

## Case Report of Carcinoma of the Lateral Surface of the Tongue

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### Abstract

This report concerns a female patient at the age of 85, admitted to the Clinic of Maxillofacial Surgery in Plovdiv City with clinically histologically proven carcinoma of the lateral surface of the tongue to the right. From 1 year on the anamnesis data, the patient complains of a non-healing wound and pain in the right tongue. He has repeatedly visited a dentist who has administered various types of ointments and antiseptic oral solutions. About a month ago, the patient sought help at the Department of Ear, Nose and Throat in Stara Zagora City, where histology was taken and moderately differentiated spinocellular carcinoma was diagnosed on the lateral surface of the tongue to the right. She is referred to the Clinic for Maxillofacial Surgery for surgical treatment.

**Keywords:** *Differentiated Spinocellular Carcinoma; Hemiglossectomy; Oral Cancer; Bilateral Lymphadenopathy*

### Introduction

Squamous cell carcinoma is assumed to be one of the most well-known diseases of oral cancer. Its etiology is associated with tobacco use and is multifactorial, as well. It is diagnosed mainly in the late stages with high mortality - in of exceeding half of the cases. Squamous cell carcinoma must also be diagnosed with histological findings - it is not possible to be diagnosed, only clinically.

Carcinoma of the tongue mainly affects men (male to female ratio is 1.7: 1.2) [1] in the sixth and seventh decades of life, and is the second most common malignancy in the oral cavity. The most common site is the lateral border of the anterior two-thirds of the tongue, with tobacco and ethanol abuse being the major risk factors for this disease [2]. The carcinoma's predominance in the lateral part of the tongue is between 28 and 50%. Oral squamous cell carcinoma (OSCC) is a common malignancy of the oral cavity. Squamous cell carcinoma accounts for more than 95% of head and neck cancers [3].

It is not possible to diagnose squamous cell carcinoma clinically, it must be backed up with histological findings. A vital objective of the therapist is to provide with an early diagnosis in the initial stage of the disease [4]. In patients with squamous cell carcinoma, the overall survival without concomitant disease was 56% for men and 58% for women, respectively.

The purpose of this report is to present a case of an adult patient, 85 years old, with the diagnosis of squamous cell carcinoma on the left lateral border of the tongue with bilateral lymphadenopathy.

### Case Report

We present a case of a patient of 85 years-old woman who is admitted to the clinic of Maxillofacial Surgery in the city of Plovdiv with clinically histologically proven carcinoma of the lateral surface of the tongue to the right. From 1 year on the anamnesis data, the patient complains of a non-healing wound and pain in the right tongue. The definitive diagnosis was confirmed by both clinical and histological evaluation, which is the only way to confirm any dysplastic changes. He has repeatedly visited a dentist who has administered various types of ointments and antiseptic oral solutions. About a month ago, the patient sought help at the Department of Ear, Nose and Throat in Stara Zagora City, where histology was taken and moderately differentiated spinocellular carcinoma was diagnosed on the lateral surface of the tongue to the right.



Figure 1: Carcinoma before removal.



Figure 2: Pre-operative scanner 1.

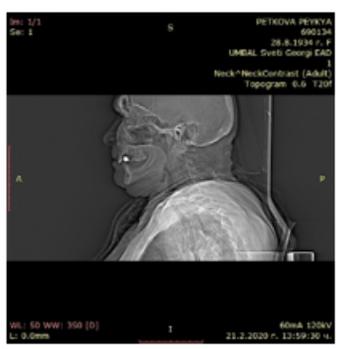


Figure 3: Pre-operative scanner 2.

She is referred to the Clinic for Maxillofacial Surgery for surgical treatment. The examination reveals an ulcerative infiltration that engages the lateral surface of the tongue to the right with smooth undermined margins of 4/2 cm in size. No enlarged regional cervical lymph nodes. A CT scan was performed with a contrast agent and a formation was found engaging the right edge of the tongue with no data for regional lymphadenopathy.

Under anesthesia, surgery was performed for hemiglossectomy, which ligated a lingualis. During the operation, two negative blood group A transfusions were transfused and the blood group was determined preoperatively.

### Results

The final diagnosis was confirmed by clinical and histological evaluation, which is the only method to confirm the presence of any dysplastic changes. Under anesthesia, surgery was performed for hemiglossectomy, which ligated a lingualis. After surgery intervention, the patient is referred for radiation therapy.



**Figure 4:** Hemiglossectomy (half tongue removal).



**Figure 5:** Seam of wound.

### Discussion

The study of oral cancer reveals that cancer of the tongue is male-dominated, but there are a number of cases in women as well, usually occurring in the sixth and eighth decades of life [3]. Its etiology is linked to the consumption of tobacco, for example - smoking cigarettes

and smokeless tobacco [5]. Generally, it is diagnosed at a subsequent developmental phase, which causes the survival rate to decrease. It is not possible to diagnose squamous cell carcinoma clinically, it must be backed up with histological findings. Etiology consists also of genetic factors and viruses, for instance herpes simplex virus, human papilloma virus. Additional causes are poor oral hygiene, oral sepsis, syphilis, Plummer Vinson syndrome [6].

Carcinoma of the tongue is generally connected to more potentially malignant lesions and conditions, for instance leukoplakia, erosive lichen planus, atrophic glossitis. Patients have a dominant metastatic rate of disease for squamous cell carcinoma of the base in comparison to the tip of the tongue. Increased mortality rate is observed in patients with carcinoma of the tongue than in the ones who developed carcinoma of the mouth. Vascular and lymphatic networks, varying between different anatomic sites, are conditions that are in possibility to influence the tumor development and outcome.

Typically, tongue cancer is expressed with a painless, induced ulcer on the lateral border. Early diagnosis is the most vital criterium in increasing the patient's survival rate by up to 80-90% and reducing to minimum the amount of surgery required [5]. Commonly used methods for treating tincture cancer include surgery, chemotherapy, radiation, and combination modalities.

### Conclusion

Current report performs a case where clinical and laboratory findings led to the diagnosis of moderately differentiated squamous cell carcinoma of the lateral surface of the tongue, on the basis of which surgery was performed for hemigosectomy.

Although tongue cancer is rare in elderly women, we presented a rare case of tongue cancer in an 85-year-old woman, and the histopathological features of the case were also discussed in detail.

Oral lesions of the oral cavity should signal and signalise for a potentially significant problem, such as in the instance of squamous cell carcinoma of the tongue, where the diagnosis is to be made through clinical observation and the most important extensive scientific works, such as MRI and aspiration cytology that can validate the diagnosis histopathologically, and may determine specific aspects of metastases as well as prognosis and appropriate therapy for the patient.

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