



A Case of Oral Squamous Cell Carcinoma

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Abstract

Aim: The aim of this work is to raise awareness in the dental community regarding the early diagnosis of malignant lesions of the oral cavity.

Materials and methods: The study describes the clinical case of a patient referred by his dentist to the Oral Pathology department for a specialist consultation

Results: Histological analysis reported a case of oral squamous cell carcinoma (OSCC).

Conclusion: An accurate examination of the oral cavity during regular visits to the dentist, combined with the possibility of performing biopsies in the presence of new formations, allows for the timely detection and management of any diseases, making an early diagnosis possible and therefore improving the quality and expectancy of life of patients. The clinical case reported in the following paper will consequently be reported in the Maxillofacial Surgery unit for the removal of the lesion.

Keywords: Oral; Cell Carcinoma; Squamous

Introduction

Oral cancer represents a serious and complex condition that requires thorough attention and understanding. It is a visible lesion easily detected by specialists, often manifesting as mucosal alterations in individuals of both sexes, with a higher incidence in men, especially between the ages of 50 and 60 [1]. Several factors contribute to the risk, including smoking (with a proportional increase in risk based on quantity and duration), alcohol consumption, HPV infection, and belonging to disadvantaged socioeconomic classes, which can often lead to poor oral hygiene. Alcohol and tobacco have been shown to have a synergistic effect, with significant risk elevation associated with heavy consumption of both [2].

Early diagnosis plays a crucial role in managing this condition, as survival is significantly compromised with delayed diagnosis. Indeed, more than 50% of cases are diagnosed at an advanced stage, with lesions exceeding 4 cm (stage T3 or T4). Squamous cell carcinoma (OSCC) is the most common form of malignant tumor affecting the epithelium of the oral mucosa, although other forms such as lymphomas and sarcomas can also manifest in this region.

The most commonly affected sites include the oral floor, retromolar trigone, buccal mucosa, and lingual margins.

The main therapy for oral cancer is surgical and often involves the expertise of a maxillofacial surgeon or an oncologist.

Material and Methods

An 85-year-old male patient presents for his first visit at the Oral Surgery Clinic at the Giorgio Vogel University Dental Clinic of San Paolo Hospital, referred by his attending dentist for an oral pathology consultation. The patient, edentulous and wearing total removable upper and lower dentures, reports a remote medical history of squamous cell carcinoma in the right parotid gland in 2013, which was treated with surgical excision and radiotherapy.

Case Presentation

During the intraoral examination, both hard and soft tissues are assessed. An erythematous area of approximately 1.5 cm is observed in the right buccal mucosa, posterior lower third, corresponding to the vestibule, which has been present for about 2 months

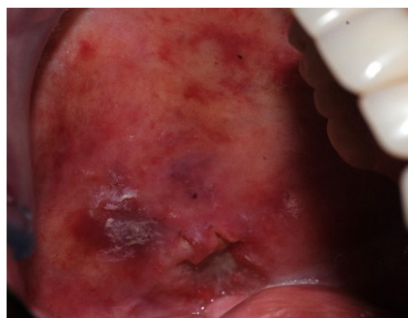
and is mildly symptomatic. Additionally, widespread signs of previous radiotherapy-induced mucositis are noted, especially on the dorsal surface of the tongue. Upon extraoral examination, scar tissue from the surgical excision of the parotid carcinoma is evident (Figure 1).

A clinical differential diagnosis is made, considering traumatic injury, erythroplakia, and sequelae of radiotherapy-induced muco-

sitis. Given the patient’s oncological history, histological evaluation through incisional biopsy sampling is deemed necessary. Local infiltration anesthesia using 2% mepivacaine with vasoconstrictor is administered, followed by a 4 mm punch biopsy incision to obtain a cylindrical mucosal specimen. The specimen is then preserved in formalin and sent to the anatomopathological laboratory for histological assessment.



Extraoral view



Initial clinical intraoral view



Suture

QUESITO DIAGNOSTICO
lesione mucosa orale

REPERTO MACROSCOPICO
Cilindro di mucosa di 0.5 cm di diametro, pervenuto fissato in formalina.
Macroscopica: AM

DIAGNOSI ANATOMOPATOLOGICA
Carcinoma squamocellulare, a medio grado di differenziazione (G2), infiltrante (frammento interamente lesionale).
Non si repertano ife e spore fungine ricercate con colorazione speciale PAS.

Histological Report

Figure 1

Discussion

The histopathological diagnosis reveals a picture of moderately differentiated (G2) infiltrating squamous cell carcinoma. The patient will undergo assessment by maxillofacial surgeons and otolaryngologists, who will recommend surgical intervention for radicalization of squamous cell carcinoma of the oral cavity, involving the right buccal mucosa and retromolar trigone, as well as mandibular resection with step.

The management of OSCC should adhere to established guidelines, with surgery remaining the primary treatment modality [3]. Oral cancer poses an increasingly significant challenge to public health, necessitating careful prevention, early diagnosis, and timely treatment to improve patient survival and quality of life. Despite technological advancements in oral cancer treatment, late diagnosis remains a significant obstacle to effective disease management. Early diagnosis not only increases treatment success rates but can also enhance patient quality of life by reducing the need for invasive and aggressive interventions [4].

Conclusion

In the battle against oral cancer, the promptness and accuracy of diagnosis have become indispensable. The ability to diagnose this condition early is crucial for ensuring favorable prognoses and addressing increasingly complex therapeutic challenges.

Moreover, public awareness of the importance of prevention and early diagnosis is essential for effectively tackling oral cancer. Educational campaigns and screening programs can help inform the public about risk factors, early symptoms, and the importance of regular medical check-ups.

Early diagnosis not only allows for less invasive treatments but also significantly increases patient survival chances. Therefore, the speed and precision of diagnosis play a fundamental role in improving clinical outcomes and patients' quality of life.

Hence, there is an increasing need to focus on the training and preparation of all professionals involved in the dental field to anticipate the diagnosis and consequently the treatment of neoplasms that may arise within the oral cavity.

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