GRAND ROUNDS (January 5, 2018)

Claudio/Magbuhat/Notario/Velasco

DEPARTMENT OF OTORHINOLARYNGOLOGY
PHILIPPINE GENERAL HOSPITAL

VISION

The Department of Otorhinolaryngology shall be an internationally recognized center of excellence in the field of Otorhinolaryngology and Head and Neck Surgery

MISSION

The health needs of the Filipino shall be its prime consideration.

It shall provide excellence and leadership in the different aspects in Otolaryngology – Head and Neck Surgery by teaching, providing exemplary clinical practice and dynamically pursuing relevant researches beneficial to the community in an environment guided by moral, ethical and spiritual values.

General Information

- AD
- 64/M
- From Albuyog, Leyte

Chief Complaint

Tongue mass, left

History of Present Illness

7 months PTA

Patient noted a gradually enlarging tongue mass on the **anterior third part** of the tongue measuring around 0.5 x 1 cm with associated bleeding when manipulated or chewing

- (-) dysphagia
- (-) odynophagia
- (-) difficulty of breathing
- (-) anorexia

History of Present Illness

In the interim

Noted increase in size of the mass, now extending to lateral part of the tongue associated with

- Whitish plaque areas on surface of mass
- Weight loss
- Progressive dysphagia to solids

History of Present Illness

2 weeks PTA

Persistence of mass and progressive dysphagia prompted consult at local hospital in Tacloban

Advised biopsy not performed, and Oral CT was requested and done
Patient opted to consult at PGH

1 week PTA

Consult at ORL OPD where biopsy
Punch biopsy of tongue mass revealed **squamous cell carcinoma, well-differentiated, non-keratinizing**. Advised surgery, hence admission.

Review of Systems

(-) fever (-) cough (-) colds (+) weight loss ~40% in 6 months (+) anorexia (-) headache (-) chest pain	(-) dyspnea (-) trismus (-) facial pain	(-) rhinorrhea (-) anosmia (-) epistaxis (-) nasal congestion (-) nasal obstruction

Past Medical History

- Diagnosed with CKD IV secondary to Hypertensive Kidney Disease, maintained on Amlodipine and Losartan
- No diabetes mellitus, allergies, asthma
- No previous surgeries or hospitalizations

Family Medical History

- No history of hypertension, diabetes mellitus, allergies, asthma, thyroid disease, or malignancies

Personal and Social History

- Patient is a farmer since 20 years of age
- 44 pack year smoker
- (+) reverse smoking, occasional
- Stopped smoking 4 months ago
- Occasional alcoholic beverage drinker
- Denies illicit drug use

PHYSICAL EXAMINATION

SYSTEMIC PE

General	Awake, alert, cachectic
Vital signs	BP 130/90 HR 80 RR 18 Temp 36.7°C Oxygen saturation 99%
Lungs	Equal chest expansion, clear breath sounds, no adventitious sounds
Chest	Adynamic precordium, normal rate with regular rhythm, no murmurs
GI	Protuberant, soft, normal bowel sounds, no palpable masses, liver edge not palpable, patent anus
Extremities	Full equal pulses, pink nailbeds, quick capillary refill time

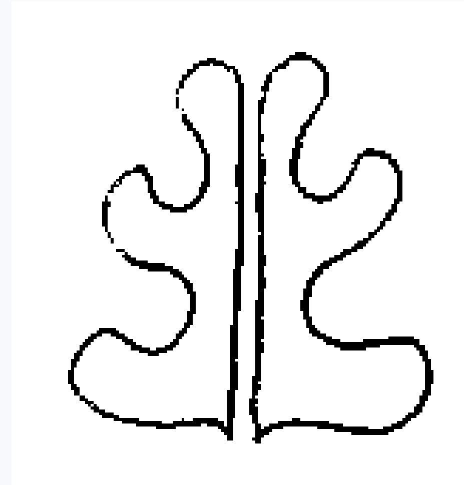
OTOLOGIC EXAM

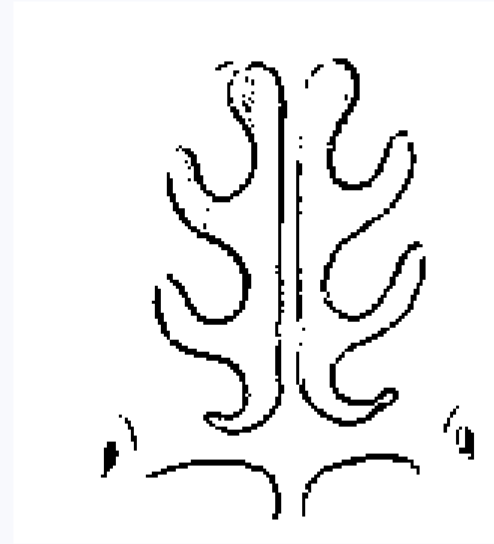
AD: Intact TM

AS: Intact TM

(-) Gross deformities, patent external auditory canal,
Tympanic membrane pearly white with cone of light AU
Mobile TM on pneumatoscopy
No air fluid levels or perforations noted

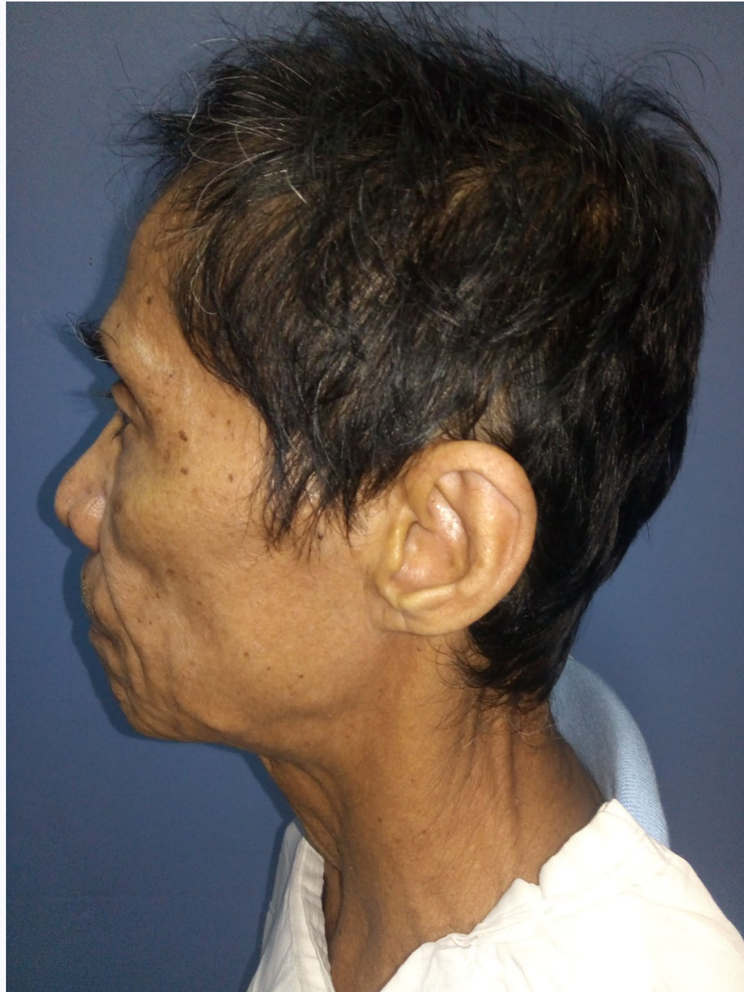
ANTERIOR AND POSTERIOR RHINOSCOPIC EXAM

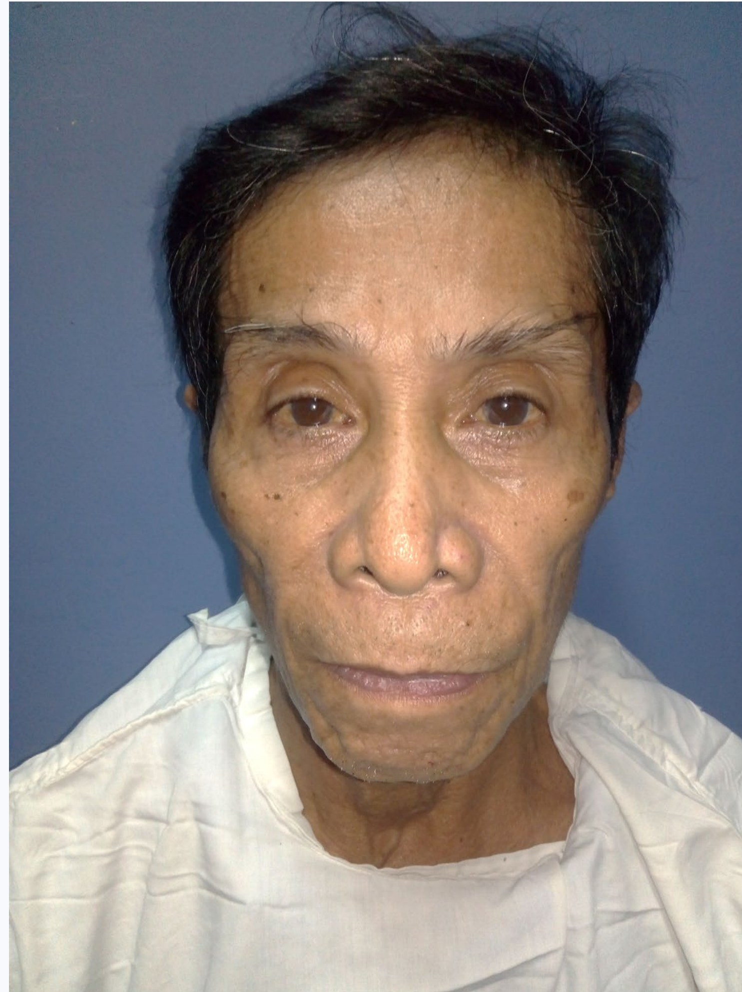




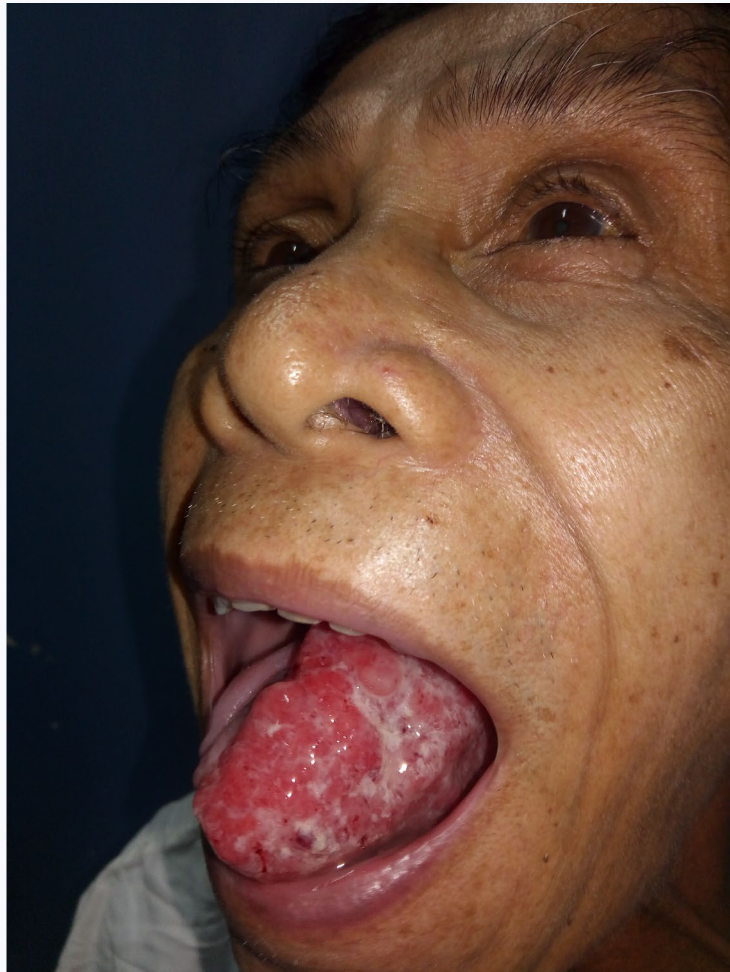
Septum is midline, pink and smooth mucosa, (-) masses or discharge

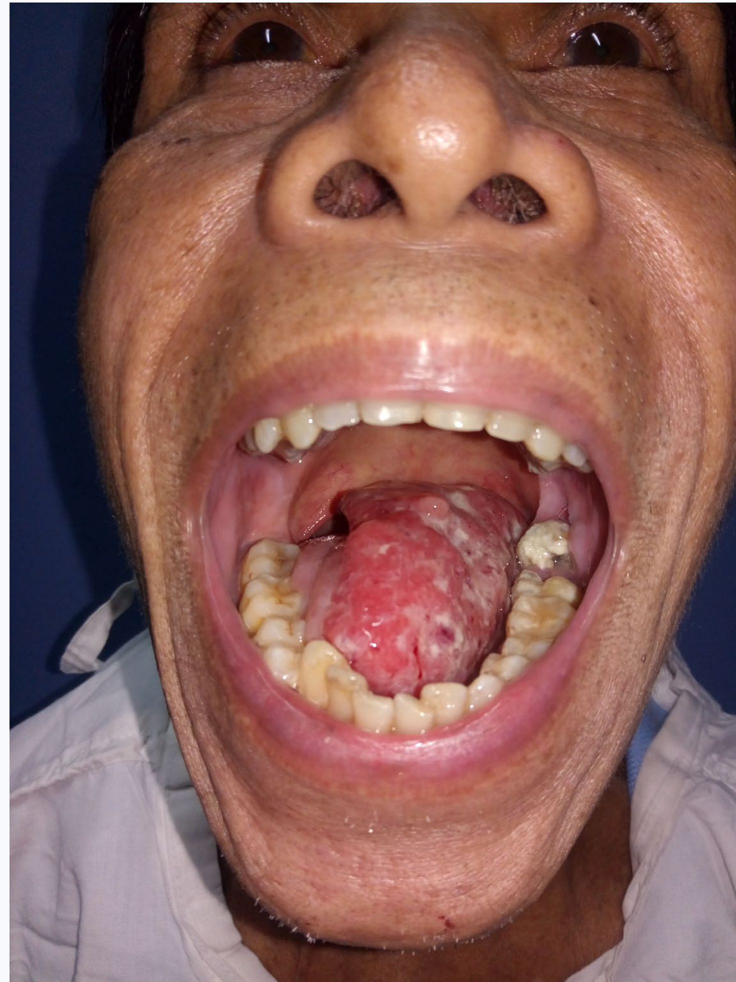
HEAD & NECK EXAMINATION

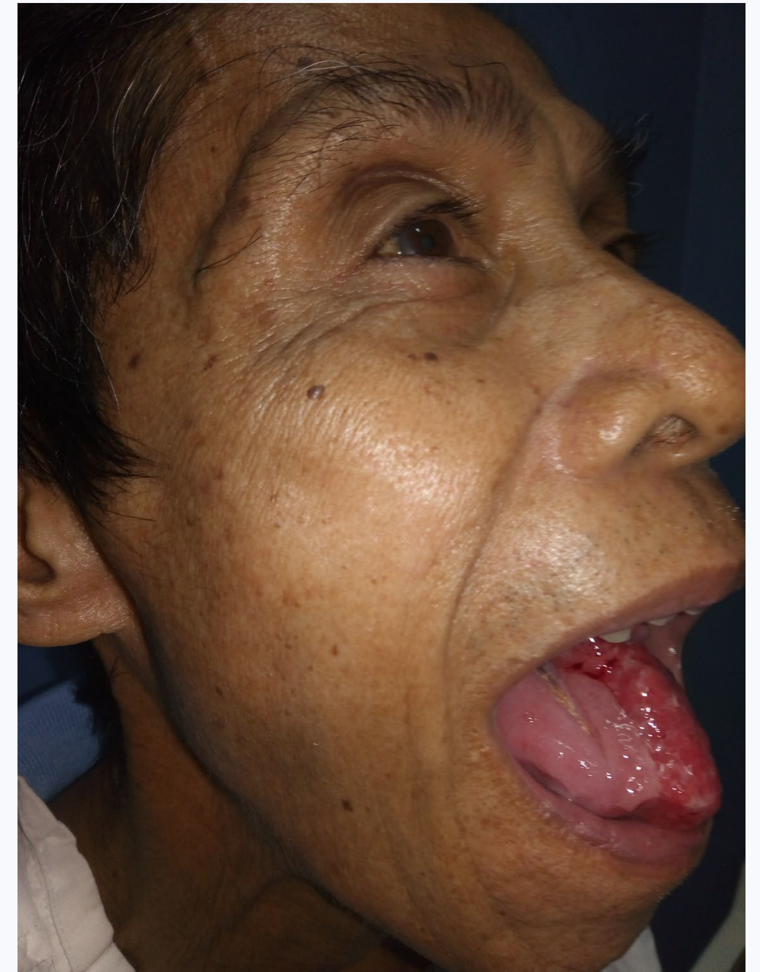




ORAL CAVITY EXAM

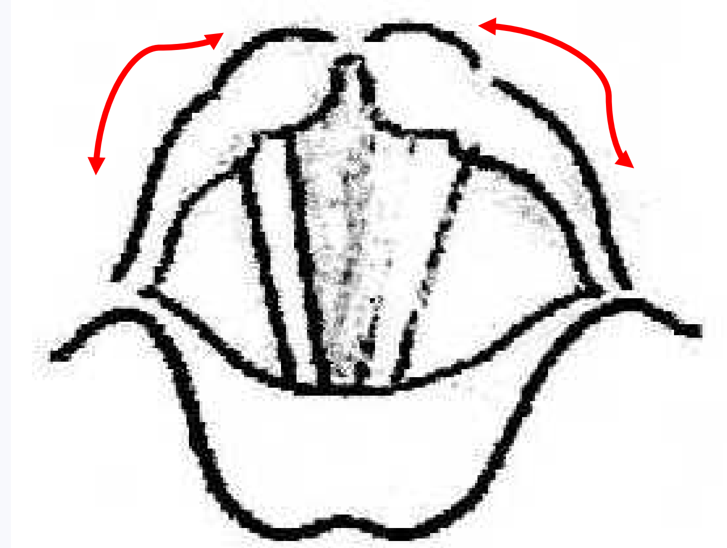






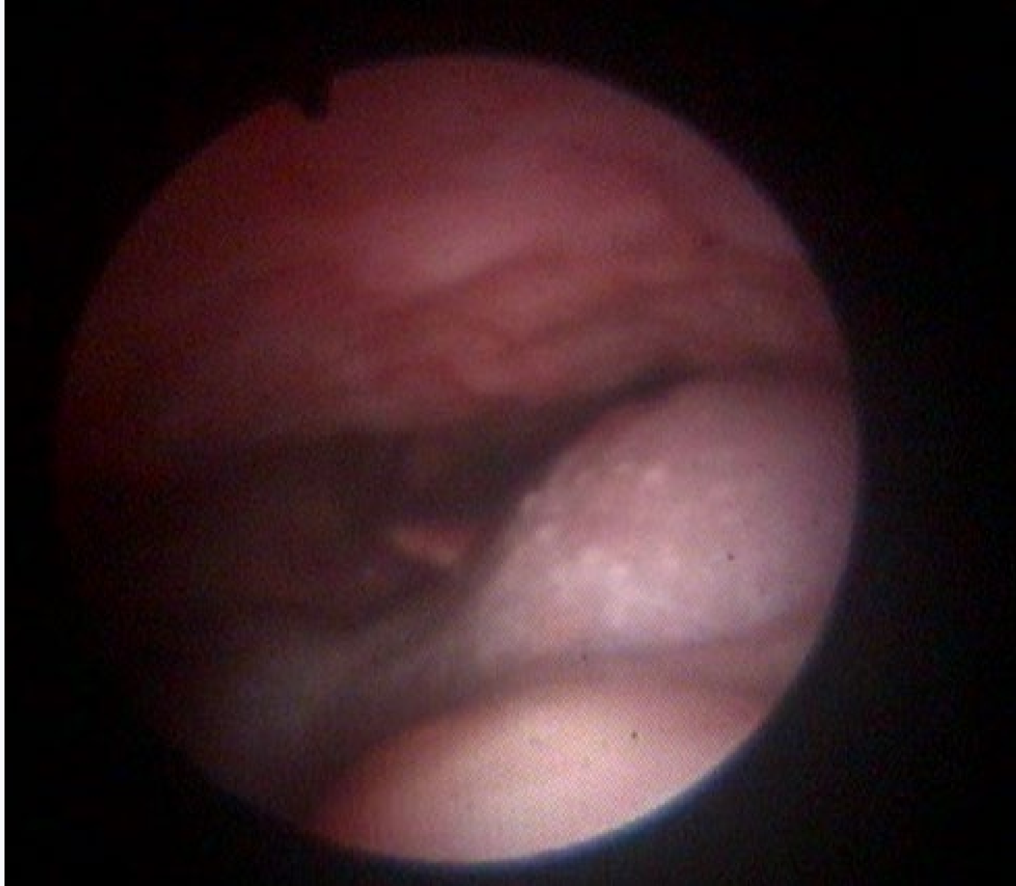
OTORHINOLARYNGOLOGY
1961
UPCM - PGH

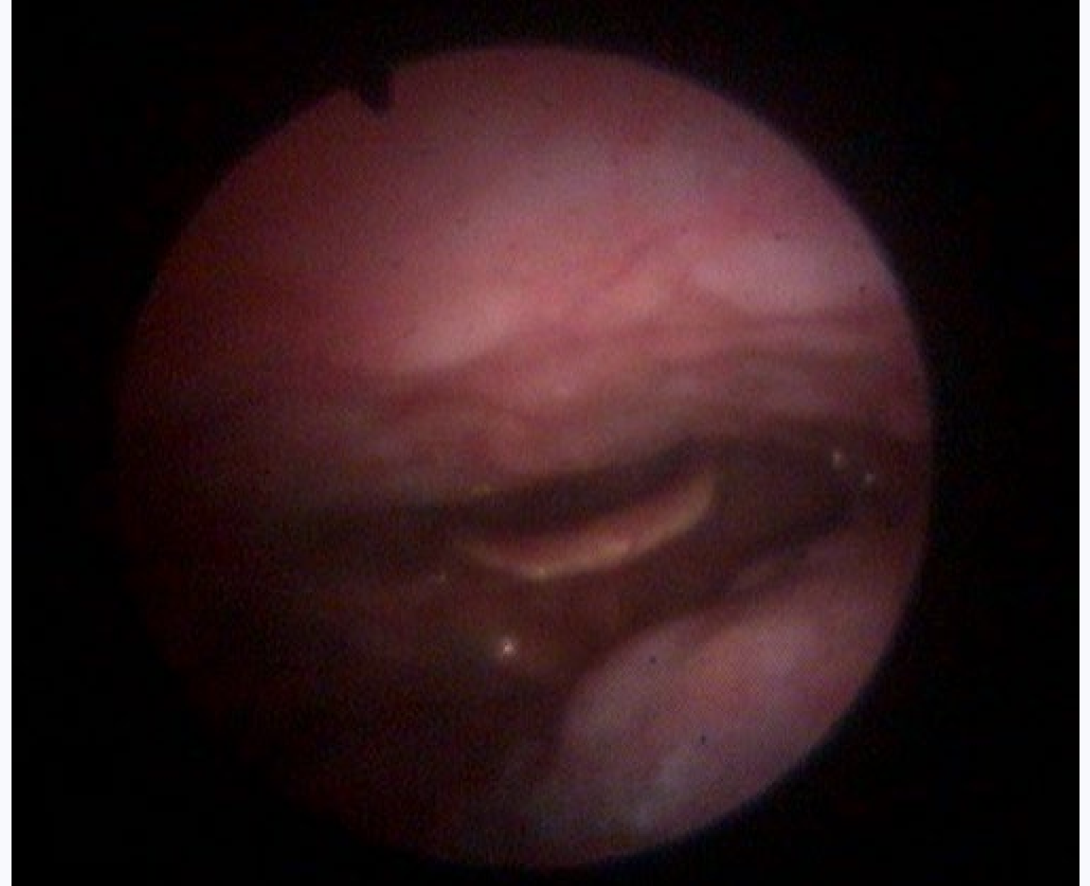
INDIRECT LARYNGOSCOPY



Fully mobile vocal cords

FLEXIBLE ENDOSCOPY





DIFFERENTIAL DIAGNOSES

Differential Diagnosis

Differential	For	Against
Pyogenic Granuloma	Bleeding on mass Rapid growth Painless	Progressive dysphagia to solids Anorexia Weight loss
Granular cell tumor	Painless, firm, submucosal nodules with yellowish to pinkish in color	Rapid increase in size of mass Bleeding on mass Progressive dysphagia Anorexia Weight loss

Differential Diagnosis

Differential	For	Against
Squamous cell carcinoma	• 44 pack year smoker • History of reverse smoking • Started anterolateral surface of tongue • Appearance of mass: rolled borders • Painless tongue mass • Rapid increase in size of mass • Bleeding on mass • Progressive dysphagia • Anorexia • Weight loss	None
Malignant salivary gland tumors	• Painless mass	• Usually involves base of tongue, ventral area • Slow growing

DIAGNOSTICS

Pertinent Diagnostics

CBC	
Hemoglobin	87
Hematocrit	0.26
Platelet count	259
WBC	5.90
	Neutro : 0.64
	Lympho: 0.21
	Mono: 0.06
	Eosino: 0.02

Electrolytes	
Na 135	**K** 5.4
Cl 105	**BUN 11.23**
Creatinine 197.48	**Alb** 48.7
Ca 2.44 **Uric Acid 428.4**	**Mg** 0.90

Coagulation Studies	
PT reference	12.5
PT time	12.2
PT%	107.5
PT INR	0.98
PTT reference	28.2
PTT time	29.7

Pertinent Diagnostics

Fine Needle Aspiration Biopsy (10/23/17)
Squamous cell carcinoma, well-differentiated, non-keratinizing

Liver UTZ (11/5/17)
Simple renal cyst, right ; Prostatomegaly with concretions, unremarkable UTZ of left kidney and urinary bladder

PRIMARY WORKING IMPRESSION

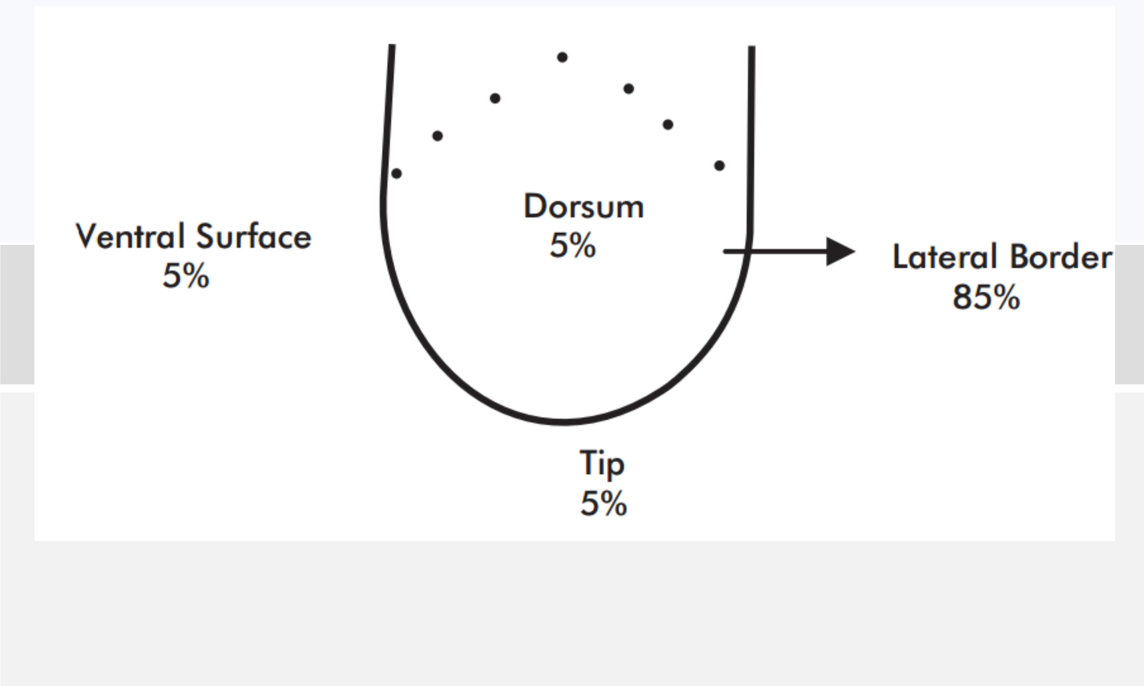
Tongue Squamous Cell Carcinoma, left Stage III (T3N0Mx)

DISCUSSION

Epidemiology

Oral Cancer

- Common area of presentation of upper aerodigestive tract malignancies
- 90% are squamous cell carcinoma



Indian Council of Medical Research. Consensus Document for Management of Tongue Cancer (2014).

Risk Factors	Signs and Symptoms
• Cigarette smoking • Reversed cigarette smoking • Heavy alcohol intake • Betel nut chewing • Poor oral hygiene and chronic trauma from broken teeth or ill-fitting dentures	• Chronic, painless, non-healing ulcer • Bleeding • Looseness of teeth • Pain on mastication/swallowing • Dysphagia • Increased salivation • Trismus • Dysarthria • Otalgia

Division of Head and Neck Surgery, Department of Otorhinolaryngology. *Manual for the management of Head and Neck malignancies*

TABLE 97-3. **Traditional vs. HPV–Associated Oropharyngeal SCC: Demographics, Clinical Presentation, and Prognosis**

Variables	Traditional Oropharyngeal SCC	HPV-Associated Oropharyngeal SCC
Demographics	≥60 yr, M:F = 3:2	40-60 yr, M:F = 3:1
Risk profile	Tobacco, alcohol	Reduced/no addiction habit Epidemiologic sexual history correlation
Molecular biology	p16 inactivation	p16 overexpression
Pathology	Keratinizing SCC, well to moderate to poorly differentiated	Nonkeratinizing SCC, poorly differentiated
Clinical presentation	Less bulky nodes	Small/unknown primary with bulky, cystic, or multiple nodes
Prognosis	Guarded, 5-year survivals ~40% to 60%	Good, 5-year survivals ~80% to 90%
Prognostic variables	T, N, and AJCC stage, margin, ECS, smoking	T stage, margins, three or more nodes
Local recurrence	Higher	Infrequent
Distant metastasis	~20%	~5% to 6% (surgical ± adjuvant therapy), ~7% to 12% (nonsurgical therapy)

AJCC, American Joint Committee on Cancer; ECS, extracapsular spread; HPV, human papillomavirus; N stage, nodal stage; SCC, squamous cell carcinoma; T stage, tumor stage.

Squamous Cell Carcinoma

Staging

VII. SUMMARY

	Lip, Oral Cavity
T1	<= 2m
T2	2-4 cm
T3	>4 cm
T4a	Lip: through cortical bone, inferior alveolar nerve, floor of the mouth and the skin Oral cavity: through cortical bone, deep/extrinsic muscle of the tongue, maxillary sinus and skin
T4b	Masticator space, pterygoid plates, skull base, internal carotid artery
N1	Ipsilateral single <= 3cm
N2	(a) ipsilateral single >3 to 6 cm (b) ipsilateral multiple <= 6cm (c) bilateral, contralateral <= 6cm
N3	>6 cm

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Staging

VI. STAGE GROUPING

Stage 0	***Tis***	***N0***	***M0***
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T1, T2	N1	M0
	T3	N0, N1	M0
Stage IVA	T1, T2, T3	N2	M0
	T4a	N0, N1, N2	M0
Stage IVB	Any T	N3	M0
	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

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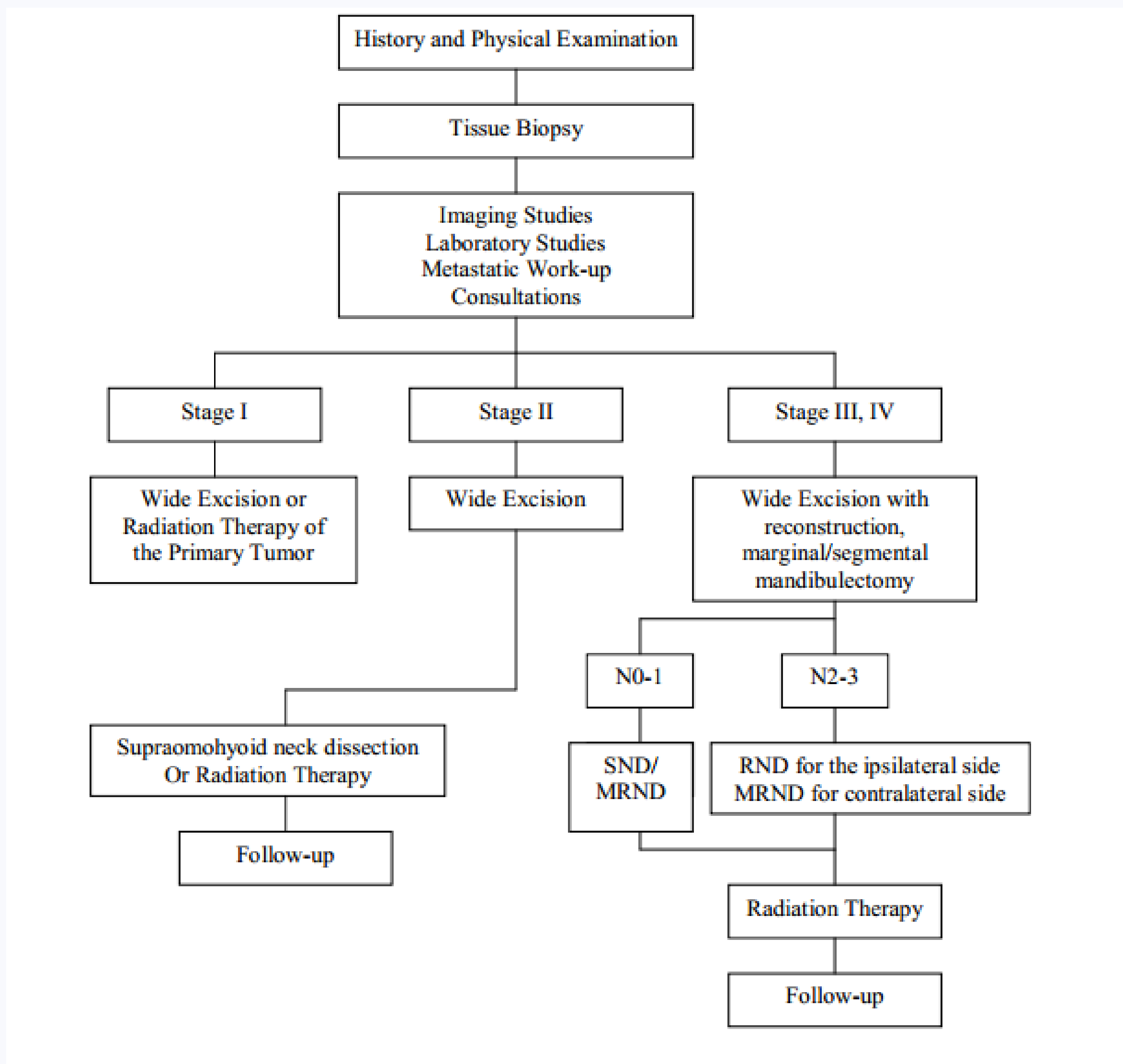

Algorithm for Oral Cavity Cancer

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