Enhanced CT of Neck

On image 32 there is a necrotic lymph node in the jugular digastric chain with short axis 14 mm. Inferior to that an additional lymph node with central hypoattenuating area possibly necrotic as well measured at 14 mm in short axis. Soft tissue planes along the right parapharyngeal region are distorted and an underlying oropharyngeal malignancy cannot be excluded. Furthermore, there is mild heterogeneity in the left parapharyngeal soft tissues that may indicate involvement in that site as well.

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Radiology Report  
09/13/2007

Contrast-enhanced CT of Neck

History: Oropharyngeal malignancy

Spiral post enhanced study was generated through the neck reconstructing the axial plane at 3 mm intervals. No comparison studies are submitted. There is thickening and asymmetry of the posterior parapharyngeal soft tissues on the left with mild lateral displacement of the fatty structures. Correlation with direct visualization is advised. There is no adenopathy evident. The common carotid arteries are moderately calcified. There are changes of apical fibrosis bilaterally. The aorta is slightly ectatic. Patient has undergone a mediastinal splitting procedure.

Impression:

1. Thickening in the left parapharyngeal soft tissue on image 26. Recommend direct visualization
2. Normal larynx
3. No adenopathy
4. High-grade vascular disease

Consultation  
09/13/2007

Reason for Consultation: Carcinoma of the junction of the anterior two-third and the posterior third of the tongue, squamous cell carcinoma, T2 N2B M0.

History: This is 73-year-old white female who started having soreness in the mouth especially on the right side of the tongue for about three months. Did not pay much attention to it. As it continued to increase in size and started bothering her she went and was referred as a lesion of the tongue was noticed. On examination, a large fungating mass was noticed in the right lateral mid portion of the tongue going into the posterior third of the tongue. Needle biopsy of same was performed and that reveals squamous cell carcinoma. Patient had a CT scan of the neck performed which basically revealed according to the report some thickening of the left parapharyngeal soft tissue and no other findings according to the report. Patient has been referred for evaluation regarding radiation therapy.

Past History: Significant for high blood pressure, diabetes, COPD. Had open heart surgery in 1993 and 1998. Also surgical history had a history of hysterectomy and cervical spine fusion.

Allergies: She has allergy to codeine.

Social History: Smoked one pack per day for thirty years then quit. Drinks less than one drink a day.

Family History: Brother had brain tumor. Husband has skin cancer.

Physical Examination: A well built well nourished female in a wheel chair secondary to her spine problems. Weight: 134 pounds. Blood pressure: 137/77. Pulse: 72 per minute. Temperature: 96.8 degrees Fahrenheit.

Examination of the lymph node in the neck area reveals fullness in the right mid cervical and upper cervical area. Also, tenderness in the same region. Left neck normal. No supraclavicular adenopathy.

Examination of oral cavity reveals a large ulcerative fungating tumor starting at the posterior third of the anterior two-third of the tongue and just stopping at or just crossing over the circumvallate papillae. Quite tender. It is at least 3 to 3.5 cm in diameter. Induration positive. No crossing over the midline. Indirect laryngoscopy is completely normal.

Impression and Discussion: After reviewing the CT scan, the patient clearly has a tumor in the right posterior third of the tongue encroaching on the circumvallate papillae losing the fascial planes. In addition, there are two lymph nodes with central area of necrosis adjacent to each other and maybe a couple of more making it confluent. Contralaterally, there are no lymph nodes.

With the above CT findings and physical findings patient has T2 N2B M0 squamous cell carcinoma of the tongue.

Recommendation: Patient would be well served at this time with combination of chemotherapy and radiation therapy. The sequencing will be determined after evaluation by a medical oncologist. I have taken the liberty of referring the patient. Once patient has been seen most likely it will be neo-adjuvant chemotherapy followed by radiation therapy and using surgery for the neck as a salvage procedure.

From the radiotherapeutic standpoint, patient will be treated accumulative dose of 7000 cGy at a dose fraction of 180 cGy per fraction by multiple field portal arrangement with a CT planning.

Patient was given literature regarding radiation therapy in general and as it pertains to head and neck radiation.

Patient will be scheduled to be seen and I will see her in about six weeks time.

Thank you once again for allowing me to participate in the management of this patient.

Radiology Report  
12/07/2007

CT Scan of Neck with Contrast

Indication: Carcinoma of the tongue

Technique: Axial images were obtained during the intravenous infusion of non-ionic contrast.

Contrast: Non-ionic, Isovue 300 m 100 ml.

Reason: Heart disease

Findings: The nasopharynx, oropharynx, and hypopharynx appear normal. No abnormality of the larynx is evident. The paralaryngeal and parapharyngeal spaces are preserved. The salivary glands are normal. No discrete mass of the tongue is evident. There is no significant adenopathy involving the various lymph node groups. This study was extended to include the superior mediastinum showing no abnormality. The visualized paranasal sinuses are normal.

Impression: CT scan of the neck is within normal limits. No discrete tongue mass is appreciated. There is no significant adenopathy.

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Radiology Report  
12/16/2007

Addendum Report, CT Scan of Neck with Contrast Dated 12/07/2007:

Prior films dated 09/13/2007 are available for comparison.

The area of thickening of the left parapharyngeal area on study 09/13/2007 is not evident on more recent study. Also on the more current study, there is no significant adenopathy.

Radiation Therapy Record

Primary Tumor Site: Tongue

Histology: Squamous cell carcinoma Stage T2 N2B M0

Symptoms: Soreness in the mouth

Previous Treatment: Chemotherapy

Planned Treatment: Radiation

Karnofsky Status: 100

Intent: Local Control

Remarks: Patient tolerated her treatment quite well without any major untoward effect. Follow-up appointment in one month or PRN.

Summary of Treatment for 6MV Linear Accelerator:

Site	Start Tx	Last Tx	Days	Fx	Dose/Fx (cGy)	Total Dose (cGy)
R/L LAT H&N BILAT	01/11/08	02/14/08	34	25	180	4500
SCLAV	01/11/08	02/14/08	34	25	180	4500
R/L LAT H&N OFF CORD	02/27/08	03/03/08	5	5	180	900
R/L LAT H&N BOOST	03/06/08	03/16/08	10	7	180	1260
TOTAL: R/L H&N	01/11/08	03/16/08	64	37	180	6660