



Oral Cancer: A Case Report

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Squamous cell carcinoma involving the tongue and lower oral cavity are generally uncommon in patients under the age of 40 years. The site distribution and male to female ratio of patients differed markedly from those of the overall squamous cell carcinoma group. The tongue is by far the most common site, and the majority of patients are people associated with the People associated with Tobacco placement in the buccal mucosa. There were no apparent etiologic or biologic factors noted. Lymph node metastases can occur in some patients. Sometimes patients who died due to cancer usually had a poor access to the medical facilities in the initial stages of cancer, and most people who did not get good access to the medical facilities in the initial stages die within less than 2 years after Diagnosis of oral Squamous cell carcinoma in the late stage. The overall cure rate in early stage of oral Squamous Cell Carcinoma Patients was much better than that for the late stages, And this was especially so in Patients with tongue cancer (80 percent absolute cure rate). Aggressive treatment and Regular follow-up for recurrence or metastases are necessary for better Results.

Keywords: Cancer; Squamous Cell Carcinoma; Mouth

Cancer is a leading cause of death worldwide. Globally cancer of various types effect millions of population and leads to loss of lives, oral cancer forms the fifteenth most common type of cancer worldwide. cancer incidence, prevalence and mortality in India among males cancers of lung, mouth, oesophagus and stomach are leading sites of cancer and among females cancer of breast, cervix are leading sites. Cancer research and management practices become one of the crucial tasks of importance for effective management and clinical care for patient, cancers of the oral cavity are significant public health problem in India. Traditionally gingivobuccal cancers are the commonest oral cavity cancers in the country as opposed to tongue and floor of mouth cancers which were common in the developed world. However incidence of oral tongue cancers has been increasing in last couple of years in India and today it is as common as gingivo-buccal cancers, while the broad principles of treatment of oral cancers are similar Tongue cancers are a different entity with distinct differences in work-up and management.

Traditionally Gingivo-Buccal cancers were the most common oral cavity cancers in our country while tongue cancers were more common in the western world; Incidence of tongue cancer has shown an increase with the possible role of HPV. Oral Cavity cancer as the leading cause of mortality in men which was responsible for cancer-related death, Tongue forms the most common sub-site for oral cavity cancer in western world. While gingivo-buccal complex cancer was the predominant cancer in India, the incidence of tongue cancer is slowly increasing in our country as well. Oral tongue is an area limited posteriorly by circumvallate papillae most common site of involvement is lateral border of tongue accounting for 85% of cases (Figure 1). Dorsum, ventral surface and tip of the tongue (5% each) form rest of the cases. Tongue cancers are a distinct clinical entity and must be differentiated from the cancers of the base of tongue (Figure 2).

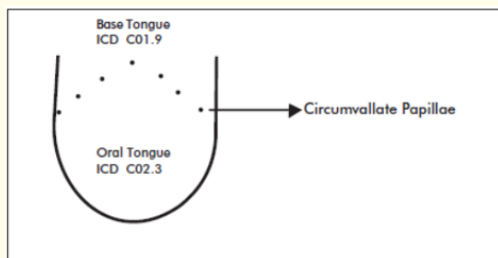


Figure 1: Oral tongue and base tongue.

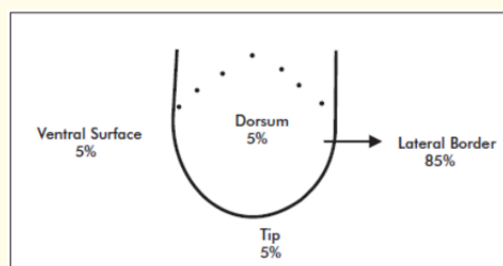


Figure 2: Distribution of oral tongue cancer.

Case Presentation

Dr Vaibhav Shah



Figure 3

A Patient by name Mr. Munniyallappa, age 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.



Figure 4

Dental and medical history

Diagnosed with tuberculosis and asthma past 1.5years under medication.

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.
- Non – alcoholic.

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 ulceroproliferative 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.

Investigations

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

Investigations

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

Discussion

- Need for rapid diagnosis and patient referral can lead to reduction in cancer case mortality.
- Risk factors mention history of tobacco and alcohol use should be interrogated.
- Any adult patient with symptoms attributable to upper aero

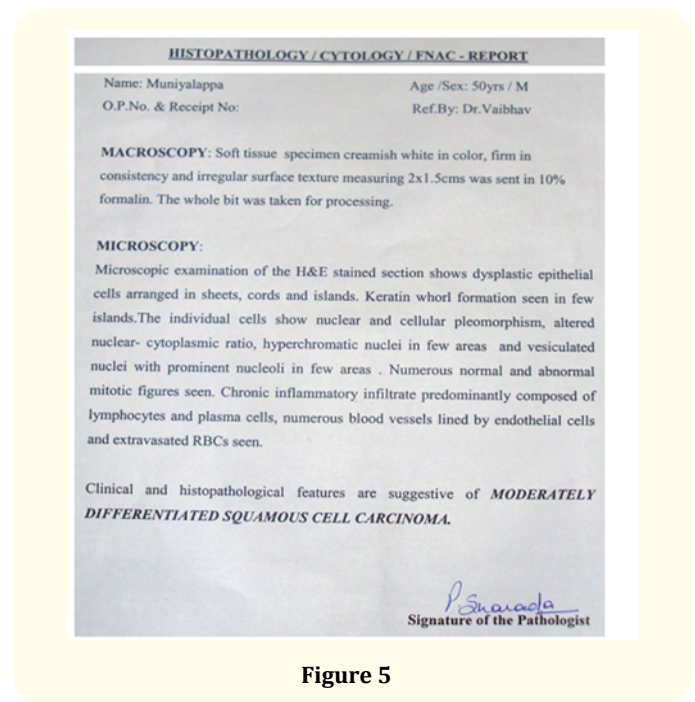


Figure 5

digestive tract lasting for more than 2 weeks or an asymptomatic cervical (neck tumour) should undergo a full examination to the upper or an asymptomatic cervical (neck) tumour should undergo a full examination with a 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.
- Imphasis 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/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
- Combination

Method to treat cancer

- Depends on the mode of the treatment selected for the primary treatment.
- When primary tumour treated with radiation, regional lymph nodes treated with radiation regional lymph nodes at risk are incorporated with regional lymph nodes at risk incorporated into the field of treatment.
- Larger cancers may require composite resections with reconstructions of the defect of the pedicle flaps requiring adjuvant therapy radiation and chemotherapy.

Conclusions

Cancer of the oral tongue requires a multi disciplinary team approach to the management early centre referral that has the expertise that has expertise in the management of the complex tumours shown to improve outcomes is highly encouraged.

Bibliography

1. Society AC. Cancer Facts and Figures 2018 Atlanta: American Cancer Society (2018).
2. Siegel R and Ma J. *Cancer Journal for Clinicians* 64 : 9-29.
3. Ridge JA, *et al.* "Cancer management cancer network of the journal oncology: cancer network". (2013).
4. Day GL and Blot WJ. "Second primary tumours in with oral cancers". *Cancer Journal* 70 (1992): 14-19.
5. Lindberg R. "Second primary tumours in patients with oral cancer". 29 (1972): 1446-1449.