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Lingual epidermoid carcinoma: A case report and review of the literature

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Abstract
Squamous carcinoma of the tongue represents a great challenge in its management, and combined treatment is the best choice, since it is an aggressive and locally invasive lesion. Therefore, it is imperative that therapeutic approaches ensure clean therapeutic margins, and glossectomy is the surgery of choice in these cases. The medical modalities such as radiotherapy and chemotherapy play a relevant role in the medical-surgical treatment.

Keywords: Squamous cell carcinoma, oral cavity, surgical management radiotherapy, chemotherapy

Introduction

At present, despite all the scientific research and therapeutic advances in the management of oral cancer, the morbidity and mortality rate remains high and the quality of life of patients is significantly diminished.

The oral cavity is a structure whose functions are vital, integrating lips, mucous membranes, dental organs, tongue, floor of the mouth, bony palate, soft palate and salivary glands. Their functions include: digestive, actively participates in respiration, plays a role in the defense of the organism by preventing the entry of microorganisms and is involved in phonation.

Any pathologic condition in the oral cavity conditions alterations in each and every one of its functions. When incipient lesions exist in the oral cavity, it is very important that they are detected on time to guarantee timely attention to the patient and, if necessary, improve his or her quality of life. Oral cancer belongs to the head and neck region, these neoplasms can spread to other locations in the same oral cavity or at a distance to other organs and affect the lymph nodes.

Frequently the most common cancer in the oral cavity is squamous cell carcinoma. It is not known for certain what causes squamous cell mutations, however, triggers have been identified that increase the risk of cancer development and/or precancerous lesions.

This article makes a documentary review of the subject and presents a clinical case of the surgical medical management of an epidermoid carcinoma of the tongue.

Epidermoid Carcinoma

The squamous cell carcinoma, also known as squamous cell epithelioma or flat cell carcinoma, is the most frequent tumor of the oral cavity, followed by adenocarcinoma. This is a malignant neoplasm of sudden onset that derives from the flat epithelium, originating from the squamous cells lining the oral mucosa due to epithelial dysplasia by genetic mutation, usually occurring between the fifth and sixth decades of life.

In the early stages, its clinical appearance usually presents as leukoplastic and macular or erythematous lesions; in advanced stages, an ulcerated, painful lesion that does not heal is observed [1]. Early diagnosis and treatment of oral squamous cell carcinoma are paramount in improving patient outcomes and survival rates [2]. Detecting oral cancer at an early stage allows for timely intervention, increasing the changes of successful treatment and reducing the need for more invasive procedures enabling healthcare providers to implement personalized treatment plans, optimizing the balance between effectiveness and minimizing potential side effects [3].

Triggering factors

The etiology of squamous cell carcinoma is multifactorial, with triggering factors such as irritant factors, ill-fitting dentures, poor oral hygiene, alcohol, tobacco, betel nut consumption, chewing tobacco, DNA virus, hepatitis B or C and HPV virus (genotypes 16 and 18).

Clinical case

A 65-year-old female has had diabetes mellitus for the past 5 years and underwent a left mastectomy in 1999. Her other medical history was questioned and denied. Currently, the patient has squamous cell carcinoma of the lateral border and left lingual belly (Fig. 1). Left hemiglossectomy and suprahomoiodial dissection on the same side are performed (Fig. 2). Once the tumor was removed, which included lesion-free edges, the surgical wound was sutured (Fig. 3). The histopathological report concluded with grade I squamous cell carcinoma, well differentiated, verrucous type (Fig. 4). The patient will continue under long-term care and observation.

Fig 1: Shows exophytic, verrucous lesion with leukoplakia areas on the left lingual edge and belly

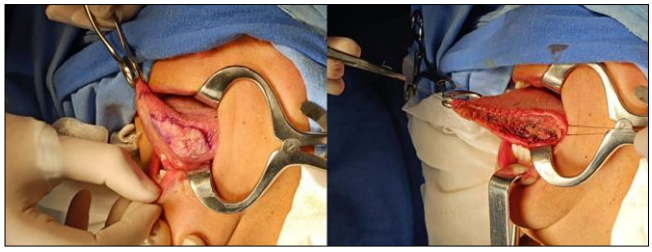

Fig 2: Left hemiglossectomy and suprahomoiodial dissection on the same side are performed

Fig 3: Sutured with silk 3 zeros with single stitches, macroscopic specimen with free edges of the lesion.

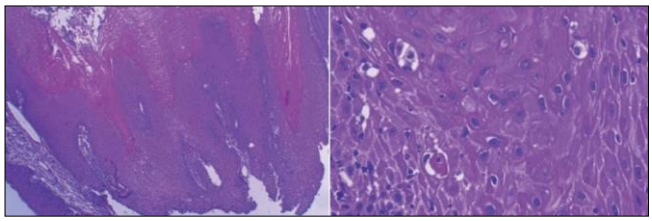

Fig 4: 10X Verrucous-like epithelial proliferation with hyperkeratosis, acanthosis, and papillomatosis. 40X Mild atypia with isolated dyskeratinocytes. Compatible with verrucous carcinoma. Source: Gallman *et al*., p. 107

Discussion

The diagnosis and treatment of oncology patients requiere multidisciplinary collaboration and basic research disciplines can assist clinicians in the development and validation of new biomarkers and therapeutic targets (Lo Giudice *et al*, 2021; Lo Giudice & Fama, 2020) [3]. Undoubtedly the time of diagnosis and care of patients with squamous cell carcinoma is relevant, staging marks the prognostic path of these patients. The TNM staging system describes the extent of the primary tumor, lymph node involvement and the presence or absence of metastases. Screening offers a useful method for the timely detection of the disease in an asymptomatic patient [4]. First contact physicians have a fundamental role in the timely detection.

Conclusions

Oral cancer affects any area of the oral cavity, being more frequent in the lateral border of the tongue and floor of the mouth. For locally advanced squamous cell carcinoma originating in the mucosa of the head and neck, surgical resection followed by radiotherapy, in early stages one of the two therapeutic modalities is sufficient. In order to increase locoregional control, decrease morbidity and conserve organs, chemotherapy has been introduced into the therapeutic arsenal (gallegos and Abrego, 2020, p.1).

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