

Oral Cancer

Introduction

This is defined as a cancer anywhere in the oral cavity. It includes cancers of the floor of the mouth, cancers in the palate or alveolar arches, and cancers in the buccal mucosa.

By far the commonest histological type is squamous carcinoma but adenocarcinoma from salivary tissue, lymphomas in lymphoid tissue and mucosal melanomas are all seen.

Smoking and excessive alcohol consumption are the commonest causes but dental disease, poor nutrition and some chronic infections can predispose to it and work synergistically with smoke and alcohol to stimulate cancer genesis.

The human papilloma virus (subtype 16) is also relevant in cancer genesis. This is the same virus implicated in cervical cancer and is a common sexually transmitted pathogen.

Signs and symptoms

In the early stage small lesions may go unnoticed. As they enlarge a non-healing ulcer may be noticed. White or red patches may be visible and there may be bleeding from the lesion. Later in the disease induration, pain, bleeding, infection and halitosis, dysphagia, referred otalgia, trismus, and neck nodes appear.



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Tongue carcinoma. These are common on the lateral border of the tongue.



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Leukoplakia. This is a precursor of carcinoma.



Carcinoma affecting the lower alveolus and buccal mucosa



Tumour in the right tonsil

Management

Diagnosis is made by incisional biopsy. Staging of the disease requires radiological assessment including a chest X-ray and CT/MRI of the head and neck. An orthopantomogram is ordered if the disease affects or is near to the alveolar arches.

Surgical excision with adjunctive radiotherapy +/- chemotherapy is recommended. Depending on the site of the oral carcinoma mandibulectomy, maxillectomy, glossectomy, and radical neck dissection are possible options.

Dental extraction is performed prior to radiotherapy to decrease the risk of osteoradionecrosis of the mandible.