ESMO Preceptorship Programme

Squamous Cell Carcinoma – Head and Neck (Tongue) – 16-17 March 2018

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Approach to a Patient with Tongue Mass
Disclosures

- No disclosures
Chief Complaint:
Tongue mass of 2 months duration

- History of Present Illness
  - 2 months PTC, patient noted a 1 x 1 cm right tongue mass, associated with pain and minimal bleeding
  - 1 month PTC, there was gradual increase in the size of the mass, now 2 x 2 cm, and still with pain and bleeding
  - 1 week of PTC, there was further increase in the size of the mass to 4 x 4 cm, now with difficulty in eating due to pain, hence, subsequent consult
Physical Examination

- **ENT PE**
  - Neck: (+) Levels II to IV lymphadenopathies
  - Ears: Intact tympanic membrane, bilateral; good cone of light, left; no discharge; hyperemic external auditory canal, bilateral
  - Oral Cavity: 10 x 7 x 2 cm fungating, right-sided tongue mass with involvement of the base of the tongue
  - Anterior Rhinoscopy: Unremarkable
  - Posterior Rhinoscopy: Polypoid mass on the left
  - Indirect Laryngoscopy: Unremarkable
Work-up

- Neck CT Scan
  - Ill-defined, mildly enhancing mass lesion in the right side of the tongue. It measures 2.21 x 1.81 x 4.7 cm. There is asymmetry in the oropharyngeal mucosa with slight bulging fullness in the right. The sublingual and submandibular spaces appear intact.
  - There is a prominent-sized right level II-A lymph node with a short axis diameter of 0.9 cm. There are likewise several unenlarged level I-A, bilateral II-A, and II-B lymph nodes.

- Chest and Liver Imaging
  - Unremarkable
Course

- S/P Punch biopsy of tongue mass
  - Squamous Cell Carcinoma, Well-differentiated

- Impression: Squamous Cell Carcinoma of the Tongue Stage III (cT3N1M0)

- Plan: Partial Glossectomy with Selective Neck Dissection, Levels I-IV; Tracheostomy prior to Glossectomy; Gastrostomy Tube Insertion
Course

- S/P Hemiglossectomy, Right, with Frozen Section of Margins, Tracheosotomy, Gastrostomy Tube Insertion

- Histopath Report
  - Squamous Cell Carcinoma, Keratinizing
  - Tumor size: 6.6 cm in widest dimension
  - No definitive lymphovascular invasion seen
  - Tumor present within 1mm of posterior margin
  - All other margins, free of tumor
  - One level II-A and one level II-B lymph nodes, negative for metastasis
  - Stage III (pT3N0M0)
Plans

- Concurrent chemoradiation using Cisplatin 100mg/m2 on days 1, 22, and 43 during radiotherapy (≥ 70 Gy or 1.8-2.0 Gy/fraction)
- Dental evaluation prior to chemoradiation
- Follow-up
  - History and Physical Examination every 1-3 months (year 1), every 2-6 months (year 2), every 4-8 months (years 3-5), and every 12 months (>5 years)
  - Post-treatment baseline imaging within six months of treatment
  - Chest imaging as clinically indicated
  - TSH every 6-12 months
- Speech and swallowing evaluation and rehabilitation as clinically indicated