

Moderately differentiated squamous cell carcinoma of Right lateral border of the tongue: Outcome and management

Miss. Koyal Suresh Puram¹, Ms. Priya Dhankasar², Aniket Pathade³ Bhushan Bawankar⁴, Samruddhi Gujar⁵

- 1] G.N.M.2nd Year, Florence Nightingale Training College Of. Nursing, Datta Meghe Institute of Medical Science (DU) Sawangi. (M) Wardha
Email: koyalpuram2@gmail.com, Mobile No.7507680853
- 2] Nursing Tutor, Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical Science (DU) Sawangi. (M) Wardha
Email: priyadhankasar2016@gmail.com, Mobile No.7447341917
- 3] Research Scientist, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Sawangi (M), Wardha, Maharashtra, India.
- 4] Dept. of Information Technology, Yeshwantrao Chavan College of Engineering, Nagpur. Email: bubawankar@gmail.com
- 5] Dept. of Medical Surgical Nursing, Shrimati Radhikabai Meghe Memorial College of Nursing, Datta Meghe Institute of Medical Sciences, Sawangi (M), Wardha, Maharashtra, India.

Abstract

Introduction: - In the right lateral edge of his tongue, a 35-year-old guy has a non-healing ulcer. Treatment options for moderately oral cavity squamous cell carcinoma (SCC) have long been a source of debate. While one school of thought has always advocated for conservative treatment limited to wide excision of the original tumor and only observation of the neck, the opposing viewpoint advocates for an aggressive approach involving management of both the primary and neck tumors, as well as the use of Post Operative Adjuvant Therapy (PORT) as needed. Two subsites within the oral cavity, the difficulty of the debate is exacerbated by the Floor of Mouth and the Oral Tongue (FOM as well as the phenomena When only the main is addressed, the majority of local or regional treatment failures are documented within the first 24 months of the primary treatments. The new findings are compared to earlier case studies and a series published in both English-language and non-English-language literature tongue dorsum SCC. Oral malignancies account for more than a third of all cancers seen at our tertiary referral center, with an age-adjusted incidence of 20 per 100,000 in India. Tobacco chewing and alcohol intake are the principal causes of squamous cell cancers (SCC), which account for more than 90% of all cancers. When it comes to selecting the optimal course of treatment for certain cancers, imaging is crucial. If the radiologist was aware of the special concerns connected with the spread of oral cancers at different subsites and the principles of management, he or she would be better prepared to determine the appropriate strategy.

Present complaints and investigations: A patient is a 35-year-old male admitted to the A.V.B.R. Hospital on date 22/09/2001 with the chief complaint of a non-healing ulcer over the right lateral border of the tongue. And also includes fever weakness for 2 years. To identify the diagnosis is the blood investigation, MRI, X-ray, and other general examination.

Main Diagnosis and Therapeutic intervention and Outcome: The doctor identifies the case MDSCC of the Right lateral border of the tongue after a physical examination and general examination. To help doctors choose the optimal biopsy site, A multispectral diffuse reflectance (DR) imaging system using an electron-multiplying charge-coupled device (EMCCD) camera and a liquid crystal adjustable filter was constructed.

Conclusion: Our findings suggest that these biomarkers could be used to predict a patient's risk of a poor prognosis and the requirement for more aggressive therapy.

Keywords: Squamous Cell Carcinoma of the Skin is a Back of the Tongue: Incidence, Treatment, and Chemoradiation.

INTRODUCTION:

Because it grows predominantly on the tongue's lateral border, Squamous cell carcinoma of the tongue (SCC) is one of the most frequent types of carcinomas in the mouth. oral cancers. SCC seldom affects the dorsum of the tongue,

especially in the midline. [1,2] A dorsum lesion, an oral lesion, or a frequent benign lesion indicator of systematic diagnosis could be misinterpreted and ignored. [3] The researchers wanted to see how prevalent the SCC of the dorsum of the tongue was. Our findings are compared to case reports and series available in both English-language and non-English-language literature treatment options for tongue dorsum SCC. [4,5] The case study investigated the following factors: Treatment, treatment response, and prognosis are all aspects to consider, Age, sex, TNM stage, and a lesion on the dorsum of the tongue before SCC are all factors to consider. formation and treatment are all factors to consider. as are age, sex, TNM stage, and previous to SCC, a lesion on the dorsum of the tongue development, and treatment. [6,7] The most frequent type of oral cancer is Squamous cell carcinoma (SCC) of the tongue is a type of cancer that develops on the surface of the tongue. The prevalent oral cancer is squamous cell carcinoma (SCC) of the tongue. Only the lateral border of the tongue is affected, and the dorsum is rarely affected. [8,9] From April 2006 to March 2015, in our department, we diagnostic evaluated the occurrence of SCC of the dorsum of the tongue. Only three of the 368 tongue cancer patients were found to have SCC of the dorsum. To preserve their organs, all patients with advanced tongue dorsum cancer received super-selective intra-arterial chemoradiation. [10,11]

Patient information:

Specific Patients Information: The patient is 35 years Male old admitted to the hospital on dated 22/09/2001 with the chief complaint of non-healing ulcer fever, weakness. B.P 114/74 mm/hg, pulse 80b/m, is patient conscious and disoriented.

Primary concern symptoms: - A patient was admitted to A.V B.R. Hospital on dated 22/09/2001 with the chief complaint for 2 years of non-healing ulcer over the right lateral border of the tongue. And also includes fever weakness severe headache breathlessness.

Medical family and psychological history:

The patient has a diabetic Mellitus hypertension and asthma for 2 years. A case of moderately differentiated squamous cell carcinoma with a diagnosis finds the general examination and physical examination and other investigations.

The patient belongs to a middle-class family and nuclear family. The patient is mentally stable and oriented about the date, time, and place he has a good relationship with friends and families.

Relevant past intervention and Outcome:

Not Reported

Clinical findings: significant physical examination and important clinical findings biopsies, blood test, x-ray, etc.

Timeline: Present

Diagnostic Evaluation: MRI, CT SCAN, Coronal MDCT, and sagittal MR are used to diagnose patients based on their medical history, physical exam, and blood tests.

Diagnosis challenge:

No challenge during diagnostic evaluation.

Diagnosis: After a physical examination and investigations oral x-ray, MRI, CT scan, Coronal MDCT, oblique reformation on 16 slice MDCT, Axial T2 W MRI.

Prognosis: a case of prognosis was satisfied.

Therapeutic intervention: medical management was provided to the patient. To give medication tablet zerodol 325mg, tablet pan 40 mg

Follow up and outcomes:

Clinical and patient assessment outcome: - Patient having a non-healing ulcer in MDSCC of right lateral border of the tongue for 2 years. He developed weakness nausea and vomiting.

Discussion:

Carcinoma of the dorsum is extremely rare because, on the lateral margin of the tongue, the majority of tumors develop. [12] SCCs of the dorsal midline is very rarer, accounting for fewer than 1% of all tongue carcinomas. In the current researches. [13] Only three occurrences of SCC of the dorsum were detected in a pathological re-examination of 368 individuals with tongue cancer, resulting in a 0.8 percent incidence rate. In the English language literature, only 17 examples of SCC of the dorsum of the tongue, including our three cases, have been fully described. The male to female ratio in these 17 cases was ten to one the average age was 60.8 years old (range: 35–80 years old). Seven of the clients smoked heavily. The tongue's midline was influenced in seven cases, three people on the right side, were hurt. while two people, on the left side, were hurt. and the midline unaltered in five. [14,15] Pastore reported three lesions on the tongue dorsum. Squamous cell carcinoma of the tongue's dorsum is becoming more prevalent. Because it resembles other disorders, SCC of the tongue dorsum might be difficult to diagnose

clinically. Oral lichen planus, Amyloidosis, granular cell myoblastoma, and median rhomboid glossitis Squamous Cell Carcinoma dorsum of the tongue is becoming more prevalent. Because it looks like other disorders such as median rhomboid glossitis, granular cell myoblastoma, amyloidosis, and oral lichen planus, it's difficult to diagnose. plus, it's difficult to diagnose. Clinically, the SCC of the dorsum of the tongue might be difficult to detect. [16,17] In 1976, Ogasu revisited the previous data on There were 302 incidences of tongue SCC. was discovered, and a pathological re-examination was undertaken. even though seven cases of SCC of the dorsum of the tongue were discovered during the initial diagnostic. Pathological re-examination revealed that all seven instances (2.3 percent) needing surgery and/or radiotherapy were benign lesions. Conditions may have been misdiagnosed in several of the reported cases. On the dorsum, such as ulcerated hemangioma, granular cell myoblastoma, amyloidosis, and median rhomboid glossitis or medial rhomboid glossitis SCC. The tongue may not appear as frequently in English language articles as previously claimed. Surgeons should get big, atraumatic specimens for differential diagnosis as soon as feasible to avoid misdiagnosis. [18]

An SCC of the dorsum of the tongue has been reported in patients with oral lichen planus or median rhomboid glossitis. There has been an SCC of the dorsum of the tongue. Before the start of SCC, no lesions on the dorsum of the tongue appeared in any of the patients. Despite the lack of evidence linking median rhomboid glossitis to cancer, lesions with an irregular border, increasing size, induration, and swelling have been linked to the disease. Biopsies should be taken if there is any sensitivity or pain present. [15] Various investigations have revealed that. Oral lichen planus and median rhomboid glossitis have both been linked to the SCC of the tongue's dorsum. [16] There were no despite the absence of evidence linking median rhomboid glossitis to cancer, lesions with an uneven border have been associated with the disease., Biopsies should be taken if there is an increase in size, induration, or sensitivity, or discomfort. The most common conditions were geographic and fissured tongues with chronic glossitis, as well as lichen planus on the tongue dorsum in our research. Lesions that aren't covered in lichen planus, on the other hand, aren't malignant. The World Health Organization (WHO) is an international organization that promotes. (WHO) has designated Oral lichen planus as a cancer precursor. Although it is unclear whether, on the tongue's dorsum, there's lichen planus. is precancerous, several authors have recorded examples of SCC-diagnosed long-term lichen planus on the mouth. Oral lichen planus has the potential to be cancerous, as demonstrated by Case 2 in this study. Oral lichen planus that is erosive and/or atrophic is more likely to proceed to cancer than other kinds of lichen planus in keratotic forms of on the tongue's dorsum, there's lichen planus. [17] SCC has been documented. as well as variations that are erosive and/or atrophic the present investigation is looking into Case 2 exhibited a precancerous disease known as keratotic lichen planus of the dorsum., & According to Coombes, on a case of malignant transformation of the tongue's dorsum lichen planus (SCC) in a patient who failed to return calls regularly. [15,16] As a result, persons with oral lichen planus must be closely watched for a long time. Oral and maxillofacial surgeons, in particular, should assess cancer patients for oral cancer monitoring every 6–12 months. If the lesion's appearance changes, a biopsy should be performed to rule out the possibility of it turning malignant. For oral cancer surveillance, oral and maxillofacial surgeons, in particular, should evaluate cancer patients every 6–12 months. If the appearance of the lesion changes, a biopsy should be conducted to rule out the risk of malignancy. For oral cancer surveillance, Otolaryngologists and maxillofacial surgeons, in particular, should evaluate carcinoma client every 6–12 months. If the lesion's appearance changes, a biopsy should be carried out. to rule out the potential of a cancerous tumor transformation. For tongue cancer in its early stages, partial glossectomy or radiotherapy (brachytherapy) are common therapies. [17] Advanced tongue cancer, on the other hand, demands substantial surgical removal and repair. Laryngeal preservation in complete glossectomy is better than simultaneous total laryngectomy. Long-term swallowing function and airway protection may be possible for people with locally advanced tongue cancer. Early-stage tongue cancer (brachytherapy), Partial glossectomy, or radiotherapy are used to treat this condition. Advanced cancer of the tongue, on the other hand, requires surgery. Necessitates major surgery to remove and rebuild. In the long run, patients with locally advanced cancer may benefit from a complete glossectomy with laryngeal. When opposed to a total laryngectomy, tongue cancer patients with a locally advanced stage can keep their swallowing function and airway protection. One year after surgery, 24 percent of patients required a gastrostomy tube, according to comprehensive research. The number of tracheostomies decannulations and gastrostomy tube removals, as well as the number of tracheostomies decannulations and gastrostomy tube removals. according to Rihani were 84.1 percent and 28.7%, respectively. 94 individuals Total glossectomies was performed on patients with T3 or T4 tongue cancer. [17,18] One year after surgery, Having a free or pedicled flap and laryngeal preservation restoration. The success rates for patients who got both initial and postoperative surgery. radiotherapy 94.5 percent of the time and 55.6 percent of the time, respectively. Patients who got primary radiation and salvage surgery had success rates of 77.6% and 12.1 percent, respectively. Chemoradio, on the other hand, hurts. Chemoradiotherapy is one of the treatment choices available to people with advanced tongue cancer who want to maintain their organs. McDowell

Patients with T4 SCC of the tongue receive treatment and have good functional outcomes. The patients who did not have mandibular involvement and got surgery or final chemoradiotherapy were studied.¹¹ There was no substantial difference in sickness outcomes five years following surgery or systemic chemoradiotherapy. Differentiated (local control rate Progress-free rate 56 vs. 55 percent, 61 vs. 70 percent, and 27 percent vs. 55 percent, respectively) 40 percent for total survival rate).^[18]

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