



Case description



Fig. 1 and 2 – 74 year old female patient without relevant clinical history arrived with traumatic lesion in the mucosa rim in the 3rd quadrant due to inferior prosthetic.

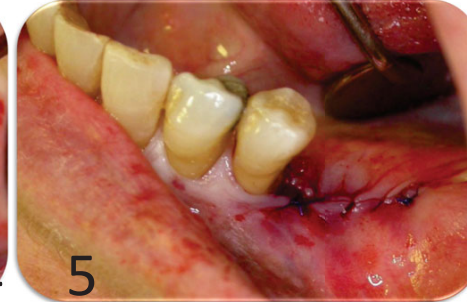
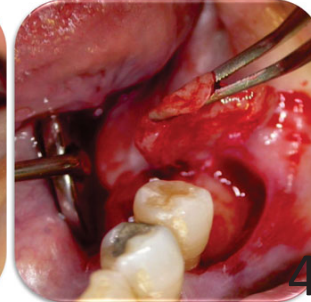
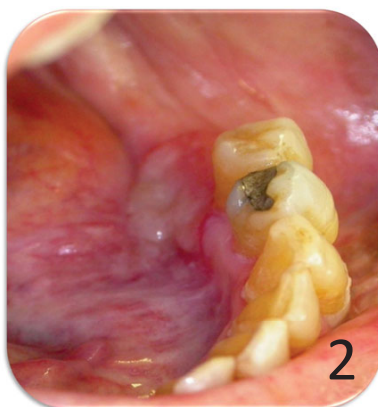


Fig. 3, 4 and 5 – Surgical approach was taken with an excisional biopsy of the lesion under local anesthesia. Patient was previously treated with 875mg amoxicillin + 125mg clavulanic ac. and 100mg clonixin.

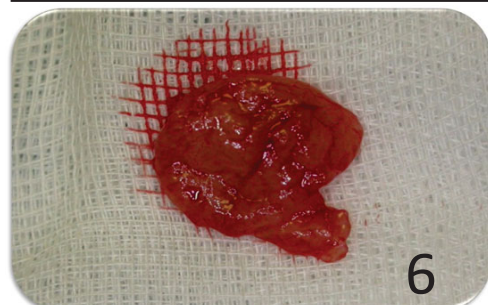


Fig. 6 and 7 – Good postoperative monitoring with the intervened soft tissue healed (one week after). Pathologic analysis revealed the lesion as squamous cell carcinoma, moderately differentiated.



Fig. 8 and 9 – One month after the surgery, it was possible to see a lesion relapse; therefore, it was requested an ultrasound. Through this examination, it was concluded that there were still small lymphadenopathy in the left sub-maxillary space, also reaching the right lobe of the thyroid gland. It was performed a neck dissection surgery on the left facial side as it is possible to be observed in the outcome on Fig. 16.



Fig. 10, 11, 12, 13, 14 and 15 - Deformation of the face due to the evolution of the disease over 6 months after hospital surgery.



Fig. 16 – Orthopantomography after hospital surgery.

Discussion

In all cases of oral cancer, 90% are squamous cell carcinoma (SCC) and 95% of these patients are over 40 years of age at which the average age is 60 years.

The relationship between denture and the appearance of SCC continues to create controversy despite being proposed that maladaptation of the prosthesis and consequent trauma to the mucosa, can increase the risk of SCC. Thus the use of dental prostheses requires a regular and periodic check.

Parafunctional suction habits are also a possible cause of hyperplasia of soft tissues, increasing the likelihood of injury thereof.

Conclusion

Early diagnosis of lesions in the oral cavity, is based on clinical examination (inspection and palpation) and the benignity or malignancy characteristics should be confirmed using biopsy and pathological examination. The removal of the lesions, according to their dimensions, may be excisional and incisional.