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PRIMARY EXCISION SQUAMOUS CELL CARCINOMA - A CASE REPORT

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ABSTRACT
Squamous cell carcinoma is the most common malignant neoplasm of the oral cavity, usually affecting individuals over 50 years of age. It rarely occurs in patients who are less than 40 years old (1 to 6%). This report describes a case of Squamous cell carcinoma involving the vestibule of lower left back tooth region 49-year old male patient, with smoking and drinking habits. This report focuses on the etiological factors related to the case. Additionally, a brief literature review regarding squamous cell carcinoma in young patients is also included.

KEYWORDS: Carcinoma, Squamous cell, Ulceration, Tumor.

INTRODUCTION
Squamous cell carcinoma (SCC) of the buccal mucosa is the most frequent intra oral head and neck cancer. European statistics indicate an incidence of around 10–20 per 100 000 of the population. In Western Europe a decrease has been seen in males, contrary to the increase in female subjects that has been evident over the last decade. Many other world regions are finding a general increase of the incidence of oral cancer.

The median age at the diagnosis of the buccal mucosa's cancer is 61 years. Only approximately 2% of patients are diagnosed before the age of 35 and another 7% before the age of 45, this despite the fact that there is an increasing trend in the prevalence of buccal mucosa SCC.[1]

These cancers often present in the later stages of the disease where the treatment is more complicated and survival less likely. We present the case of a 30-year-old male patient with squamous cell carcinoma on the buccal mucosa.

CASE REPORT
49 year old male patient reported in June 2019 with the complaint of intense pain associated to a buccal mucosa lesion, with duration of five months. Where, after detection of the lesion, a biopsy was performed in Tooth Villa dental clinic, Vivek vihar-2, Jhilmil, with the result of a chronic unspecific inflammatory process then he referred to our dental clinic. According to his own report, there had been a reddish-white spot for six years in the location where afterwards the current lesion developed. Upon physical examination, an extensive ulceration was observed, with largest diameter of 4 cm, irregular borders, necrotic background surrounded by an erythematous atrophic area, located at left back tooth buccal mucosa(Figure 1). Whitish areas could be observed in the periphery of the ulceration.

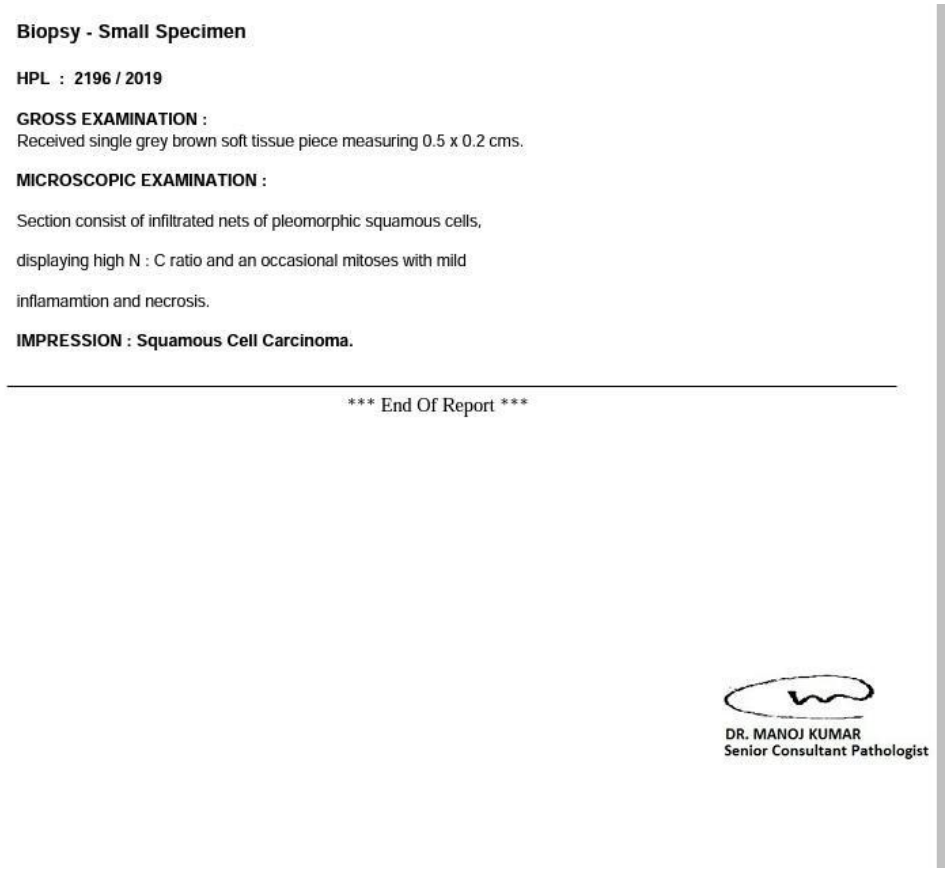
Figure 1: Whites lesion seen in lower left back tooth region.

There was hardening of borders and surrounding areas, indicating large infiltration.

A cervical lymph node was detected on the left, fix and not painful. Medical history of the patients was not significant. Patient gave history of smoking, tobacco chewing and alcohol consumption since 15 years.

His family history registered a diabetic Father. In the period the patient was in the hospital, complete blood examinations were performed with the performance of biopsy (Figure 2a & 2b), Oral surgeon done the primary excision of lesion taken 1.5 mm normal tissue Surrounding the lesion.

Figure 2 a: Sample for biopsy.



Biopsy - Small Specimen

HPL : 2196 / 2019

GROSS EXAMINATION :
Received single grey brown soft tissue piece measuring 0.5 x 0.2 cms.

MICROSCOPIC EXAMINATION :

Section consist of infiltrated nets of pleomorphic squamous cells,

displaying high N : C ratio and an occasional mitoses with mild

inflamamtion and necrosis.

IMPRESSION : Squamous Cell Carcinoma.

*** End Of Report ***

DR. MANOJ KUMAR
Senior Consultant Pathologist

Figure 2: Biopsy report.

Patient is currently under periodic control, including a follow-up by a nutritionist.

DISCUSSION

Cancer of the buccal mucosa is most commonly of epithelial origin and may result from chronic irritation. Squamous cell carcinoma is the most common malignant neoplasm of the oral cavity, usually affecting individuals over 50 years of age with male predominance. Depending on distribution of cases according to sites buccal mucosa lesions constitutes 34.6%, with the lateral border being most frequently affected.

Well differentiated tumor has better prognostic value than poorly differentiated with a lower probability of lymph node metastasis. Invasion is by definition endophytic, involves shifting the center of growth from the surface epithelium in sub epithelial tissues and

extends at different depths anatomic levels. 4 SCC of the oral buccal mucosa is rare in young adults. Literature shows an increase in the incidence of SCC of buccal mucosa in young adults. Atula et al in Finland found that percentage of SCC of buccal mucosa cases occurring in young adults increased from 3% per year for the decade 1953 to 1962 to 7% per year for the decade 1983 to 1992. Similarly in another study by Myers et al incidence of SCC of buccal mucosa in young adults was found to be gradually increasing during the past 25 years. Characterization of young patients with head and neck SCC is arbitrary. Most authors consider young patients with SCC as those less than 40 years of age.

Even though others use a reference ages of 20 or 30 years. Age average in cases registered in literature as young bearers of SCC ranges from 30.8 to 34.2. There is a wide debate on SCC in young patients regarding the etiological factors associated to the development of the disease. This is based on the fact that risk factors (smoking and drinking) that are usually observed in elderly patients are not verified in young ones.

Kurikose et al in their study comparing the buccal mucosa cancer in young and older SCC patients in India concluded that in younger patients, SCC of buccal mucosa was associated with fewer etiologic factors, and in older patients, it was always seen in association with smoking, alcohol or chewing. In an earlier review of 197 consecutive patients treated for oral buccal mucosa cancer in Kerala, 82% of patients under the age of 30 years did not have tobacco-related habits as compared with 10% of patients older than 30 years of age.[3]

CONCLUSION

Oral cancers are not common despite their increasing prevalence but should be made more publically aware a part of a prevention program. Since most cases of oral cancer result from the combined effect of smoking and drinking, tobacco and alcohol abuse cessation programs should be aggressively promoted.

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