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
- Associated habits (tobacco use)
- Indurated base
- 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
- Other signs and symptoms of tuberculosis
- Ulcer
  1. Irregular edges and minimal induration
  2. Granular or covered with pseudomembrane
  3. Most often painful

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

Answer:
- (e) All of the above should be circled.

Recurrent apthous ulcer
One of the most common ulcers seen in the oral cavity, commonly misdiagnosed and poorly understood.
- Recurrent, one or more at a time
  - Types: Minor (1 cm), major (>1 cm) and herpetiform (pin-head size)
  - No prodromal symptoms, takes days to months to heal
  - Begins at adolescent age and frequency decreases with age

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
- Types: acute (commonly seen at an early age; recurrent (often seen in the immunocompromised and may solely present as herpes labialis)

Digging deeper into oral pathology ...

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)
10. Final diagnosis is a histological (biopsy) diagnosis based upon history (biting, denture irritation, drugs, e.g., aspirin).

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

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.

About the author

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