Bapuji Cancer Hospital Trust



24X7 Call Center # 984-445-8881





Gentre of excessence for cancer care

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An Initiative by

Vishwaradhya Cancer Hospital & Research Institute Bapuji Cancer Hospital Trust,









Bapuji Cancer Hospital Trust





Message From Chairman

It gives me immense pleasure to roll out our first newsletter issue. I thank the editorial team for doing such a fantastic job.

I would like to thank the medical fraternity community for making VISHWARADHYA CANCER HOSPITAL & RESEARCH INSTITUTE success by referring patients.

We focus on comprehensive cancer management and this fact is emphasised in the article.

> Shri. S.S. Mallikarjun, Chairman, • • • • Bapuji Cancer Hospital Trust







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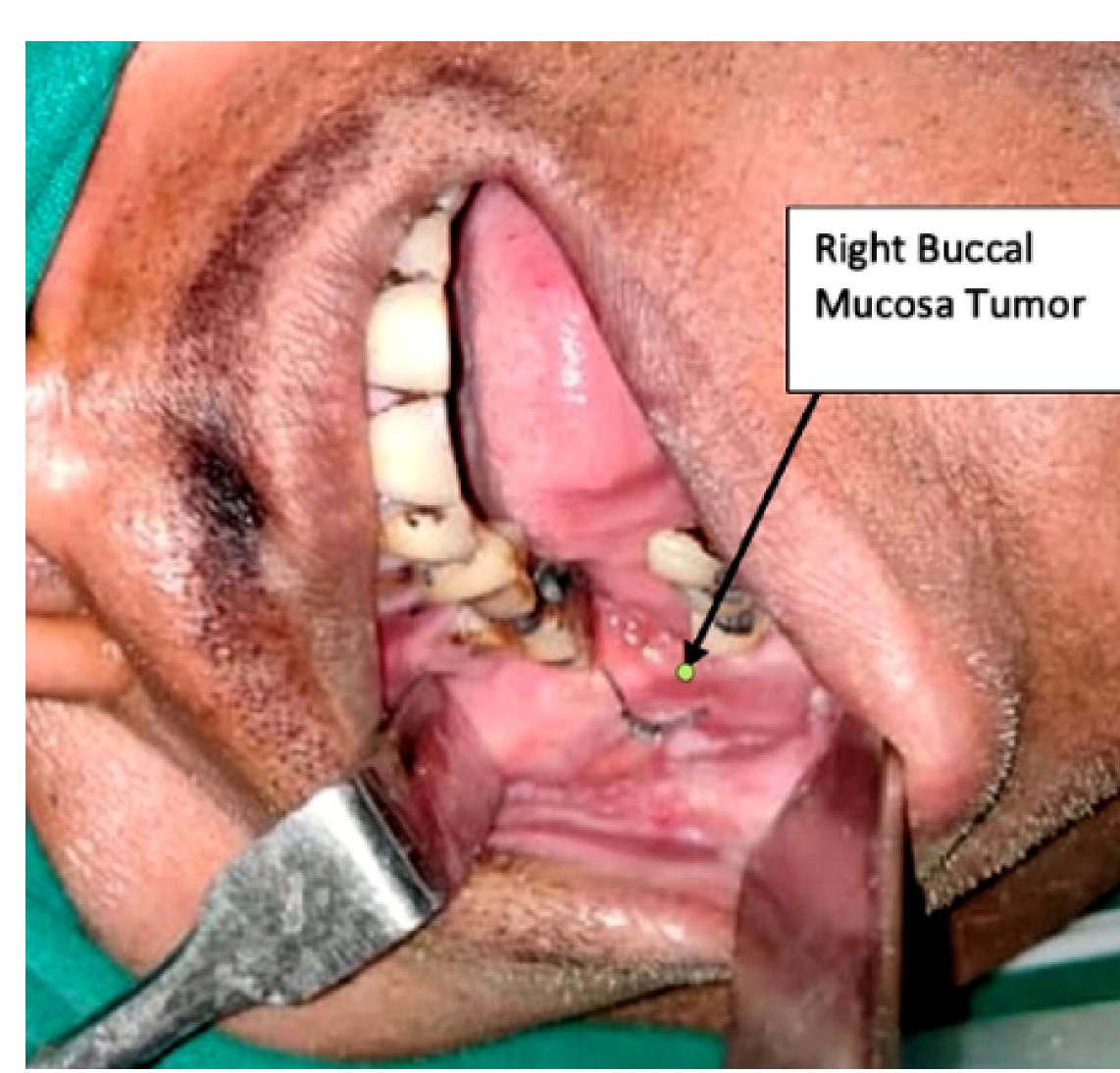


FIELD CANCERIZATION 'DICTATING SURGICAL DECISIONS'- A CASE REPORT

The oral cavity is the predominant site for the development of potentially cancerous lesions. Most of which is due to the transformation of an existing precancerous lesion. They arise as an anaplastic tendency involving multiple cells at once. This results in a multifocal development of cancer at various rates within the oral cavity in response to a carcinogen, such as tobacco. This field effect of the abusive use of tobacco is referred to as 'Field Cancerization'.

Here is a case of middle aged male, who reported the complaint of a small ulcer over his right buccal mucosa, associated with generalised burning sensation on eating spicy food.

CLINICAL EXAMINATION:



On the first clinical examination, trismus made intraoral examination difficult. A small 1.5x1cm (approx.) ulcero-proliferative lesion was noted in the right buccal mucosa adjacent to the lower second molar tooth, not involving the lower gingivo-buccal sulcus and retromolar trigone. Examination of the neck revealed no palpable lymph nodes, thus clinically it was staged as T1N0M0, stage I.

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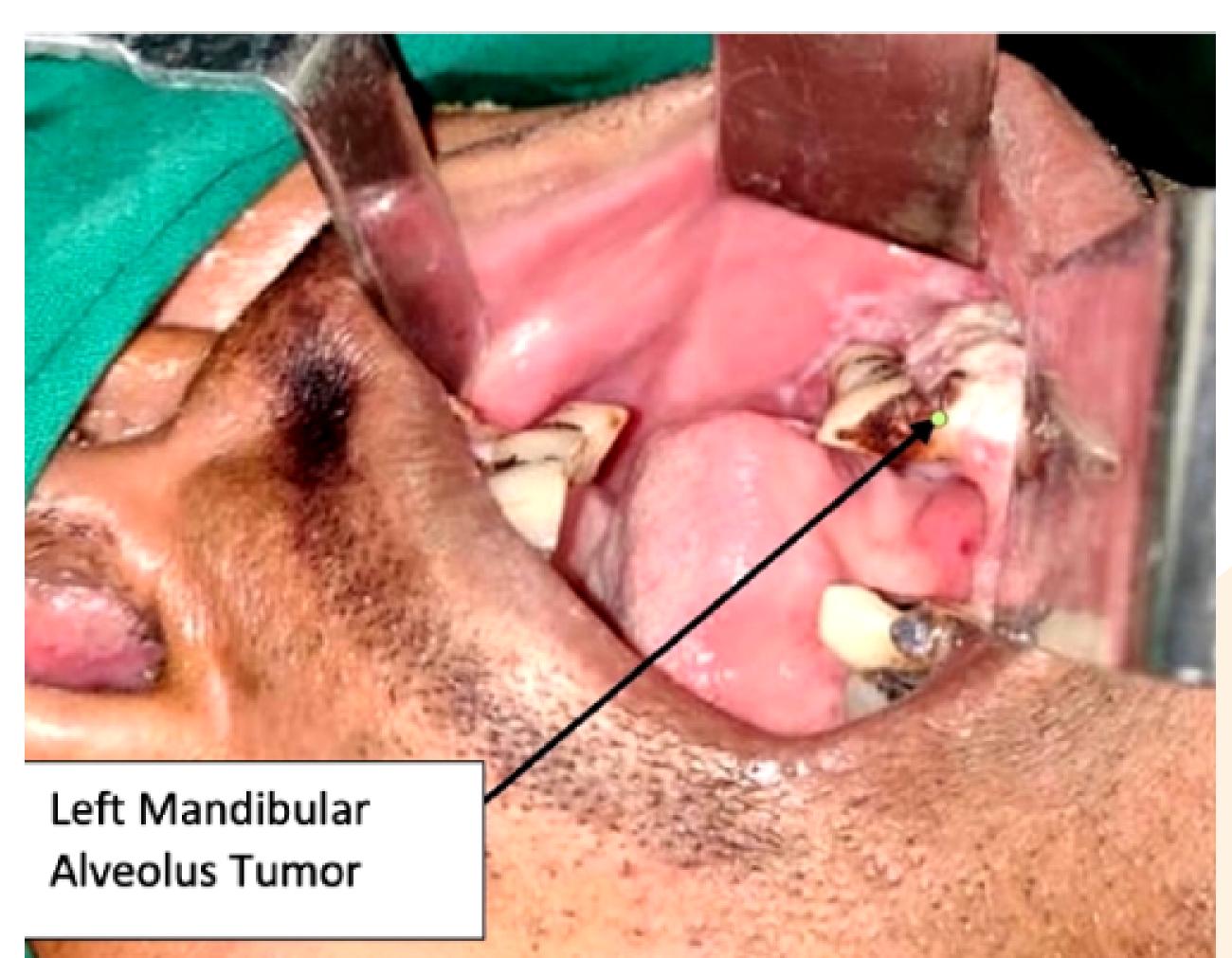


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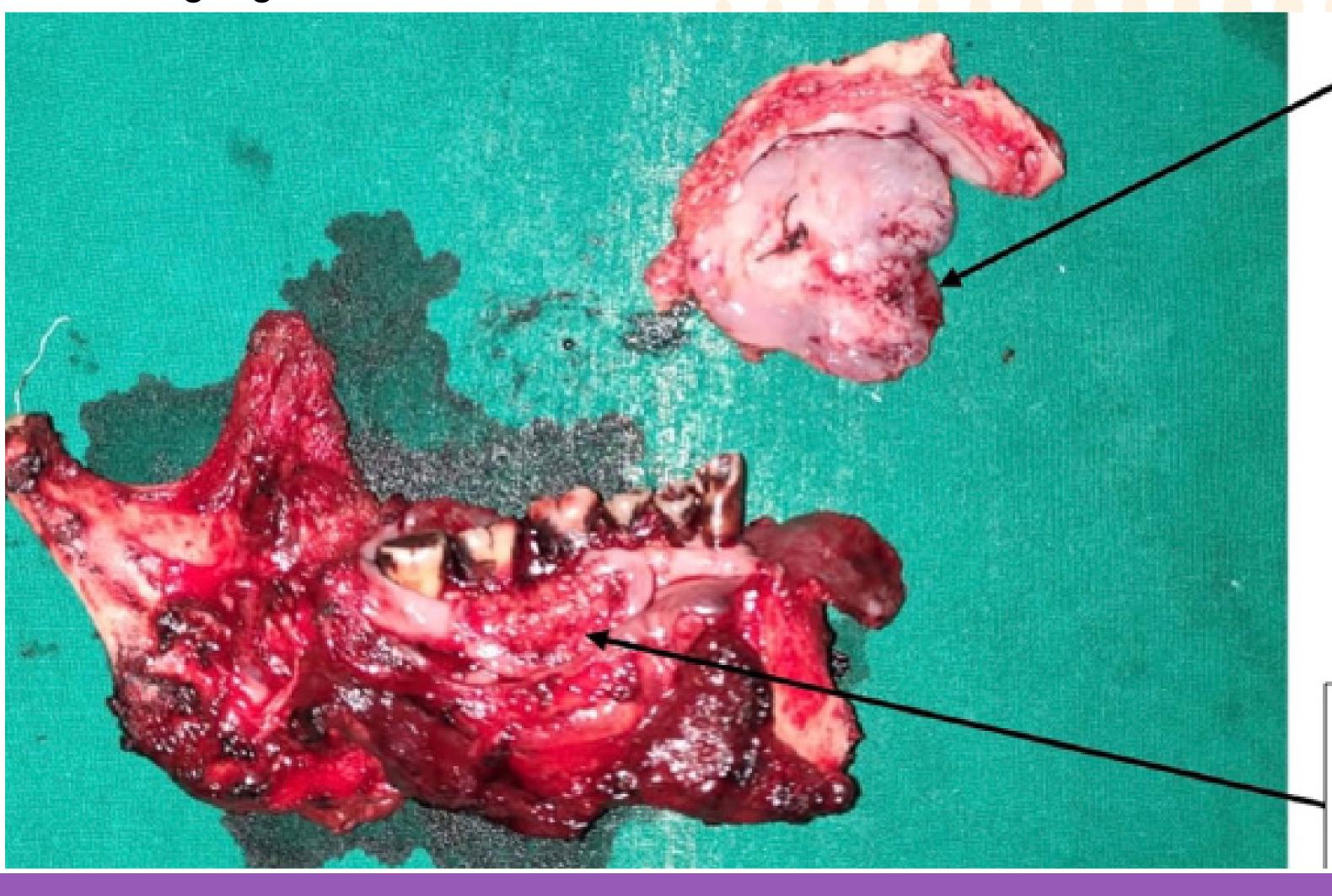
RADIOLOGICAL INVESTIGATION AND TREATMENT PLANNING:



CECT revealed, a second synchronous proliferative lesion hiding in the left mandibular alveolus, which would have gone unnoticed due to the limited scope of clinical examination because of restricted mouth opening.

Therefore, this finding led to upstaging the tumor to T4aN0M0. Therefore, this finding led to upstaging the tumor to T4aN0M0

SURGICAL TREATMENT: Since the presence of two synchronous primary and each present at contra-lateral sites, the scope for reconstruction was challenging.



Right Buccal Mucosa Tumor (Wide Excision, Marginal Mandiblectomy)

Left Mandibular Alveolus Tumor (Hemimandiblectomy)







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Surgical treatment consisted of left hemi-mandibulectomy, right wide excision with marginal mandibulectomy, left Modified Radical Neck Dissection, and right Selective Neck Dissection.

Reconstruction was accomplished with Pectroralis Major Myocutenous Muscle Flap from the left chest.

Discussion:

The presence of genetically altered cells in a particular field acts as a risk factor for cancerization. Criteria to diagnose multiple primary.

- i) The neoplasm must be distinct and anatomically separate.
- ii) A potential second primary carcinoma that represents a metastasis or a local relapse should be also excluded.

These findings can alter the primary plan of surgery and prognosis with regard to disease-free survival.

Conclusion:

In the presence of field cancerization, a thorough clinico-radiological examination along with biopsies of other suspicious sites improves clinical outcomes.



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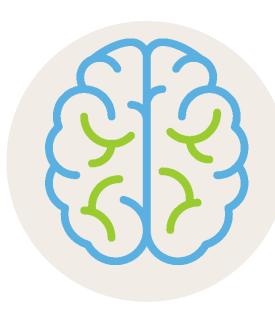
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