

KIN INTERNATIONAL AWARDS

2ND INTERNATIONAL COMPETITION OF CLINICAL CASES IN PERIODONTOLOGY AND SURGERY

Cancer of the lateral border of the tongue

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Abstract

We present the case of a 41-year-old female patient, who presented a lesion on the lateral border of the left tongue, whitish, rough, with raised edges of 5 mm in extension, which was biopsied and found to be a squamous cell carcinoma.

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Introduction

Squamous cell carcinoma is the main type of oral and head and neck cancer. In the oral cavity, the most frequent site of cancer occurrence is the lateral border of the tongue and floor of the mouth.

This tumor has the potential to grow locally and subsequently spread to the lymph nodes in the neck. In advanced stages it metastasizes at a distance, mainly to the lung.

Surgical treatment is the main treatment. This surgical treatment consists in the removal of the tumor with wide margins, and in cases of invasion depth greater than 3 mm, removal of the lymph nodes in the neck must be performed. In cases of advanced tumors, in addition to surgical treatment, radiotherapy and/or chemotherapy is added.

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Anamnesis

female patient, 41 years old, with no non-pathological personal history, with no pathological personal history. She also has no allergies and the only surgical history she refers is the cesarean section of her son 10 years ago. According to the patient, the lesion on the lateral border of the left tongue started in January 2022, was noticed by her dentist in March and April. The biopsy was delayed for a month because she was traveling in May, and in June she was referred to my oral and maxillofacial surgery and head and neck oncology office, where after evaluating her, I suggested to perform an incisional biopsy with the result of squamous cell carcinoma.



Initial photo of the suspicious lesion

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Treatment plan

Due to the biopsy result of squamous cell carcinoma of the lateral border of the tongue, additional studies such as head, neck and lung CT, lung ultrasound and preoperative blood tests are initiated. Since the biopsy reported a tumor invasion depth of 0.46 mm, and since the imaging studies did not reveal any lymphadenopathy in the neck, a surgical treatment of partial glossectomy with primary closure is planned.

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Surgical margins



Partial glossectomy



Primary surgical closure

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Carrying out the treatment

The patient was taken to the operating room and under general anesthesia a partial glossectomy was performed with safety margins greater than 5 mm. Intraoperative biopsies of the margins were taken with no evidence of tumor, so the cruciate wound was reconstructed by primary closure with deep and superficial stitches with 3-0 vicryl suture.

The procedure is completed without complications.

The final histopathological result, after tumor removal, reported tumor free margins with a pT1NxMx classification, so she did not require any further treatment, is considered cured and requires periodic follow-up appointments for life.

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Follow up

Weekly postoperative controls are performed. Since discharge, in addition to analgesic and anti-inflammatory drugs, the application of PerioKin gel including 0.20% Chlorhexidine and 1% Hyaluronic Acid on the surgical wound is recommended every 8 hours during the first month of the postoperative period.

The surgical wound heals favorably, with adequate function of phonation and swallowing.



Postoperative control 2 weeks



Use of PerioKin Gel



Postoperative control 4 weeks

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Discussion

This case shows a malignant tumor of the lateral border of the tongue, which is the main site of occurrence of oral cancer. Furthermore, due to the small size of the tumor, approximately 5 mm, and in addition to a depth of invasion of 0.46 mm, it is considered an early stage tumor with microinvasion.

In spite of this, all the oncologic protocol tests were performed to stage and treat the patient correctly. For this reason, it was decided to perform surgery to remove the tumor from the tongue and cervical neck lymph node dissection was not performed.

The survival of these patients is related to multiple factors, such as the patient's immune status. Tumor-specific factors, such as cell lineage, tumor behavior, extension to the neck lymph nodes and treatment-related factors, such as correct surgery with adequate surgical margins, decision making on neck node dissection.

This case presents an adequate application of the oncologic treatment protocol.

In addition, it is a case that exemplifies the value of PerioKin in preventing local infection of such a large intraoral wound, as well as promoting wound healing.

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Two months of postoperative control

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Conclusion

Oral cancer is a health problem that should be taken into account by the dental profession in order to diagnose these cases early and refer them to the most qualified professional to offer the appropriate treatment to these patients and thus increase their chances of survival.

Surgery is the main treatment for oral cancer. Intraoral wounds are always at risk of local infection and complications such as dehiscence. The use of Periokin helps to reduce the percentage of bacterial colonization of the wound and promotes healing of intraoral wounds.

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