

## Case Report

### SQUAMOUS CELL CARCINOMA OF UPPER LIP A RARE ENTITY: CASE REPORT

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#### **ABSTRACT:**

Squamous cell carcinoma of upper lip is a rare entity of oral cavity cancers. Majority of cases follow quite common cause and after surgery does not produce does not harm. This case presents an quite unexpected growth of upper lip squamous cell carcinoma with severe cosmetic problems and possible health threats.

**Keywords:** Squamous cell carcinoma, Oral cancer, Upper lip

#### **INTRODUCTION**

Carcinoma of the oral cavity is overall the most common carcinoma in males in India. Oral cavity extends from mucosal surface of lips up to level of anterior pillar of tonsil<sup>1</sup>.

Lip carcinoma is a relatively unique malignant disease because the lip is a junctional structure. It accounts for 12% of all noncutaneous head and neck cancers<sup>1,2</sup>, yet has the lowest disease-related mortality rate among this group of cancers.

Among lip cancers, 98% carcinomas occur in lower lip (squamous cell Ca). Only 2% of the carcinoma occurs in the upper lip (Most common carcinoma of the upper lip is basal cell carcinoma). Most important predisposing factors are tobacco (chewing and smoking) and alcohol<sup>3</sup>.

#### **CASE REPORT:**

A 63 year old male presented with Swelling of right cheek associated with pain and difficulty

swallowing since one and half months. And also presented with redness and swelling over both hands and legs. His personal history revealed that he regularly chews tobacco and betel quid from past 15 years. The patient was advised CT brain and neck with contrast revealed heterogenous enhancing thickening of gingival tissues on right side along maxillary dental alveolus. Multiple necrotic lymph nodes are seen at level I on right side largest measuring 1.8x1.02cms. Then he advised MRI for further evaluation, which revealed, Heterogenous soft tissue lesion epicentered at right upper lip involving the alveolus of maxilla with infiltration, extensions and cortical erosions suggestive of malignant lesion involving right upper lip on right side with lymphnodal involvement.

Later biopsy was sent for histopathological examination which revealed it as Infiltrative Squamous cell carcinoma.

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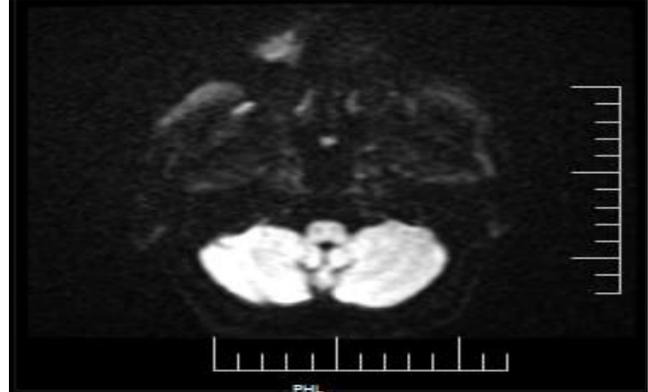
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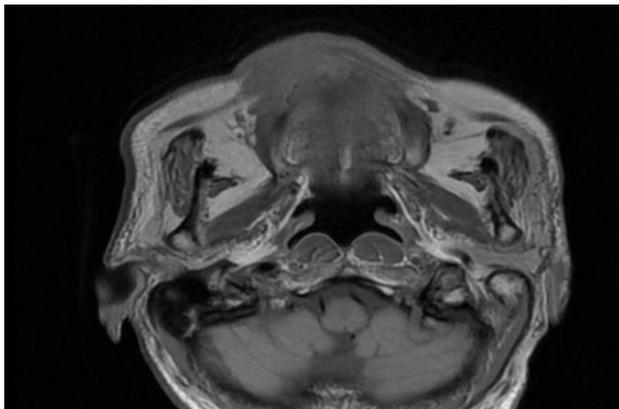
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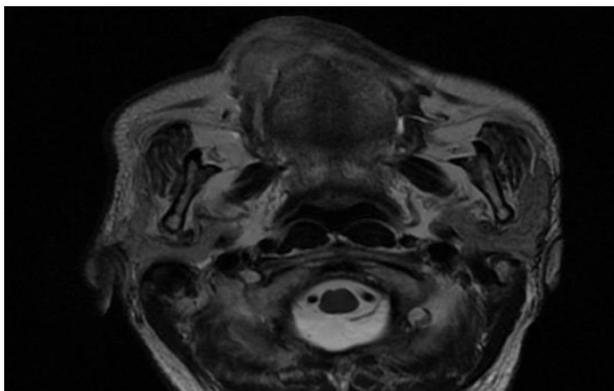
**Fig-1: Arrow showing ulcero-proliferative growth in the right upper lip.**



**Fig-4: Arrow showing diffuse restriction at the site of lesion.**



**Fig-2: Arrow showing iso – mildly hyper intense signal intensity at the site of lesion.**



**Fig (C) Arrow showing iso – mildly hyper intense signal intensity at the site of lesion.**

#### DISCUSSION:

Prolonged exposure to the sun's ultraviolet rays may result in damage of skin DNA, causing the condition. Tobacco chewing/smoking and other factors that may influence its development include skin tanning, radiation treatment for other reasons, previous burn injuries, and exposure to coal tar and arsenic. Betel Quid's- Quid's are prepared from areca nut, cured or sun-dried, and chopped, then usually placed on a leaf of the Piper betel vine. Slaked lime is an essential ingredient. It lowers pH and accelerates release of alkaloids from both tobacco and nut, with enhanced pharmacological effect. Daftary et al.<sup>1</sup> set out the evidence for the carcinogenicity of betel quid and the important role of tobacco in considerable detail.

Age and sex distribution: Squamous Cell Carcinoma of Lip generally affects elderly or older adults; some cases rarely develop in children too. It can occur in both males and females<sup>2</sup>.

In majority of the cases, the condition is asymptomatic and does not present any signs or symptoms. Generally squamous cell carcinomas of skin are slow-growing tumors, though SCC of lip is an aggressive form of cancer. These lesions are observed on the lower lip in a majority of the cases. The oral cavity may also be affected. The tumor may be single, though, it is not uncommon to find multiple tumors in an individual. The skin

The skin lesions may appear as crusted ulcer, plaques, and nodules. It may ulcerate and bleed. Occasionally, after the ulcer heals, it may become ulcerated again. The size of the lesions range from 1-10 cm; average size is usually less than 3 cm.

## CONCLUSION

Deviant growth patterns, histologic grade, perineural invasion, and thickness have all been found to correlate with patient outcome for this tumor. Carcinoma of the lip carries best prognosis among carcinoma of mouth. Carcinoma of mouth with least lymphatic metastasis is lip cancer followed by hard palate.

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