



## WELL DIFFERENTIATED SQUAMOUS CELL CARCINOMA: CASE REPORT

Pradkshana Vijay

Department of Oral Pathology and Microbiology, Faculty of Dental Sciences, KGMU Lucknow

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### ABSTRACT

Oral squamous cell carcinoma (OSCC) is a malignant neoplasm which arises from the oral epithelium. Around 90% of the malignancies of oral cavity present as OSCC. Many factors are associated with etiology of OSCC which include socio-economic status, personal habits, environmental factors and health care. Mostly occurs in middle aged male patients. We report a case of OSCC of right side of face occurring in 45 years old male patient. Review of literature and treatment of the case has been discussed.

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### INTRODUCTION

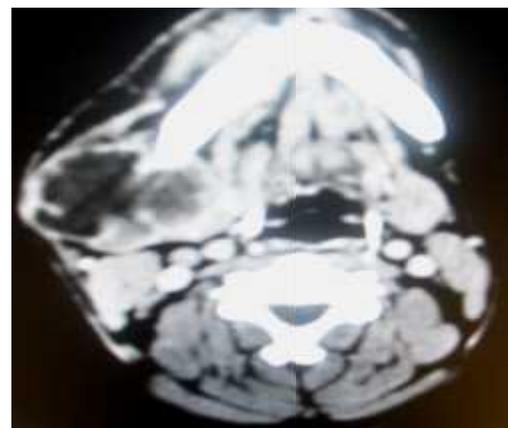
OSCC referred to as epidermoid carcinoma, accounts for 90% of the malignancies of the oral cavity. (Parkin D., *et al* 2002) Male patients in the age group of 40-60 years are mostly affected. Most common site of involvement is tongue and floor of the mouth. (Abdo EM., *et al* 2007) Main etiological agents are tobacco consumption, environmental and social factors. (Baykul T., *et al* 2010) OSCC can present as an exophytic or endophytic growth with indurated base and area of necrosis and slough. Advanced cases present as ill defined radiolucencies on radiographs. (Llewellyn CD., *et al* 2001) Early diagnosis is necessary to decrease cancer mortality rate by allowing the detection of lesion at a timely stage reducing the aggressive treatment protocols. We report a case of oral squamous cell carcinoma in 45 years old male patient.

#### Case report

A 45 years old male patient presented with a chief complaint of swelling and pain in the right side of face, which was initially painless but later developed pain since 1 month. There was a gradual increase in the size of swelling with increased tenderness and involvement of maxillary alveolus. On further questionnaire, patient gave a history of bidi smoking 10 times/day since 20 years. No other significant medical history was present. General physical examination revealed moderate built of patient. Extraoral examination inspectory findings revealed gross facial asymmetry of right side, with swelling extending from infraorbital region to mid face portion superoinferiorly and from ala of nose to pre tragus region anteroposteriorly with multiple draining sinuses. Palpatory findings revealed a tender and erythematous lesion which was hard in consistency and indurated. Intraoral findings could not be revealed due to inability of patient to open mouth.



**Fig1** extraoral examination revealing multiple draining sinus and a huge swelling in middle third of face which has extended to the body of mandible

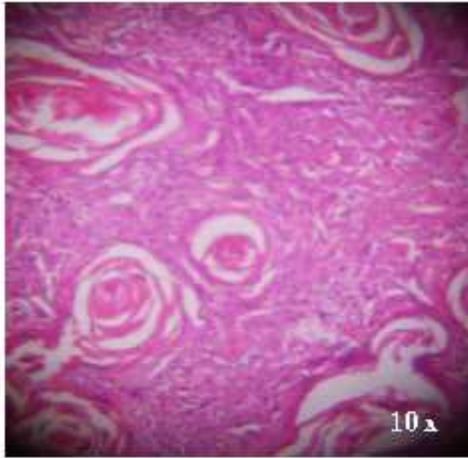


**Fig 2** CT scan reveals heterogeneous enhancing mass involving the right maxilla, eroding the alveolar margin and encroaching left maxillary sinus.

\*✉ **Corresponding author: Pradkshana Vijay**

Department of Oral Pathology and Microbiology, Faculty of Dental Sciences, KGMU Lucknow

Radiographic findings using a CT scan revealed a heterogeneous enhancing mass involving the right maxilla, eroding the alveolar margin and encroaching left maxillary sinus which is opacified by the mass with extension into lateral wall of right half of nasal cavity.



**Fig 3** photomicrograph reveals multiple keratin pearls with highly dysplastic epithelium(10x)

Based on the clinical and radiographic findings, a provisional diagnosis of neoplastic lesion was made. Following this, an incisional biopsy was performed and evaluated histopathologically. Microscopic examination revealed a pseudostratified ciliated columnar epithelium, showing severe dysplastic features. There was a distinct breach in the continuity of epithelium and dysplastic cells were invading the underlying connective tissue in the form of islands and cords. Numerous keratin pearls were also seen in these islands and cords. The connective tissue stroma was moderately fibrocollagenous with mild chronic inflammatory cell infiltrate chiefly composed of lymphocytes. Based on the Histopathological features, a final diagnosis of well differentiated squamous cell carcinoma was made.

The patient was referred to head and neck surgery department and explained about the surgical procedure. The patient refused the treatment due to poor economic status.

## DISCUSSION

OSCC is a malignancy having known risk factors like smoking and alcohol abuse. (Rogers S *et al.*, 2007) Mostly tongue followed by floor of the mouth and buccal mucosa are affected. It presents as a non healing ulcer with exophytic growth with local pain. (Johnson N., 2001) Invasive OSCC of maxillary shows clinical signs and symptoms mimicking other diseases like trigeminal neuralgia. (Patel SG *et al.*, 2015)

Early cases complain of localized maxillary pain, later on mobility of teeth. Early detection of these lesions is possible by oral screening if performed in the expected group, following which biopsy is mandatory if lesion doesn't heal in 2 weeks. (Mehrotra R *et al.*, 2011) The positive diagnosis is obtained by histopathological assessment which also determines the type and stage of the lesion.

Histopathologically, based on degree of differentiation, OSCC is categorized into 3 grades as well-differentiated, moderately-differentiated and poorly differentiated. A well differentiated tumor closely resembles its tissue of origin. Poorly differentiated shows much cellular and nuclear pleomorphism and bears no resemblance to the tissue of origin. The tumor lying between these two is called as moderately differentiated. (Anneroth G and Batsakis J 1987)

Lowest mortality rate is for lip and highest for the base of the tongue. Known cases of leukoplakia or oral submucous fibrosis, are considered as early predictors transforming to SCC. The malignant transformation rate varies from 0.13 to 6%. (Singh N., *et al* 1996) Treatment of OSCC depends on the clinical stage of the disease, consisting of wide excision, radiation therapy or a combination of both. (Anneroth G and Batsakis J 1987)

## CONCLUSION

OSCC is the most common malignancy of oral cavity mostly affecting the middle aged male. Etiology of the disease is multifactorial with prominent risk factor being tobacco in the form of smoking or chewing. It presents as a non healing ulcer with duration more than 15 days. Proper management is necessary in order to reduce the mortality rate of the disease.

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