

### CASE REPORT ON SQUAMOUS CELL CARCINOMA

#### Abstract

**Introduction:** Lip cancers are the most prevalent oral-maxillary malignancy. Lip cancer can be caused by a number of things, including smoking, exposure to ultraviolet (UV) rays, and drinking alcohol. (1) In this article we'll look at a case of lower lip squamous cell carcinoma in a male patient who smoked heavily and had a history of direct sun exposure, and UV rays. His case report is important attributable to recurrent axillary metastases occurred after subsequent treatment. **Clinical Findings:** The patient chief complaint is burning sensation on consumption of hot & spicy food since 3 apraxia difficulty in mastication, since 2 month approx., & nerve parenthesis in lower lip. **Diagnostic Evaluation:** HB -13.2gm, mchc-27.9fl, mchc-33.3%, Total Rbc count-4.72million/cu.mm Rdw- 12.7% , Total wbc count-16500cu.mm , monocytes -4%, Granulocytes- 85%, Lymphocytes -10%, Eosinophils-2%, Basophils -0% , Total platelet count-2.68 cu. mm. **Histopathology report:** A multiple, irregular, reddish, brownish tissue pieces aggregating 1×1cm. selection from given tissue piece shows histopathological features suggestive of well differentiated squamous cell carcinoma. **Therapeutic Intervention:** post-chemo hydration, post-chemo drugs, BEP Chemotherapy (Bleomycin, Etoposide, Cisplatin). **Conclusion:** My patient aged 59 years old male was admitted to oral surgery ward. The patient was diagnosed with the case of squamous cell carcinoma and he had complained complaint is burning sensation on consumption of hot & spicy food since 3 apraxia difficulty in mastication, since 2 month approx., & nerve parenthesis in lower lip. The patient surgery is completed mandibulectomy.

**Keywords:** Squamous cell, lymph nodes, metastases.

#### Introduction:

Squamous cell carcinoma (SCC) of lower lip includes over 25th of oral cancer. SCC patients will receive surgical treatment that involves tumour removal, lymph node dissection, and reconstruction. (2) The most common type of oral cancer is squamous cell carcinoma of the lower lip (SCC). (3) Individuals who have a higher risk of developing lip SCC are listed below; Over 45-year-old male patients having a history of prolonged sun exposure, tobacco use, and alcohol consumption. according to a previous comprehensive study, SCC; it is a dominant type of lip cancer among men aged over 53 and exposed to UV rays. (4)

Distant metastases play a critical role within the treatment and prognosis of oral cancer patients. About distant metastases of oral cancers, is that the most typical primary site (60%), followed by the base of the tongue (53%) and therefore the anterior tongue. (5)

We have a tendency to describe the metastases of lower lip squamous cell carcinoma to the axillary lymph nodes in this case report, which is a rare metastases location. the aim of this publication is to contribute to the literature.(6)

### **Patient Identification:**

A 59 years male old from ballarpur , chandrapur was admitted to oral surgery Ward AVBRH on 1 jun 2021 diagnosed as the case of squamous cell carcinoma. he weighweight58 Kgs with a height of 160 cms.

### **Present medical history:**

A aged 59 years male old was brought to AVBRH on 1 jun 2021 by with complaints of complaint is burning sensation on consumption of hot & spicy food since 3 apraxia difficulty in mastication, since 2 month approx., & nerve parenthesis in lower lip.he was admitted to oral surgery. He is a case of squamous cell carcinoma and his haemoglobin level at the time of admission was 11gm%.On the lower lip, there is an ulcerative lesion. When the head and neck examination was completed, a biopsy was scheduled..

### **Past medical history:**

My patientwas apparently alright 2-3 month back when the noticed a pain non healing ulcer over lower lip which was initially small & gradually increased to present size 3×2cm aprox. patient is initial visited in Chandrapur hospital and were done the incisional biopsy under local anesthesia.On the lower lip, there is an ulcerative lesion. When the head and neck examination was completed, a biopsy was scheduled.

### **Family history:**

My patient's family comprises four members. He was diagnosed to have squamous cell carcinoma with no abnormal genetic history from her parents. The patient family is nuclear family.Except for the patient admitted to the hospital, other family members don't have any complaints regarding their health.

**Past interventions and outcome:**chief complaint of the patientpatient was painfully non healing ulcer on lip .was suspected to have right lower lip. Diagnosed is squamous cell carcinoma.

### **Clinical findings:**

A pain non healing ulcer over lower lip which was initially small & gradually increased to present size 3×2cm aprox.The ulcerative lesion on the lower lip.

### **Physical examination:**

It was found that the patient has ulcerative lesion on lip, on thorough examination from head to foot, a visible lump was noted over the ulcerative lesion on lower lip, on further size 3×2cm aprox. The patient is thin, weak and has dull look. he is well oriented with the date, time, place and is cooperative.

### **Diagnostic assessment:**

**Blood test:** Hb -13.2gm,mch-27.9fl,mchc-33.3%, Total Rbc count-4.72million/cu.mm Rdw-12.7% ,, Total wbc count- 16500cu.mm ,monocytes -4%, Granulocytes- 85%, Lymphocytes -10%, Eosinophils-2%,Basophilis -0% , Total platelet count-2.68 cu. mm. Urea 17mg/dl ,creatinine-0.9mg/dl,sodium-131mmol/dl , potassium 5.1 mmol/L. Despite the fact that the patient was not diabetic, the random blood sugar level was 90mg/dL.No hemoparasite seen. **CECT:**-CECT in neck enhancing soft tissue density lesion in the right Gingivo Buccal&Gingivo Labial region with bony erosion and stage IA, IB &IIA and lymph nodes A . **Ultrasonography:**-Lymphadenopathy as describe.**Histopathology report:**A multiple, irregular,reddish,brownish tissue pieces aggregating 1×1cm.selection from given tissue piece shows histopathological features suggestive of well differentiated squamous cell carcinoma.

### **Management:**

**Medical management:**-The pre operative nebulization given in normal saline and before half hour of surgery given nebulization with 4% LOX.The patient was scheduled for surgery on date 14/6/2021. Mandibulectomy surgery is done. And intubate the patient.The post of medication is given as inj tramadol,inj dexta, inj emset. inj Augumentin 1.2gm,inj metro 500mg,inj pan 40mg.and pain control medication is inj neomol 1gm,and inj perinorm 10 mg given.and after Extubation tab.chymoral fort ,tab A to Z,tamoxifen 500mg. postoperative chemo-radiotherapy was administered to the patient. He received 10 sessions of radiotherapy with 50 mg of cisplatin per week.

**Surgical management:** The patient underwent her surgery ever on 14/6/2021planned. The patient under AAP and SPP,patient sedated with midazolam and propofol. General Anesthesia induced Nadoendotracheal intubation done.patient maintain oxygen and N2O and sevoflurane.patient prepared & draped according to standard surgical protocol.the done the wedge Mandibulectomy surgery done and was sent for histopathological examination.

**Nursing management:** This case belonged to oncology, ENT as concerned department, therefore nursing care played a vital role in every aspect.

### **PRE-OPERATIVE:**

A. Nursing diagnosis: Pain in lip related to ulcerative lesion secondary related to lump in the lip.

Nursing Interventions	Rationale
1. Assess the level of pain then record and report it to doctor.	1. To know the level of pain and frame further interventions.
2. Consult and co-ordinate with health care team members of various department included in the case.	2. To confirm the final diagnosis with staging and prepare nursing diagnosis to provide effective care.
3. Administer the analgesics .	3. To provide symptomatic pain relief and treat the tumour.

B. Nursing diagnosis: imbalance nutritional pattern less than body requirement related to loss of appetite secondary related to difficulty in mastication.

Nursing Intervention	Rationale
1. Monitor the weight of the patient daily.	1. To collect the baseline data about weight loss with the pain perception.
2. Check the physician's order and administer antiemetic and supplementary medicines.	2. To avoid regurgitation and enhance the health of the patient.
3. Consult the dietician and provide a diet pattern to the patient's family to follow.	3. To provide the patient with a healthy diet in order to cope up with daily activities.

C. Nursing diagnosis: Fear and anxiety related to hospitalization secondary related to the consequences of surgical procedures.

Nursing Intervention	Rationale
1. Maintain rapport with the patient and her family.	1. To induce comfort so that they can share about the queries and problems.
2. Provide information regarding disease condition and regimen treatment.	2. To increase knowledge regarding disease condition and regimen treatment of the patient and family.
3. Counsel the patient regarding the mentioned fears and anxiety.	3. To prepare the patient for the surgery.

#### POST OPERATIVE:

A. Nursing diagnosis: Acute pain in lip related to surgical incision secondary related to insertion of romovac drain.

Nursing Intervention	Rationale
1. Obtain the level of pain on pain-scale	1. To prepare the post-operative nursing intervention on pain.
2. Provide the patient with a variety of therapies like diversional	2. To minimize the level of pain perception.
3. Give proper position to the patient.	3. To induce comfort and rest.
4. Administer the prescribed medications by the physicians.	4. To help the patient cure fast and also to reduce pain.

B. Nursing diagnosis: Risk for infection related to surgical incision and endotracheal intubation insertion sites secondary related to low immunity.

Nursing Intervention	Rationale
1. Assess the surgical site on every shift further record and report if any pus formation is seen.	1. To know the wound healing and to check for presence of any infection.
2. Provide Foley's catheter care to the patient.	2. To prevent urinary tract infection.
3. Check the physician's note and apply new dressing on the sutured site on day after the surgery.	3. To prevent infection on the incision site and promote healing.
4. suction to the ET tube	4. Remove secretion

C. Nursing diagnosis: Activity intolerance related to surgical procedures secondary to pain perception.

Nursing Intervention	Rationale
1. Encourage the patient to do drink plenty of water.	1. To hydrate the body of the patient.
2. Advice the patient to perform deep breathing and leg exercises like walking	2. To reduce the risks of blood clots and chest infections
3. Explained the need of family assisted care to the family member	3. To carry out day to day activity and avoid any further injury.

## **Discussion:**

Squamous cell carcinoma is type of lip cancer includes over ninety fifth of bodily cavity cancers. Tobacco and alcohol are major risk factors, but human papilloma virus (HPV) currently causes most of those tumour.(7)Sore throat, uncomfortable and/or difficult swallowing are some of the symptoms.

Most of the cases of oral carcinoma. The majority of cases of oral carcinoma are linked to tobacco use and begin as a premalignant lesion such as leukoplakia before progressing to the malignant stage, however nontobacco-related squamous cell carcinoma has been described in rare cases.The case reported here is one without the history of tobacco chewing habit. (8)

Desquamative gingival lesions and other inflammatory gingival lesions are frequently confused with gingival carcinoma.The gingiva is one of the most common sites for chronic inflammation due to irritants such as calculus and an abundance of microbial flora.(9)

## **Conclusion:**

A 59 years male old from ballarpur , chandrapur was admitted to oral surgery ward. with complaints of complaint is burning sensation on consumption of hot & spicy food since 3 apraxia difficulty in mastication, since 2 month approx., & nerve parenthesis in lower lip.he was admitted to oral surgery. 1 diagnosed as the case of squamous cell carcinoma. Through the Histopathological report

As soon as the patient was admitted to AVBR hospital, all the required investigations were done and appropriate treatments were started. The patient is on symptomatic treatment and underwent surgeries as well, which is helping her to relieve the complaints. Since then, he has been readmitted for chemo cycles. The patient and her family underwent psychological stress, which was resolved to an extent by being an active listener and providing proper counselling.

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