

Oral Squamous Cell Carcinoma on the Lateral Border of the Tongue: A Case Report

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Abstract

A 40 years old Saudi patient diagnosed with squamous cell carcinoma on the left lateral border of the tongue with bilateral lymphadenopathy referred to our clinic for further treatment and management.

Keywords Oral squamous cell carcinoma; Bilateral lymphadenopathy; Incisional biopsy

Medical City, Head and Neck Oncology department in Riyadh, Saudi Arabia for further treatment and management.

Introduction

Squamous cell carcinoma is considered one of the most common oral cancer diseases [1]. Its etiology is multifactorial and related to tobacco use such as cigarette smoking, and smokeless tobacco (snuff) [2]. It is mostly diagnosed at late stages, which makes the survival rates low and lethal for more than half the cases [2-4]. Squamous cell carcinoma cannot be diagnosed clinically only, it should be supplemented with histological findings as well [5].

Case Report

A 40 years old Saudi male attending the primary care clinics at Dental Hospital in King Saud University in Riyadh, Saudi Arabia, complaining from slight pain and discomfort in the tongue, which was biopsied for the suspicion of dysplastic changes. There were two sutures revealing the biopsy site. This carcinoma falls in a stage II carcinoma regarding to TNM grading system (T2, N1, and M0). There was an endophytic indurated ulcer of 2 cm × 2 cm at the left lateral surface of the tongue at the anterior 2/3, with irregular margins (Figure 1). The color was heterogeneous white and red, and the area was sensitive. The submandibular and sublingual lymph nodes were palpable bilaterally. There were no previous medical and dental histories. Regarding the smoking habits; he was a smoker and using snuff tobacco for 10 years and it was stopped 5 years ago.

The patient was referred from King Abdullah Hospital in Bisha, Saudi Arabia after the following investigations were done; Incisional biopsy, CT scan soft tissue neck with contrast, CT scan brain, lung and abdomen with contrast, CBC, chemistry, coagulation and serology. He was given two medications after the incisional biopsy; Tab Augmentin 625 mg TID for 3 days, and Tab Paracetamol 500 mg TID for 3 days. The reason for the referral was that higher center is needed for further treatment of this case.

The attached report shows that the clinical and laboratory findings resulted in the diagnosis of moderately differentiated squamous cell carcinoma at the left lateral surface of the tongue with regional lymph node enlargement bilaterally. The case was referred to King Fahad



Figure 1: Ulceration on the left lateral surface of the tongue

Discussion

In this case, the patient's consent was taken age was near to the peak age of the incidence of OSCC which is around 45-75 years old [6]. The smoking history might raise the suspicion of the causative factors for this disease as cigarette smoking including snuff was closely related to the differentiation of oral cancer even the patient is a former smoker [7,8].

Different diagnostic methods were not used as adjuncts, including brush biopsy, optical biopsy, saliva-based oral cancer diagnosis, light-based detection, DNA analysis, and laser capture microdissection [6], it was confined to CT scan, CBC, chemistry, coagulation and serology and the most reliable method that is a scalpel incisional biopsy.

The final diagnosis was confirmed with both the clinical and the histological evaluation which is the only way to confirm the presence of any dysplastic changes [5]. The patient's referral to KFMC was based on that they have a sophisticated oncology department that can deal with such cases.

Conclusion

Ulcerative lesion in the oral cavity should raise the suspicion of serious issue as in this case of Squamous cell carcinoma in the tongue, which the diagnosis should be made through the clinical examination and the most importantly the histological examination for the confirmation.

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