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# **Research Article**

# A RARE PRESENTATION OF ORAL SQUAMOUS CELL CARCINOMA IN YOUNG AGE

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#### **ARTICLE INFO**

ABSTRACT

Article History: Received 10<sup>th</sup> December, 2018 Received in revised form 2<sup>nd</sup> January, 2019 Accepted 26<sup>th</sup> February, 2019 Published online 28<sup>th</sup>March, 2019 Oral Squamous cell carcinoma is the most common cancer of the Oral Cavity. It is usually seen in patients above the age of 50 years. It rarely occurs in patients who are less than 30 years old. Misdiagnosis in advanced stage usually lead to delayed definitive treatment and inappropriate treatment. Most of all cancer-related mortality are due to activities such as consumption of alcohol, smoking, physical inactivity and poor diet quality. The morbidity of this malignant neoplasm is low in young patients. This case report describes a squamous cell carcinoma, involving lateral border of tongue in young adult.

#### Key Words:

Oral, Tongue, Cancer, Young

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### **INTRODUCTION**

Squamous cell carcinoma (SCC) represents from 90% to 95% of all malignant neoplasms of the oral cavity. It is mainly located in the tongue, especially in the lateral posterior border and generally affects men aged over 50. Most of the patient with a history of alcohol consumption and high tobacco.1,2

Squamous cell carcinoma (SCC) typically occurs in the elderly men during the fifth-eighth decade of life and rarely occurs in the young patients under the age of 40.3 However, the recent literature has given increasing attention to SCC of tongue in young adults.4

#### **Case Summary**

A 25 year old Chinese gentleman presented to outpatient clinic with a history of swelling of the left lateral border of tongue for three months duration associated with with painful on swallowing. There is no ear, nasal and other constitutional symptom.

He was planned for biopsy under local anesthesia. A very friable and ulcerative mass was noted at the left lateral border of tongue. The lesion is not involve the anterior and posterior border of tongue and is not crossing the midline. It appeared irregular border, bled with contact and ulcerated surface. Other tongue structures were normal. Biopsy was taken from left lateral border of the tongue. The biopsy of the lesion come back as squamous cell carcinoma. Currently, the patient was well under room air, clinically improving after the few weeks of partial glossectomy followed by adjuvant radiotherapy..

### DISCUSSION

Oral cancer typically occurs in an older age group, particularly in males, with a long history of tobacco use and alcohol consumption. However, recently there has been a reported increase in the incidence of oral cancer in the younger population, below 40 years of age, who have not been exposed to the traditional risk factors for an extended period of time.5-7

What is most alarming is the distinct subsample of younger patients, particularly females, who reported little or no exposure to any of the major risk factors and with the tongue being the most commonly involved site. This increase in incidence has raised concerns worldwide.

Oral cancer typically occurs in elderly males over the age of 50, mostly with a history of high tobacco use and alcohol consumption, and is rarely found in the young. However, numerous epidemiological studies have reported an increasing trend in tongue cancer among young patients.8–11

In most of the studies, 4% to 6% of oral cancers currently occur in patients younger than 40 years of age. An analysis of combined tumour registry data from Denmark, Sweden, Norway and Finland showed that between 1960 and 1994,

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5.5% of tongue cancers occurred in patients aged 20–39 years. The posterolateral border of the tongue was the most implicated site for oral SCC in this study.12

Site of greatest occurrence of oral cancer in the group of patients under 40 is the tongue, similarly to what is observed in the older range patients.13

In this case, the differential diagnosis normally includes deep mycoses14, primary syphilis cancrum, hypotheses traumatic eosinophilic granuloma and hystoplamosis. Traumatic eosinophilic granuloma was considered due to patient's age and clinical features, even though central necrosis in this case was not very typical.

Treatment of squamous cell carcinoma of tongue remains mainly surgery, with adjuvant radiotherapy added for advanced stage disease or in patients at risk of local regional failure. The achievement of clear resection margin is important because survival is closely related to resection regardless of any subsequent therapy the patients may receive. In the present case, tumour removed with 1cm clearance followed by adjuvant radiotherapy.

Oral SCC is rare in young patients, and observation of cases such as that described here should involve a careful clinical study, along with an analysis of etiologic factors associated with the disease. Proper therapy is also equally important in the care of these patients.

### CONCLUSION

Oral cancer occuring in young adult is uncommon but nevertheless should always considered such patients present with sharp tooth will produce ulceration particularly in the high-risk sites of the tongue. Several studies suggested that oral cancer in younger patients is inherently more aggressive with a worse prognosis than the disease in older individual. By prompt diagnosis and treatment stratergies the life span of these patients may be prolonged further.

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