Head & Neck Case # 1

DISCHARGE SUMMARY

Date of Admission: 10/30/2010
Date of Discharge: 11/02/2010

Present Medical History: The patient is a 33-year-old lady with a history of right superior alveolar ridge squamous cell carcinoma with no risk factors that measured approximately 2 cm, on CT scan.

Hospital Course: The patient was taken to the operating room on the day of admission for right inferior partial maxillectomy with right supra-omohyoid neck dissection. The patient did well postoperatively and was discharged on postoperative day # 3. Condition was stable.

Discharge Diagnosis: Right Superior Alveolar Ridge Squamous Cell Carcinoma.

RADIOLOGY REPORT

Date 10/23/2010

CT Scan of Maxillofacial Region with/without contrast

Clinical History: Squamous Cell Carcinoma of Right Upper Palate and Alveolar Ridge.

Results: No prior study for comparison. With and without the administration of contrast, coronal and axial images were obtained through the facial bones and paranasal sinuses at the posterior alveolar ridge. There is a soft tissue mass measuring 2 x 2 cm, which enhances with contrast. This mass invades the maxillary sinus with associated mucoperiosteal thickening of the right maxillary sinus. The soft tissue mass at the alveolar ridge, which represents the patient's squamous cell carcinoma, spares the pterygoid and palatine fossa. No significant lymphadenopathy is seen on this contrast study.The remainder of the paranasal sinuses are well aerated without evidence of disease. No other soft tissue masses are identified other than the mass at the right alveolar ridge. Osteoarthritis is noted of the right temporomandibular joint and at the C1-2 articulation.

Impression:

1. Posterior alveolar ridge soft tissue density measured 2 x 2 cm, which enhances, correlating with patient's history of squamous cell carcinoma. This mass invades the right maxillary sinus and causes associated mucoperiosteal thickening of the right maxillary sinus. There is bony destruction of the right maxillary sinus, 1.2 cm. size bone defect. The soft tissue mass spares the pterygoid and palatine fossa.

2. Osteoarthritis of the temporomandibular joint on the right and the dens articulation of C1-2.

OPERATIVE REPORT

Head & Neck Case # 1

Date: 10/30/2010

Preoperative Diagnosis: Right Superior Alveolar Ridge Squamous Cell Carcinoma.

Operation:
1. Right subtotal partial inferior maxillectomy with dermal skin graft reconstruction.
2. Right selective neck dissection levels 1, 2 and 3.

Clinical: The patient is a 73-year-old white female who is a nonsmoker, who was found to have a right superior alveolar ridge squamous cell carcinoma on biopsy of an ulcer in the area.

Procedure: The patient was brought to the operating room and placed in the supine position on the table. General endotracheal anesthesia was administered and the patient was turned 90 degrees in the room. A Foley was placed. The EGT was placed nasotracheally. The patient's oral cavity, face and neck were prepped and draped in usual sterile fashion. An apron was made over the right side of the neck and locally injected with 1% lidocaine with epinephrine. The incision was made and subplatysmal flaps were raised in the right side of the neck until levels 2 and 3 were exposed.

Examination of level 2 near the body of the mandible just above the submaxillary gland on the right side showed suspicious lymph node measuring approximately 1.5 cm in greatest dimension. There were multiple other sub cm lymph nodes in the dissection. The dissection was carried out preserving the sternocleidomastoid muscle on the right side, as well as the spinal accessory nerve and the internal jugular vein. All other vessels that could potentially bleed were ligated with suture ligature. The sternocleidomastoid muscle was retracted laterally and all of the subcutaneous tissue around the carotid sheath was dissected away from the internal jugular vein, carotid artery and the vagus nerve, which were all identified during the dissection. The dissection was carried inferiorly to superiorly starting at level 3 and moving upward until level 2 was all dissected out. Level 1 was also all dissected out and was included and submitted with the gland on the right side. Care was taken to not injure the hypoglossal nerve on the right side. Once all three levels were dissected, it was sent for permanent section. The area was then copiously irrigated with normal saline and then closed over a 10 JP drain in layered fashion with 3-0 Vicryl suture deep in interrupted fashion and skin staples to reapproximate the skin. A sterile dressing was then applied. The next part of the procedure was the right partial inferior maxillectomy in which the oral cavity was explored and shown to have ulceration of the right alveolar ridge measuring approximately 2 cm in greatest dimension. The lesion was excised with approximately 2.5 to 2 cm margins all the way around. The dissection was carried all the way down to the bone, taking some of the hard palate on the right side, as well as the alveolar ridge, and the entire floor of the right maxillary sinus. The bone was also removed from the medial and lateral pterygoid plates on the right side. All dissection was kept intact. Care was taken to not injure the lateral structures in the area, including the infraorbital nerve. The buccal mucosal tissue was also removed with the specimen in order to ensure proper margins were obtained. Most of the buccal fat was left intact. Hemostasis was achieved with suture ligature. Hemostasis was also achieved with packing posteriorly with Surgicel. The next part of the procedure was obtaining the dermal graft in which the right leg was prepped and draped in sterile surgical fashion and the dermal graft was obtained after removing the epidermal layer measuring approximately 25 microns in the right legs and then obtaining dermal graft measuring approximately 20 microns in thickness. The epidermal layer was then redraped over the wound and stapled in place and covered with Xeroform gauze as well as bandage and Kerlix roll. The

graft was then used to close the defect in the oral cavity and was sutured in with 3-0 Vicryl suture in interrupted fashion. A bolster was made out of mineral oil soaked cotton and wrapped in Xeroform gauze and this bolster was sutured in place over the dermal graft with the use of 2—C Vicryl suture in interrupted fashion all the way around at the bolster. The oral cavity and stomach were then suctioned with an NG tube. The patient was then allowed to awaken from general endotracheal anesthesia, extubated and transported to the recovery room in stable condition. There were no complications of the case. The patient tolerated the procedure well.

PATHOLOGY REPORT

Date: 10/29/2010

Specimen: 1. Right Supraomohyoid Neck Dissection. 2. Right Inferior Maxillectomy (suture anterior). 3. Lateral Maxillary Mucosal Margin.

Preoperative Diagnosis: Right Supra-Alveolar Ridge Carcinoma.

Gross:

1. Received fresh is a 3 x 2 x 0.7 cm salivary gland with a 2 x 1.2 x 0.7 cm separated tissue resembling salivary gland. The surgical margin is inked black. Representative sections are submitted as follows: A - salivary gland, B - two lymph nodes entirely submitted.

2. Received in formalin is a 4.5 x-3.2-x 2.5 cm segment of inferior maxillectomy. The specimen has orientation. The suture is marking anterior. There is a 1 x 1 x 0.7 cm tumor that involves the bone and the mucosa located at 0.9 cm from the lateral margin, 1 cm from the medial margin, 1.8 cm from the anterior and 0.8 cm from the posterior margin. The mass is rubbery, tan to white and well defined. The nearest surgical margins are shave as follows: A - lateral shaving, B - medial shaving, C - anterior shaving, D - posterior shaving, E-F - cross section through the tumor after decalcification

3. Received in formalin is a 1 x 0.7 x 0.2 cm rubbery, tan to gray tissue fragment.

Gross and Microscopic Diagnosis:
1. Benign Salivary Gland and two (2) of three (3) lymph nodes with metastatic squamous carcinoma. There is extracapsular extension in one of the two.
2. Labeled right inferior maxillectomy specimen showing infiltrating poorly differentiated squamous cell carcinoma which infiltrates bone, mucoperiosteum of maxillary sinus. The tumor measures 1 cm in maximum dimension. Lymphovascular space invasion is identified. All margins of resection are negative for tumor, the closest being the posterior margin at 8 mm.
3 Labeled lateral maxillary mucosal margin showing respiratory mucosa and fibroadipose tissue.
AJCC tumor stage: T2 N2b MX.

Exercise 2-Please complete the provided worksheet for each primary tumor

History and Physical
March 2, 2010

The patient is a 75-year-old Caucasian male who was referred after his primary dentist noticed a lesion on the left lateral portion of the anterior tongue and a second lesion on the anterior floor of the mouth. On clinical examination, there was an area of granular papillary mass on the anterior aspect of the floor of the mouth. Further inspection revealed a 2x1cm raised white patch on the left lateral aspect of the tongue. Both lesions were biopsied. The tongue lesion was positive for squamous cell carcinoma. The lesion on the floor of the mouth was positive for severe dysplasia.

CT scans were performed to evaluate any further involvement. All scans were negative. The patient was informed about the biopsy reports and was informed that the definitive treatment for this condition would be a local excision of the tumor.

Operative Report
April 5, 2010

Preoperative Diagnosis:

1. Left lateral tongue lesion
2. Floor of mouth lesion

Procedure:

The patient was brought into the operating room and sedated without complications. Next using 1% lidocaine with epinephrine a lingual nerve block on the left was conducted. In addition, 2 cc of 1% lidocaine with epinephrine were injected into the site of the left lateral tongue and floor of mouth lesions. The left lateral tongue lesion was 2 x 1 cm in diameter. The floor of mouth lesion appeared to be approximately 1 x 0.5 cm in length. Both tumors were excised and frozen section margins were negative.

Surgical Pathology Report
April 5, 2010

Final Diagnosis:

A. Tongue left lateral: Invasive moderately differentiated keratinizing squamous cell carcinoma. The tumor measured 1.9 x 1.1 x .4 cm with invasion into but not through the submucosa. Margins were negative.

B. Floor of mouth: Severe dysplasia/squamous cell carcinoma in situ. Tumor measured .73 x .4 x .2 cm's in maximum dimension. Margins were negative.

NAACCR Webinar Series
Exercise Abstract

Case 1

Cancer Identification

Sequence	00	*Only primary documented*
Primary Site	C03.0	*Superior alveolar ridge mucosa (upper gum)*
Histology	8070	*Squamous cell carcinoma*
Behavior	3	*Malignant*
Grade	3	*Poorly differentiated*
Grade System Type		*Blank*
Grade System Value		*Blank*
Lymph-vascular Invasion	1	*Lymph vascular invasion per path report*

Collaborative Staging

CS Tumor Size	010	*Per path*
CS Extension	740	*Extension into maxillary sinus per ct and path*
CS Tumor Size/Ext Eval	3	*Path*
CS Lymph Nodes	200	*Multiple positive ipsilateral ln's in code 100*
CS Lymph Nodes Eval	3	*Path*
Reg LN Pos	02	*2 pos ln's per path*
Reg LN Exam	03	*3 nodes removed per pat*
CS Mets at DX	00	*No indication of mets*
CS Mets Eval	0	*Clinical eval*
SSF 1: Size of Lymph Nodes	015	*1.5cm's per op report*
SSF 3: Levels I-III, Lymph Nodes for Head and Neck	010	*Per op report 1.5cm level 2 node*
SSF 4: Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck	000	*No mention of these nodes*
SSF 5: Levels VI-VII and Facial Lymph Nodes for Head and Neck	000	*No mention of these nodes*
SSF 6: Parapharyngeal, Parotid, and Suboccipital/Retroauricular Lymph Nodes, Lymph Nodes for Head and Neck	000	*No mention of these nodes*
SSF 7 Upper and Lower Cervical Node Levels	010	*Upper lymph nodes per table I-2-3 in CS manual part 1 section 2.*
SSF 8 Extracapsular Extension Clinically, Lymph Nodes for Head and Neck	000	*Nodes not clinically involved*
SSF 9: Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck	040	*Pathologic extracapsular ext, unknown micro or macro*
SSF 10: HPV Status	998	*Test not done*
SSF 11: Measured Thickness (Depth)	070	*Use third measurement from tumor dimensions 1 x 1 x 0.7cm*

NAACCR Webinar Series
Exercise Abstract

Treatment

Surgical Procedure of Primary Site	43	*Excisional*
Approach – Surgery of Primary Site at This Facility	5	*Open*
Scope of Regional Lymph Node Surgery	4	*3 ln's removed*
Surgical Procedure/Other Site	0	*None*
Regional Treatment Modality	0	*Not documented*
Chemotherapy	0	*Not documented*

NAACCR Webinar Series
Exercise Abstract

Case 2 first primary

Cancer Identification

Primary Site	C02.3	*Lateral surface anterior tongue*
Sequence	01	*First of two primaries*
Histology	8071	*Keratinizing Squamous Cell Carcinoma*
Behavior	3	*Malignant*
Grade	2	*Moderately differentiated*
Grade System Type		*Blank*
Grade System Value		*Blank*
Lymph-vascular Invasion	0	*Not mentioned*

Collaborative Staging

CS Tumor Size	019	*1.9cm per path*
CS Extension	100	*Tumor invades into but not through submucosa*
CS Tumor Size/Ext Eval	3	*Excisional bx*
CS Lymph Nodes	000	*No lymph node involvement*
CS Lymph Nodes Eval	0	*Clinical eval*
Reg LN Pos	98	*No ln's removed*
Reg LN Exam	00	*No ln's removed*
CS Mets at DX	00	*No indication of distant mets*
CS Mets Eval	0	*Based on clinical info*
SSF 1: Size of Lymph Nodes	000	*No involved regional nodes*
SSF 3: Levels I-III, Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 4: Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 5: Levels VI-VII and Facial Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 6: Parapharyngeal, Parotid, and Suboccipital/Retroauricular Lymph Nodes, Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 7 Upper and Lower Cervical Node Levels	000	*No ln's involved*
SSF 8 Extracapsular Extension Clinically, Lymph Nodes for Head and Neck	000	*No ln's involved*
SSF 9: Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck	998	*No pathologic examination of lymph nodes*
SSF 10: HPV Status	998	*Test not done*
SSF 11: Measured Thickness (Depth)	004	*Use 3rd dimension 1.9 x 1.1 x .4 cm*

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Exercise Abstract

Treatment

Surgical Procedure of Primary Site	27	*Excisional bx*
Approach – Surgery of Primary Site at This Facility	5	*Open approach*
Scope of Regional Lymph Node Surgery	0	*No regional lymph nodes removed*
Surgical Procedure/Other Site	0	*No surgery of other sites*
Regional Treatment Modality	0	*No mention of radiation*
Chemotherapy	0	*No mention of chemo*

NAACCR Webinar Series
Exercise Abstract

Case 2 Second Primary (if needed)

Cancer Identification

Primary Site	C04.0	*Anterior floor of mouth*
Sequence	02	
Histology	8070	*Squamous cell*
Behavior	2	*In situ*
Grade	9	*None*
Grade System Type		
Grade System Value		
Lymph-vascular Invasion		

Collaborative Staging

CS Tumor Size	007	*.73cm's*
CS Extension	000	*In situ*
CS Tumor Size/Ext Eval	3	
CS Lymph Nodes	000	*No ln metastasis*
CS Lymph Nodes Eval	0	*Clinical eval*
Reg LN Pos	98	*No ln's removed*
Reg LN Exam	00	*No ln's removed*
CS Mets at DX	00	*No mets*
CS Mets Eval	0	*Clinical eval*
SSF 1: Size of Lymph Nodes	000	*No involved regional nodes*
SSF 3: Levels I-III, Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 4: Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 5: Levels VI-VII and Facial Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 6: Parapharyngeal, Parotid, and Suboccipital/Retroauricular Lymph Nodes, Lymph Nodes for Head and Neck	000	*No involved regional nodes*
SSF 7 Upper and Lower Cervical Node Levels	000	*No ln involvment*
SSF 8 Extracapsular Extension Clinically, Lymph Nodes for Head and Neck	000	*No ln involvment*
SSF 9: Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck	998	*No pathologic exam of ln's*
SSF 10: HPV Status	998	*Test not done*
SSF 11: Measured Thickness (Depth)	987	*In situ*

NAACCR Webinar Series
Exercise Abstract

Treatment

Surgical Procedure of Primary Site	27	*Excisional bx*
Approach – Surgery of Primary Site at This Facility	5	*Open*
Scope of Regional Lymph Node Surgery	0	*No ln's removed*
Surgical Procedure/Other Site	0	*Excisional bx only*
Regional Treatment Modality	0	*No mention of radiation*
Chemotherapy	0	*No mention of chemo*