IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 16, Issue 4 Ver. III (April. 2017), PP 133-135
www.iosrjournals.org

Carcinoma Buccal Mucosa with Absent Uvula: A Case Report

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Abstract
Introduction: *Carcinoma of the buccal mucosa represents 5% to 10% of all oral cavity malignancies. This case report discusses ond such case of carcinoma buccal mucosa of right back region of jaw with patient's complain of pain due to associated buccally placed teeth with a sharp cusp.*
Case report:*A 65 year old female visited the institute with a chief complaint of pain in upper right posterior region of jaw for past 25 days. On examining the area of concern, it revealed presence of buccally tipped teeth with deep mesio-proximal caries and sharp cusp contacting the buccal mucosal lesion. Associated buccal mucosa exhibited a solitary exophytic mass measuring 3 × 2 cm, with indurated margins. Mass showed greyish - white colour and was sessile, non-tender, slightly erythematous posteriorly. In the area of tobacco quid placement, examination revealed a single ulcerated lesion on left lower labial mucosa, 0.8 cm in diameter with no associated symptoms. lntraoral Periapical radiographs (IOPA) with 18 region which revealed deep mesio-proximal caries, exfoliative cytology and blood examination. Extraction of the offending 18 followed by observation was decided as the treatment with advice on cessation of habit.*
Conclusion: *This report presents a case of squamous cell carcinoma of buccal mucosa with bucally placed teeth. Thorough investigation is needed for such cases, which can be missed very easily.*
Keywords: *squamous cell carcinoma, carcinoma buccal mucosa, cytology*

I. Introduction

There are an estimated 263,000 cases of oral cavity cancer worldwide each year, which cause an estimated 127,000 deaths. Carcinoma of the buccal mucosa represents 5% to 10% of all oral cavity malignancies and has a 4 : 1 male predominance; the typical patient is in the sixth decade of life. Oral cavity tumors often present with local invasion, tissue destruction, and lymph node metastases, but do not often have distant metastases at presentation. This case report discusses ond such case of carcinoma buccal mucosa of right back region of jaw with patient's complain of pain due to associated buccally placed teeth with a sharp cusp. Clinical finding also included an absent uvula with cleft of soft palate.

II. Case Report

A 65 year old female visited the institute in November 2016 with a chief complaint of pain in upper right posterior region of jaw since past 20 – 25 days. On enquiry of habits, patient reported the use of mishri (roasted tobacco for cleaning of teeth) and habit of tobacco chewing for 10 – 12 years, 2 to 3 times a day. She used to place the quid in lower left labial vestibule. On clinical examination, positive extra-oral finding included palpable right submandibular lymph node. On intra-oral examination of area of concern, it revealed presence of buccally tipped teeth with deep mesio-proximal caries and sharp cusp contacting the buccal mucosal lesion. Associated buccal mucosa exhibited a solitary exophytic mass measuring 3 × 2 cm, with indurated margins. Mass showed greyish - white colour and was sessile, non-tender, slightly erythematous posteriorly. Intra-oral examination also revealed absence of uvula with cleft soft palate which presented as inverted V-shaped posterior margin of palate. On enquiry, patient informed about its congenital absence, no history of surgery and no nasal regurgitation, but presence of nasal twang on speaking. In the area of tobacco quid placement, examination revealed a single ulcerated lesion on left lower labial mucosa, 0.8 cm in diameter with no associated symptoms. Other findings included presence of extrinsic brownish stains and calculus and root stumps with respect to 22 and 23 tooth.Investigation advised was lntraoral Periapical radiographs (IOPA) with 18 region which revealed deep mesio-proximal caries, exfoliative cytology and blood examination. Extraction of the offending 18 followed by observation was decided as the treatment with advice on cessation of habit.

III. Discussion

Buccal mucosa cancers are often neglected or misdiagnosed as an infection or consequence of trauma, and thus, rarely present as T1 lesions. For patients who are diagnosed with early stage buccal mucosa tumors, three-year disease-free-survival rates of 75 to 85% for stage I and 65 percent for stage II cancers have been reported. Tobacco smoking and alcohol use are the principal risk factors for developing oral cavity squamous cell carcinoma (SCC) in the western world. The chewing of betel nut quid is a significant factor throughout Asia

and India. Oral tobacco use, periodontal disease, radiation, and immune deficiency have also been implicated. Sun exposure (ultraviolet radiation) is an important etiologic factor for squamous cell cancer involving the lip, and oral tobacco and betel nut quid chewing are important risk factors for buccal mucosa cancers. Aetiology in our case was most probably irritational due to buccally placed 18 with sharp cusp.

Buccal mucosal SCCs typically arise along the lateral walls and show submucosal extension. There is a relative lack of anatomic barriers to the spread of these tumors and they can invade various structures within the buccal space such as the buccinator muscle, Stensen's duct, or even the parotid if they extend posteriorly. They may also extend to the region of the pterygomandibular raphe or invade the underlying bone, and similar to other oral cavity sites, bone invasion alters the surgical approach. Gingival (alveolar ridge) SCC accounts for approximately 1% to 20% of oral SCCs and more frequently affects the lower alveolar ridge.Carcinomas of the buccal mucosa frequently spread by direct invasion into the gingivobuccal sulcus, the upper and lower alveolar ridges, the hard palate, the maxilla, and the mandible. Lymph node metastasis occurs in approximately 9% to 31% of the patients during the course of the disease. Distant metastases are rare, as patients often die of uncontrolled local disease before distant metastases are manifested clinically.Radiotherapy alone can be considered in small (T1) lesions involving the commissure or in the mid-cheek without sulcus invasion. Otherwise, surgery followed by postoperative radiotherapy is the recommended treatment modality for all buccal mucosa carcinomas, including T1 lesions. Multiple studies have demonstrated the superiority of multimodality treatment versus that of surgery or radiation alone.

IV. Conclusion

In this case report we presented a case of squamous cell carcinoma of buccal mucosa with bucally placed teeth. Thorough investigation is needed for such cases, which can be missed very easily. In addition to that, absent uvula makes this case a rare presentation.

Figure 1: Exophytic mass in relation to buccally tilted 18

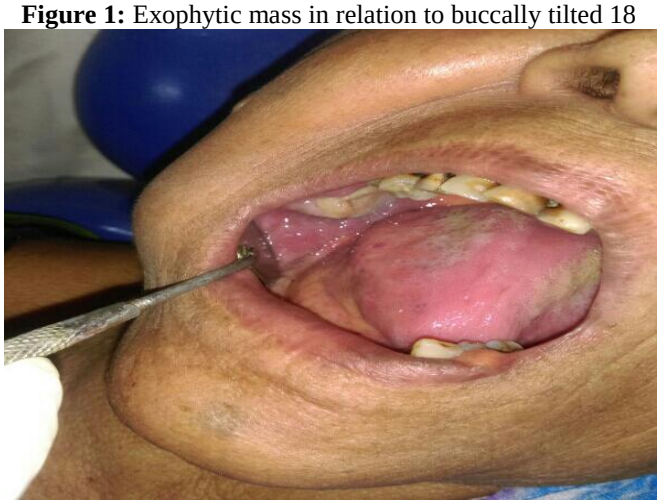

Figure 2: Cleft of soft palate with absent uvula

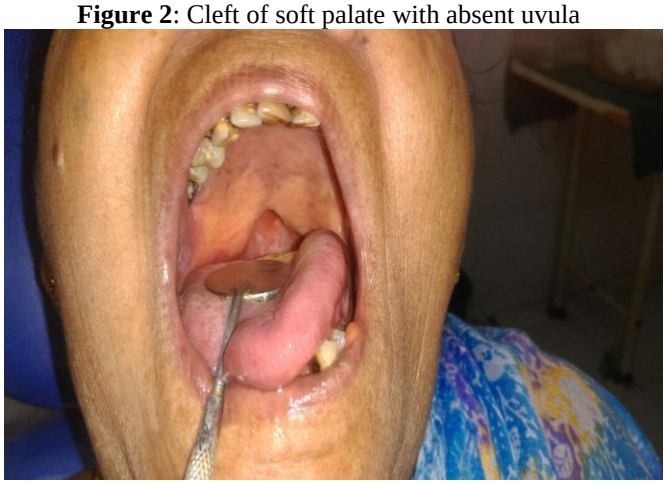

Figure 3: Ulcer on labial mucosa in region of tobacco quid placement

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