Identify the ulcer (the answer)

Which type of ulcer is this?
- a) Tuberculosis associated ulcer
- b) Traumatic ulcer
- c) Squamous cell carcinoma
- d) Apthous ulcer
- e) Herpetic ulcer

Answer:
- c) Squamous cell carcinoma

Factors that point to OSCC
- Persistent for more than two weeks
- Indurated base
- Coexisting pulmonary disease
- Ulcer
  - Irregular edges and minimal induration
  - Granular or covered with pseudo-membrane
- Absence of general signs and symptoms (i.e., fever, pulmonary signs)
- No evidence of any injury

How to rule out other aetiologies

Tuberculosis associated ulcer
- Oral tuberculosis is very rare and when present it is usually secondary to pulmonary tuberculosis and may pose a diagnostic problem.
  - Coexisting pulmonary disease
  - Ulcer
    - Irregular edges and minimal induration
    - Granular or covered with pseudo-membrane
    - Most often painful

Traumatic ulcer
- Diagnosis based upon history (biting, denture irritation, drugs, e.g., aspirin).
  - Ulcer
    - Generally diagnosed at acute stage
    - Shallow base and non-raised margins
    - Mildly painful

Recurrent apthous ulcer
- One of the most common ulcers seen in the oral cavity, commonly misdiagnosed and poorly understood.
  - Irregular edges and minimal induration
  - Granular or covered with pseudo-membrane
  - Most often painful

Herpetic ulcer
- It's a viral infection, afflicts most of the population; sub-clinical or clinical infection.
  - Numerous, pin-head sized vesicles in the beginning that collapse and coalesce later to form large shallow and irregular ulcer
  - Very painful
  - Associated prodromal symptoms
  - Ulcer
    - Types: acute (commonly seen at an early age); recurrent (often seen in the immunocompromised and may solely present as herpes labialis)

Diagnosing malignant tumours

Squamous cell carcinoma (OSCC)
- Five-year survival rate is 50 percent
- Commonly seen above the age of 40 years
- Most commonly associated with chronic trauma
- Can present both as endophytic and exophytic growth
- Ulcers (endophytic pattern) commonly present with rolled borders
- Precancerous lesions may or may not be seen
- OSCC of the soft palate and oro-pharynx are easiest to diagnose
- Most common site is tongue
- Clinical evaluation should include TNM classification (T = tumor size and how far it has spread; N = spread to the lymph nodes; M = metastasis)

10. Final diagnosis is a histological (biopsy) diagnosis.

Please choose the correct answer:
- a) Wide (radical) surgical excision
- b) Radiation therapy and chemotherapy
- c) Surgical excision and chemotherapy
- d) Combination of the above

Discussion
- Squamous cell carcinoma of the mouth constitutes the sixth most common cancer worldwide, and the third most common in developing countries, with evidence of an increase in incidence and mortality, particularly in young adults.
- It accounts for more than 90 percent of all oral malignancies.
- Patients with oral cancer generally do poorly, with the five-year survival rate for carcinomas of the tongue and floor of the mouth being less than 40 percent.
- The most important risk factors for oral carcinogenesis remain tobacco and alcohol.
- Apart from the risk factors, the possibility of a genetic predisposition has also been suggested.
- Many oral carcinomas are preceded by clinically evident premalignant lesions.

Let’s explore your knowledge about oral squamous cell carcinoma (OSCC).

Mark true (T) or false (F) next to the following questions:

1. Five-year survival rate is 50 percent
2. Commonly seen above the age of 40 years
3. Most commonly associated with chronic trauma
4. Can present both as endophytic and exophytic growth
5. Ulcers (endophytic pattern) commonly present with rolled borders
6. Precancerous lesions may or may not be seen
7. OSCC of the soft palate and oro-pharynx are easiest to diagnose
8. Most common site is tongue
9. Clinical evaluation should include TNM classification (T = tumor size and how far it has spread; N = spread to the lymph nodes; M = metastasis)

Please choose the correct answer:

11. If treatment of intraoral SCC is guided by the clinical stage (TNM), which consists of:
- a) Wide (radical) surgical excision
- b) Radiation therapy and chemotherapy
- c) Surgical excision and chemotherapy
- d) Combination of the above

About the author

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Malhotra completed her master’s in oral pathology at the Manipal Institute, India, in 2009. In 2008 she was presented with a national award for the best scientific study presentation by the Indian Association of Oral and Maxillofacial Pathology.

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