

Basal Cell Carcinoma of Oral Cavity Arising from Retromolar Trigone: A Rare Case

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Abstract: We are reporting a case of basal cell carcinoma in oral cavity arising from retromolar trigone. A male patient 60 years old admitted in our hospital for complaining of ulcer in oral cavity since 8 months, which is painful, burning sensation and with right earache, 2x2cm in size, situated at right retromolar trigone. It is completely excised under local anaesthesia. Biopsy report reveals it is a case of basal cell carcinoma.

Keywords: Retromolar trigone, Basal cell carcinoma, Oral cavity.

INTRODUCTION

Basal cell carcinoma is the most common skin cancer [1]. It is least dangerous rarely metastasizes or kills [2, 3]. It is considered malignant as it can invade surrounding tissues and can cause significant destruction and disfigurement [1, 4]. It mostly occurs on sun-exposed skin, with nearly 85% of tumors occurring in the head and neck regions [5]. But it rarely occurs inside the oral cavity. The purpose of this article is to report a case of basal cell carcinoma inside oral cavity, which is a very rare case.

CASE REPORT

A 60 years male admitted in our hospital with history of ulcer in oral cavity at right retromolar trigone, which is painful and with burning sensation since 8 months and without external involvement of skin. On examination it is 2x2cm in size, irregular margins, indurated edges, and floor composed of pale granulation tissue. Wide local excision was done under local anaesthesia. Biopsy report reveals basal cell carcinoma. Patient recovered well without recurrence till date and without metastasis in whole body and without any complaints.

Gross feature: Tissue is grayish white, firm in consistency, size 0.5x0.5cm in size.



Fig. 1: Shows no external involvement of skin



Fig. 2: Ulcer after excision

Microscopic features: Tissue lined by ulcerated stratified squamous epithelium. Subepithelial tissue shows group of basal cells, peripheral row show

columnar cell palisading & in the centre polyhedral cells. Some of the cells show presence of melanin pigment. There is dense lymphocytic infiltration. According to histopathologist, diagnosis is basal cell carcinoma, classic type.

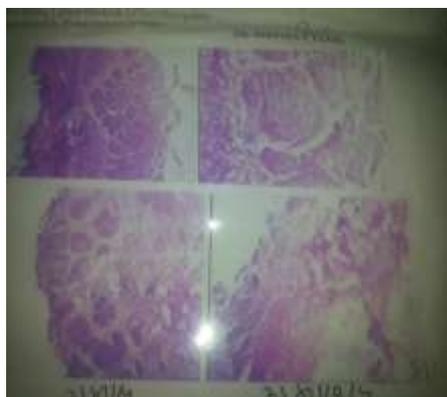


Fig. 3: Picture on microscopic examination

DISCUSSION

People with sunburn are more likely to develop skin cancer. Basal cell carcinoma patients often have a history of chronic sun exposure, including recreational sun exposure and occupational sun exposure [6]. Predisposing genetic conditions are found to be associated with [7, 8].

To diagnose basal cell carcinoma patients, a skin biopsy is taken for study [3]. Treatment of basal cell carcinoma is wide excision, the narrower the margin higher the recurrence rate [9-12]. Surgical excision has high recurrence rate of basal cell carcinoma of the face, especially around eyelids, nose and facial structures [9].

CONCLUSION

Ulcer in the oral cavity may be a case of basal cell carcinoma, although it is very rare, but should be included in differential diagnosis, because basal cell carcinoma can also occur in areas which are not sun exposed.

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