

Oral Sub Mucous Carcinoma in an Adult Patient Case Report and a Literature Review

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Abstract

Squamous cell carcinoma is the most common malignant tumor of oral cavity generally seen in people above 50yrs of age, rarely under 40yrs of age, case report describes a case of pt aged 50 with history of tobacco use/drinking habit And describing the Aetiology, Management of Oral Squamous Cell Carcinoma.

Keywords: Carcinoma; Squamous Cell; Ulceration; Ankyloglossia



Figure 1

A Patient, aged 50yrs reported with the Pain in the left side of the tongue since 1.5 months.

Pain

Sudden, moderate, non radiating, increases on movement of tongue presents with an ulcer in the tongue since 1.5 months on the ventral surface No discharge.

H/O Ankyloglossia and Difficulty moving the tongue

- Dental and Medical History.
- Diagnosed with tuberculosis and asthma past 1.5 years under medication.



Figure 2

Family history - Married with 2 children.

Personal history

- Brushes using tooth powder and finger once daily.

Habit index

Smoking:- 25 beedis per day since 10-15 yrs.

Mixed diet and eats spicy food.

General examination

Moderately Built and Moderately Nourished.

NO Pallor, Icterus, Cyanosis, Clubbing, Edema.

Extraoral examination

- No gross facial asymmetry.
- TMJ - No abnormality detected

Intraoral examination

- No Abnormality detected in intraoral soft tissues except an Ulcer on the ventral surface of Tongue on left side.
- Poor Oral Hygiene.
- Sharp teeth present irt 37
- Generalized attrition
- Upper edentulous arch
- No mobility of the teeth

Description of the Intraoral Lesion.

Inspection

- A roughly oval 2 x 1.5 cm ulcer proliferative lesion on the left ventral surface of tongue in the middle 1/3 rd. Everted margins Covered by whitish gray Slough, No Serosanguinous discharge. Surrounding area appears to be normal with slight inflammation
- Palpation
- Inspectory findings confirmed.
- Tender
- Irregular margins and everted edge.
- Induration is Present.
- Doesn't Bleed
- Provisional Diagnosis
- Traumatic Ulcer

Differential diagnosis

- Aphthous Ulcer
- Tuberculous ulcer
- Squamous Cell Carcinoma

- TUBERCULOSIS OF TONGUE : A CASE REPORT Ind. J. Tub., 1997, 44, 31

Investigation prescribed

- Complete blood count
- Hiv/hbsag
- Chest x ray
- Ecg

Investigations values

- Hb % - 10.8 gm %
- ESR - 63 mm/hr
- TC - 11,300cells/cu mm
- DC - Within normal limits

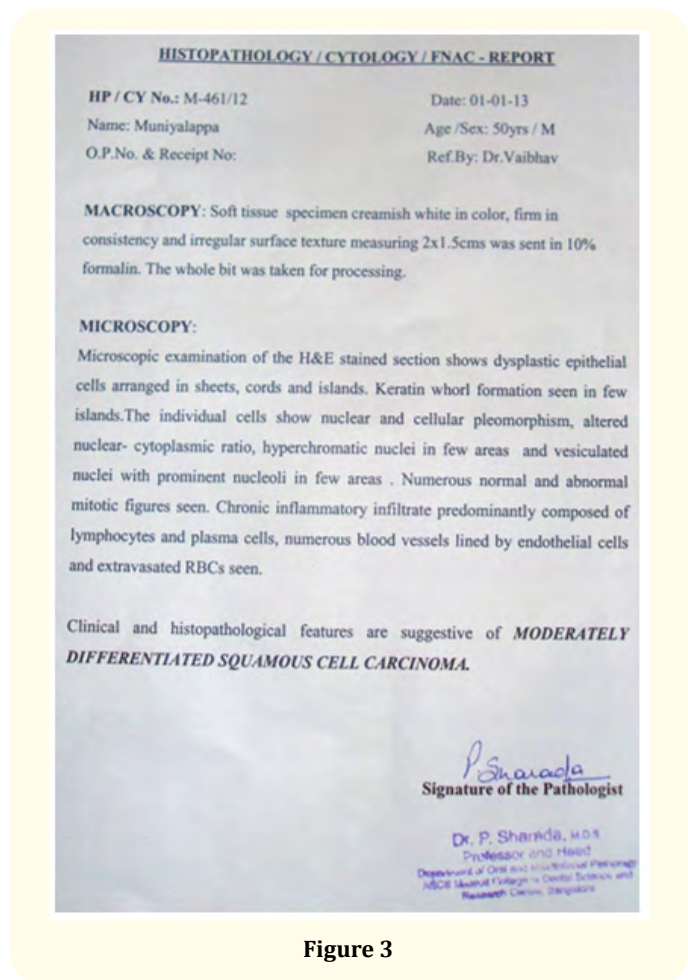


Figure 3

Discussion

Cancer of the tongue is more commonly epithelial tissue origin resulting from the chronic irritation, squamous cell carcinoma is the most common malignant neoplasms of the oral cavity usually effecting the individuals above 50yrs of age with male predominance, Generally depending upon the cases of tongue, lateral border of tongue lesions are most commonly affected, Need for rapid diagnosis and patient referral can lead to reduction in cancer case mortality. Risk factors includes history of tobacco and alcohol use should be interrogated. Any adult patient with symptoms attributable to upper aero digestive tract or cervical (neck) tumour lasting for more than 2 weeks or more should undergo an asymptomatic full examination of the asymptomatic tumour to eliminate the high malignancy suspicion. The physician examination is the best way to detect lesions of the aero digestive tract. Often the initial assessment is the best way to detect lesions of the upper aero digestive tract. The physical examination best way to detect severity and Chronicity of lesions. Tongue cancer usually cause symptoms related to upper aero digestive tract including speech, hearing, breathing. Impphasis to be paid to head and neck symptoms include tongue pain, tongue ulcers, non healing ulcers, and changes in ability to form words. Most presenting complaint will be sore /lump of neck. Biopsy of the patient using punch biopsy forceps. Biopsy to be obtained from the edge of the lesion, away from the areas of the malignant lump nodes in the neck.

Treatment options

- Surgery alone
- Radiation therapy
- Combinations

Method to treat cancer

Depends on the mode of the treatment selected for the primary treatment of primary tumour. When primary tumour are treated with radiation there is a high risk involved to the regional lymph nodes during the radiation therapy so to achieve success in treatment with radiation regional lymph nodes at risk are incorporated into the field of treatment. Larger cancers may require composite restrictions with reconstructions of the defect of the pedicle flaps requiring adjuvant therapy radiation and chemotherapy [1-5].

Conclusion

Oral Cancer of the tongue requires a multi disciplinary team approach to the management early centre referral that has expertise in the management of the complex tumours shown to improve outcomes is highly encouraged. Most cases of oral cancers results due to combined effects of smoking and drinking tobacco and alcohol abuse, tobacco cessation program should be promoted aggressively.

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