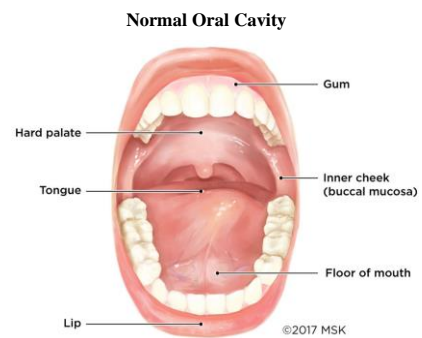


ORAL CANCER



Cancer is uncontrolled abnormal cell proliferation which involves cells around and may extend through various chemicals to other parts of the body to involve various organs.

Oral Cancer -

It can occur anywhere in the mouth common sites on cheek, alveolus, tongue, floor of mouth, palate, lips and inner part of oropharyngeal area.

It is less common in USA and other Western countries accounting for less than 10% of all cancer. But in India and South East Asia it is the commonest Cancer particularly in males though females are also involved.

CAUSES -

Main cause is Tobacco in any form chewing, smoking, snuffing, rubbing etc. It is the most common and important cause of death among cancer.

Alcohol, poor oral hygiene, diet with red meat and processed food, ultraviolet light, Radiation exposure and some chemical like asbestos, formaldehyde, may cause oral cancer.

DIAGNOSIS -

Regular Oral Examination

In Suspicious cases

Biopsy of the lesion

PRESENTATION -

Ulcerative Lesion Tongue



Ulcerative Lesion Alveolus



- No symptoms in early stage in smokers and heavy drunken.
- Patches on surface mucosa with discolouration, white, pale and red
- Ulcers or sores in mouth do not heal with usual treat in a week or two.
- Growth in oral cavity like tumor irregular surface and bleeding
- Diffuse swelling with irregular surface
- Teeth aches and gum swelling
- Dentures causing wounds
- Stiffness of Jaw
- Difficulty in swallowing with pain in oropharynx
- Abnormal, heavy sensations in oropharynx.



Diffuse swelling with Leckoplakia



Figure 1 - Leukoplakia can originate of any site in the oral cavity, but it occurs most often on the buccal mucosa, as shown here. Biopsy is essential to rule out carcinoma.

Leckoplakia Check with underneath Ca.

ON EXAMINATION -

- Patches of different colours with salivation or dryness in the area.
- Ulcers with irregular margins everted, surface irregular, bleeds on touch
- Small growth with irregular surface involving any part of oral cavity
- Growth in between teeth will given swelling and loose teeth.



Ulcerative Growth Lower Lip

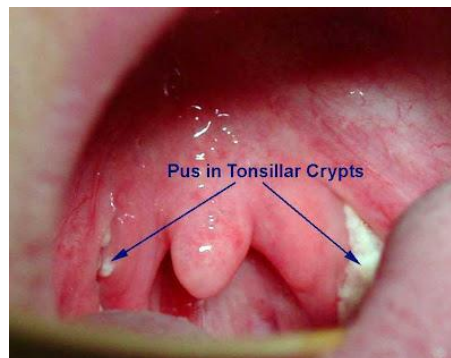
- Tongue - ulcer/growth- differently in its movement, talking and food chewing.
- Check - swelling and extension to involve full thickness of cheek gives large growth, sometimes fistula formation
- Lips, floor of mouth to be examined for Ulcer/Growth.
- Palate, tonsils and oropharynx with good light to be seen and palpated particularly posterior third of tongue.



Leuckoplakia Floor of Mouth and Tongue



Protruding reddish tumour Gingivo Buccal Sulcus



Ca Soft Palate with Tonsil involvement, presenting with pus discharge

Examination of Neck -

- To ascertain involvement of Neck nodes which is very common, particularly upper group.

Investigation -

- (1) Biopsy
- (2) CT Scan to ascertain its local extend and neck metastasis

Staging -

General staging of Cancer depends upon size of the Ulcer/tumor, involvement of local structures, and adjacent nodes, distant nodes and distant organs.

Stage 1- Ulcer growth 2cm
not involving regional lymph nodes

Stage 2- Tumor 2 to 5cm
but no nodal involvement.

Stage 3- More than 5 cm,
not involved other neighbouring/adjacent part of oral cavity.
Involved regional nodes, not fixed

Stage 4 - Ulcer/growth involved other parts of the oral cavity
- Involved lymph nodes on both sides or distant nodes
- Involved distant organ like lung or liver etc.

HISTOPATHOLOGY -

Oral causes are squamous cell carcinoma with many changes in it like : Keratinisation, invasive lymphatic and vascular invasion. All these character shows aggressive nature of disease.

TREATMENT -

Various modes of treatment are available with good results in early stage I and II while variable results in Stage III and IV, inspite of various combination treatment.

SURGERY -

- Wide Excision of the Ulcer/ tumour with 2cm of normal tissue around
- In large tumor - excision of that part with plastic surgery repair if necessary.
- Regional Node dissection of neck if nodes are involved. Type of neck dissection depends upon primary site and histological character.

RADIATION -

- Oral cancer are sensitive to Radiation and give good response.
- External beam Radiation by linear accelerator with computerized controlled dose and area covered gives excellent result in stage I and II.
- Brachy therapy good in tongue with radiation wires localizing the radiation to the growth part.
- In case of recurrence following surgery, very helpful.
- Combination of surgery followed by Radiation is very helpful.
- Even in Stage III combination of treatment with, extended surgery Radio Therapy and if necessary chemotherapy gives better result.
- Stage-IV - is for palliative treatment, surgery role limited, Radiation and chemotherapy helpful to some extend.

PROJECT PLAN

- Examination of 100 patients
- 50 patients taking Tobacco
- 50 patients No Tobacco

Full History -

- Family History
 - Any cancer in family - any type
 - Tobacco by other family members
 - and any other complaints
- Personal History
 - Tobacco or No tobacco
 - Veg/Non Veg
 - Alcohol or any other addiction

- H/O HIV
- Any other disorders

Examination -

Inspection with good light all areas of oral cavity including oropharynx.

Palpation - Palpate check lips, floor of mouth, tongue, post tongue, tonsillar area.

- Examination of Neck - All nodes group I to IV
- Lungs
- Abdomen - Liver/Spleen
- Any Lump

Findings to be noted -

- All area - Normal or any abnormality
- In case of any abnormality in any part of oral cavity describe
 - Part involved
 - Description of Lesion size, type and fixity
 - Adjacent area - face or involving
 - Regional nodes
- In case of abnormality -
 - Scrap cytology
 - Biopsy.

AIM -

To compare two groups -

- (1) Chewing Tobacco (2) No Tobacco

- in term of - (1) Mucosa, health, colour, salivation, odour
- (2) Dental Hygiene
 - (3) Condition of Gum
 - (4) Tongue

- (5) Palate
- (6) Tonsillar Area
- (7) Oropharynx

Discolouration Patches / Ulcer./Growth

Examine these area for Healthy mucosa or any abnormality

In case of abnormality of any type

- Plan -
- (1) Scrap Cytology
 - (2) Biopsy

Compare results in tobacco chewing and No Tobacco chewing person.
