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Squamous Cell Carcinoma: apropos of a clinical case

Rúben Martins[1], Tiago Marques[2], Patrícia Couto[2]

1- Faculdade de Medicina Dentária, Universidade Católica Portuguesa, Viseu, Portugal
2- Centre for Interdisciplinary Research in Health, Universidade Católica Portuguesa, Viseu, Portugal

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Background

Squamous Cell Carcinoma (SCC), also known as Epidermoid Carcinoma represents more than 90% of all malignant tumors that occur in the oral cavity. It mainly affects males, aged between 50 and 80 years.[1] However, some studies show an increase in the development of this pathology in patients younger than 45 years.[2] Tobacco use and alcohol consumption are well-established risk factors.[1,3] However, a small proportion (15-20%) occurs in patients without a history of smoking and alcoholism, suggesting the presence of other risk factors.[4]

Case Report

This is a case of a female patient, 73 years old, with an ulcerated, fixed, indurated lesion, located on the right lateral-posterior border of the tongue, with clearly defined margins. The patient had no risk factors and believed she had a traumatic ulcer caused by tooth 47 (Fig.1). After extraction of the tooth, there was no regression of the lesion. The treatment performed consisted of excisional biopsy (Fig.2-3). After total excision, the surgical specimen was sent for histopathological analysis, confirming the diagnosis of well-differentiated keratinizing squamous cell carcinoma, with invasion of the chorion, reaching the most superficial bundles of the muscle proper in the anatomical region. Because of the aggressive nature of the SCC and complex treatment options, the patient was referred to an oncology service for a strict follow-up.

Fig.1: Initial appearance

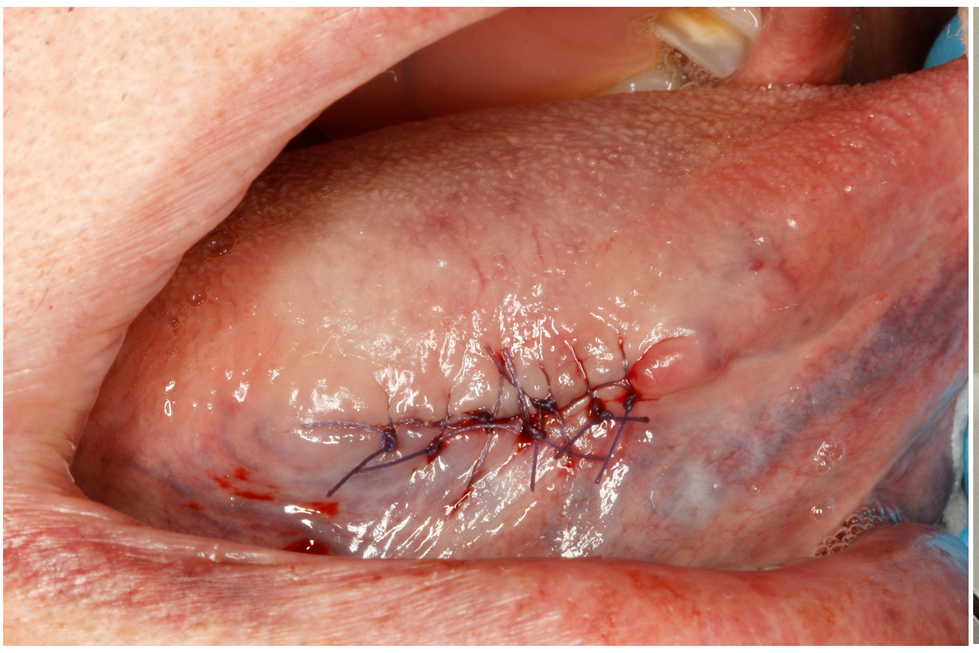

Fig.2: Suture and surgical piece

Fig.3: 1 Week Post-op

Conclusion

In fact, squamous cell carcinoma represents the majority of tumors in the oral cavity and should be considered when there is an ulcerated lesion, with no history of traumatic factors, and which does not heal. In the case in question, the continuation of the symptoms after the extraction of the tooth ruled out the hypothesis of a traumatic lesion, which led to the performance of an excisional biopsy, dictating the diagnosis of squamous cell carcinoma. In short, even though there are no risk factors and little propensity at the gender level, all hypotheses must be considered. A good anamnesis, clinical and histopathological examination are always essential for a correct and definitive diagnosis.

References

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