

Patient Name	Mr. Vishal Patel	Client Name	Deep Dental Care,	Specimen Received	09/07/2018
Age/Sex	36/M		Ahmedabad.	Specimen Type	Tissue
Patient ID	011807090098	Client Code	Walk-In	Collection Date	09/07/2018
Specimen ID	MOLQ/B-680/18	Ref. Doctor	Dr. Jignesh Faldu	Report Date	12/07/2018

SURGICAL PATHOLOGY REPORT

SUSPECTED CASE OF TONGUE MALIGNANCY?

DIAGNOSIS

WELL DIFFERENTIATED ORAL SQUAMOUS CELL CARCINOMA.
(Note: Leukoplakia transforming into malignancy).

BRIEF CASE HISTORY

Complaint of: Patient complaints of ulceration on tongue since 2 months.

History of Present Illness: Patient gives history of

- ✓ Burning sensation
- ✓ Difficulty in opening mouth.

Personal History: Patient gives history of deleterious habits.

Consumption of:

- ✓ Pan Masala 2-3 Packets / day since 10 years.
- ✓ History of Gutka Chewing for 5 years.
- ✓ Alcohol drinking.

CLINICAL APPEARANCE OF THE LESION:

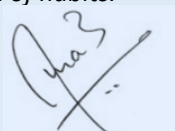
✓ Presence of a white, well-defined keratotic border which is extending into ulcero-proliferative growth on right lateral border of tongue into a solitary, non tender, firm ulcero-proliferative growth, everted border, induration present. Size: 3.0 x 2.5 cms

Clinical Tentative Diagnosis:

Suspected case of malignancy (Right lateral border of Tongue).

Advised:

Incisional Biospy for confirmatory diagnosis.
Cessation of habits.



Tina Bhardwaj, MDS
Consultant Oral Pathologist



Tongue (Righth Lateral Border)



Tongue (Righth Lateral Border)



Gulshan Yadav, MD
Consultant Pathologist

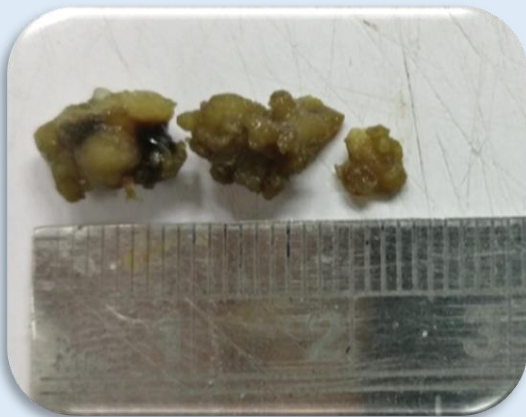
TISSUE GROSSING [B-680/18]

SPECIMEN

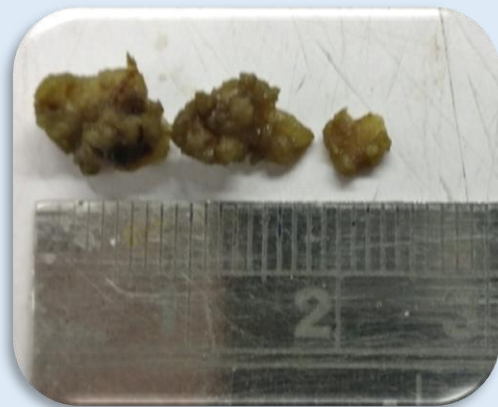
Right lateral border of tongue.

GROSS

Received three tiny bits of soft tissue, greish white in color, firm in consistency, irregular margins and shape. Size: 1.0 x 0.7 cms, 0.9 x 0.8 cms , 0.3 x 0.3 cms



Tissue Grossing (Front).



Tissue Grossing (Back).

*Note: Entire tissue submitted was taken for processing.
Labelled as B 680 -18.*



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Microscopy

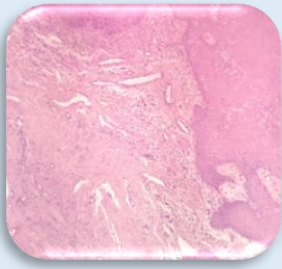


Fig. 1

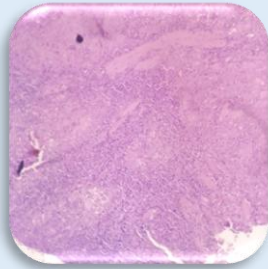


Fig. 2

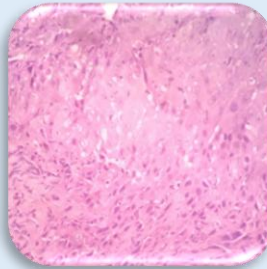


Fig. 3

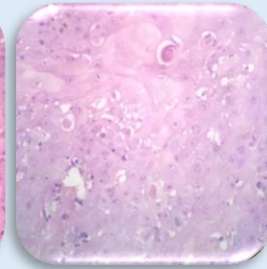


Fig. 4

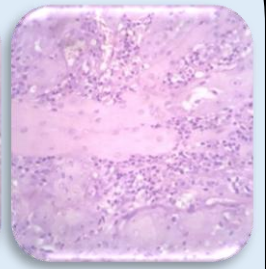


Fig. 5

Scanner View reveals multiple bit of tissue with epithelium, connective tissue stroma and muscle bundles. **(Fig. 1)**

Low Power View reveals continuous, hyperplastic, dysplastic hyperkeratinized stratified squamous epithelium with broad and wide rete pegs overlying the connective tissue stroma. **(Fig. 1)** There is break in the continuity and thickening of basement membrane with tumor epithelial cells invading the connective tissue stroma. **(Fig. 2,3)** Epithelium reveals dysplastic features like basilar hyperplasia, nuclear hyperchromatism, cellular pleomorphism, many areas with loss of cohesion, few individual cell keratinization, abnormal mitotic activities with infiltration of tumor epithelial cells in form of islands into the stroma. Very few keratin pearl formations are also evident. **(Fig. 4,5)**

Connective tissue stroma reveals dense and diffuse chronic inflammatory infiltrate with thin and delicate collagen fibres interspersed with fibroblasts and fibrocytes. Numerous endothelial lined blood capillaries of varying size and shape. Normal muscle bundles. **(Fig. 1,2)**

High Power View confirms the above mentioned findings with break in the continuity of basement membrane and thickening, tumor epithelial cells invading the stroma in form of islands with dysplastic features, hyperkeratinized stratified squamous epithelium squamous epithelium, very few keratin pearl formation, collagen fibres and muscle bundles. Chronic inflammatory infiltrate chiefly composed of lymphocytes and plasma cells.

Note : All biopsy specimen will be stored for 15 (fifteen) days, block and slides for 5 (five) years only from the time of receipt at the laboratory. No request ,for any of the above ,will be entertained after the due date.

Overall features are suggestive of

WELL DIFFERENTIATED ORAL SQUAMOUS CELL CARCINOMA

(Leukoplakia transforming into OSCC)

A Clinico-pathological co-relation.

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