

Case Report

Squamous Cell Carcinoma of Oral Cavity: A Case Report

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Abstract: Squamous cell carcinoma accounts for 95% of malignant tumors of oral cavity. It usually affects individuals over 50 years of age and rarely occurs in individuals who are less than 40 years of age. We here describe a rare case of oral cavity squamous cell carcinoma in a 33 years old female patient occurring on the left side of the palate.

Keywords: Squamous cell carcinoma, malignant tumors, oropharynx

INTRODUCTION

Squamous cell carcinoma accounts for 95% of malignant tumors of oral cavity. It usually affects individuals over 50 years of age and rarely occurs in individuals who are less than 40 years of age [1]. Oral squamous cell carcinoma (OSCC) accounts for approximately 3% of all malignancies. The risk factors and etiological agents for oral cancer include tobacco use, frequent alcohol consumption, the use of areca nut, a compromised immune system and a history of dietary habits that can cause cancer, as well as less established factors such as infection with certain types of human papilloma viruses [2]. OSCC mostly affects adult men between the sixth and seventh decades of life [3]. The most affected sites, in decreasing order, are the tongue, oropharynx, lips, and floor of the mouth, gingiva, hard palate and buccal mucosa [3]. We here describe a rare case of oral cavity squamous cell carcinoma in a 33 years old female patient occurring on the left side of the palate.

CASE REPORT

A 33 years old female presented to the dental OPD with complaints of pain and swelling over the left posterior palate since two months. She is neither a diabetic nor hypertensive. She gave a history of fever one week back which subsided with self-medication (paracetamol). She had a habit of gutka chewing. Oral cavity examination revealed a 4 X 3 cm size hyperemic, sessile enlargement with an irregular surface with focal ulcerations just above the left retro molar region in the

palate involving the gingiva (Figure 1). Submandibular and cervical lymph nodes were not palpable. Punch biopsy revealed proliferation of neoplastic squamous cell with “keratin pearl” formation and prominent mitosis with focal areas of acute inflammatory cell collection suggesting a diagnosis of well differentiated squamous cell carcinoma. Patient was referred to oncology department for management where she underwent surgery after further evaluation of X-ray and CT-scan of the oral cavity and neck.

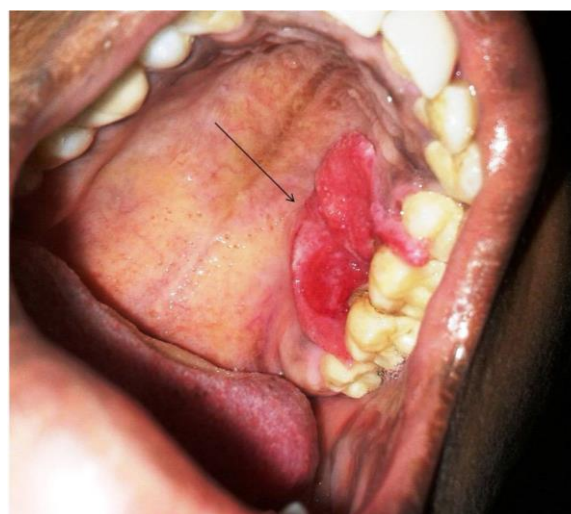


Fig- 1 showing the tumor (arrow).

DISCUSSION

OSCC is found particularly in low income communities and mainly a problem of older men above 50 years. More than 95% of all oral cancers are squamous cell carcinoma (SCC) [1]. The risk factors and etiological agents for oral cancer include lifestyle factors, especially tobacco and alcohol consumption, ghutka chewing, betel quid, sunlight exposure, ionizing radiation, human papilloma virus (HPV) infection, genetic causes and immuno-incompetence. [4] In our case, the patient had a habit of ghutka chewing. OSCC may arise from premalignant conditions such as oral leukoplakia, erythroplakia, sub-mucous fibrosis and lichenoid dysplastic lesions, or can arise de novo. [4]

The most common sites being involved are border, posterior and ventral surfaces of the tongue followed by floor of the mouth. Less common sites are the gingiva, buccal mucosa, labial mucosa and hard palate [5]. In our case, the tumor occurred on the palate. Some cases of OSCC have been reported in the literature with polypoidal growth, flat with raised edges and even only as ulceration.

Clinically the lesion may mimic oral tuberculosis with induration, erythema and ulcerations. Biopsy is necessary as the treatment modalities of both are different and will usually differentiate the two conditions. In the later, caseating granulomas are usually seen, whereas in OSCC proliferation of malignant squamous cells is seen. Diagnosis is usually established after histological confirmation. Radiological investigations are required for staging of the tumor. Some reports mention that the OSCC arising in the younger individuals have poor prognosis.

CONCLUSION

OSCC occurring in young individuals below 50 years is rare. We report one such rare case. The careful follow-up and submitting tissue for biopsy in suspected lesions of premalignant conditions described earlier will lead to early diagnosis and treatment.

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