



A Case Well Differentiated Squamous Cell Carcinoma of Left Buccal Mucosa

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ABSTRACT

Well differentiated squamous cell carcinoma of a not controlled growth cell of left buccal mucosa in outer layer of the skin and epidermis and it is under microscope to grow and spread slowly well differentiated squamous cell carcinoma.

PATIENT HISTORY: The male patient 42 year old who was admitted to AVBRH on the date 6/2/22 in the surgical ward and ENT with chief complaint, difficulty chewing, speech problem, burning in jaw, loss of appetites, swelling in lower jaw. All over investigation, complete blood count test, CT scan of thorax, 2d ECHO report adult cardiology, RT-PCR test report negative.

Pharmacology: the patient was treated with antibiotic medicine, proton pump inhibitor, non-steroid anti-inflammatory drugs, and analgesic, antiemetic, antiseptic, tablet augmentine 625 mg BD, tablet pan 40 mg BD, tablet zerodol sp BD, chlorhexidine mouth wash 100ml, tablet tramadol 100mg x 10 day, tablet emset BD.

Nursing management: monitor vital sign, oral hygiene maintain, to provide warm water gargle daily thrice time, to take soft diet protein, carbohydrate, water.

Conclusion: the patient was admitted to the hospital with the chief complaint of generalized, difficulty chewing, speech problem, burning in jaw, loss of appetites, swelling lower jaw. Treatment was started by a health team member and all possible treatment were given and now patient condition is satisfactory.

Introduction:

Squamous cell carcinoma is a type of cancer that is made up of or arises from squamous cells, and it commonly develops in parts of the body that have been exposed to high sunlight for a long time. The well-differentiated squamous cell carcinoma cells (top image, right side) resemble the benign squamous epithelium close to them. They're big, eosinophilic, and polygonal, and they're layered in a squamous cell epithelium-like architectural pattern. mucosa of the buccal mucosa Anatomy of surgery

Buccal mucosa. The mucous membrane lining of the inner side of the cheeks and lips, from the line of contact of the opposing lips to the line of attachment of mucosa to the alveolar ridges and pterygomandibular raphe, which occupies an area of 50–60 cm².

Squamous cell carcinoma (SCC) is the second most common type of non-melanoma skin cancer after basal cell carcinoma. It accounts for around 20% of non-melanoma skin cancers. After surgical excision, most SCCs have a favourable prognosis. Approximately 5% of cases, however, develop to locally progressed or metastatic tumours with a poor prognosis. Recurrence, metastasis, and survival rates have all been linked to the degree of histological differentiation. Well-differentiated SCCs have a lower rate of recurrence and metastasis than poorly differentiated SCCs. The example of a patient with well-differentiated SCC of the head with an exuberant clinical presentation is presented.

Patient Information

Presentation

The 42-year-old male patient was admitted to the surgical ward and ENT on June 2, 22 with the major complaint of generalised difficulty chewing, speech problems, burning in the jaw, lack of appetite, and swelling in the lower jaw.

Blood and urine tests, CT scan of the thorax, ECHO report adult cardiology, RT-PCR Test –negative, and histopathology report are all showing well differentiated squamous cell carcinoma on the left side of the buccal mucosa.

Past history : The patient had no history of communicable disorders such as hypertension, diabetes, or tuberculosis. The patient was apparently fine 2 months ago when he developed a painful non-healing ulcer over his lower left back region of jaw that was initially small in size and gradually increased to its current size of 4 x 2 cm approxly pain that is gradual in onset dull aching, intermittent and localization pain aggravated on mastication and relives on its own previous treatment patient first visited a private clinical at Akola where incision biopsy was done on 11/01/22 "well d"

Other histories: : tobacco chewing habit 3 to 4 paket counting used every day in the family, good relationship with wife and children, and good interaction with others should be maintained

Causes: unknown

Clinical finding :

- 1) Abnormally growth
- 2) Tumor
- 3) Swelling in lower jaw
- 4) Enlarged lymph node
- 5) Ulcerated lesion

Diagnosis evaluation

- 1) History collection done
- 2) Physical examination
- 3) CT scan
- 4) Blood test
- 5) Other test ECHO test ,RT-PCR test-ne, hestopathology.

Blood investigation report :

Investigation of patient
<p>CBC investigation on cell counter with ps</p> <p>HB% - 16.8</p> <p>MCV - 81.7</p> <p>MCH - 27.8</p> <p>TOTAL RBC COUNT- 6.04</p> <p>TOTAL WBC COUNT - 10100</p> <p>HCT - 49.3</p> <p>MCHC - 34.1</p> <p>TOTAL platelet count - 3.35</p> <p>Monocytes- 0.4</p> <p>granulocytes - 20</p>
<p>coagulation profile –BT,CT ,PT,APTT</p> <p>APTT-control 15.6</p> <p>APTT-patient - 36.2</p> <p>Prothombin time control - 11.9</p> <p>prothobin time patient - 15.6</p> <p>INR - 1.32</p>

<ul style="list-style-type: none"> ● sickling (early and late) Early late ● Negative ● Urine exam –routine ● Urine bile pigment ● Urine bile salt ● Urine albumin - nil ● Urine suger- nil ● Urine ketone ● Crystals ● Epithelial cell ● Puss cell - 3.4 cell/hpf ● RBS ● Bilirubin ● Urobilinogen ● P.h ● Sp gravity
<p>Peripheral smear</p> <p>Increased RBC mass RBCs –normocytic normochron platelets :adequate on seminar no haemoparasite seen</p>
<p>KFT:- Urea 2.2</p> <p>Creatine 0.9</p> <p>Sodium/na+ 140</p> <p>Potassium/k+ 4.8</p>
<p>LFT :- Alkaline phosphatase- 1.43</p> <p>ALT(SGOT) - 28</p> <p>AST(SGOT) - 31</p> <p>Total bilirubin - 3.2</p> <p>BC bilirubin conjugated - 0.5</p> <p>BU bilirubin unconjugated - 2,7</p> <p>Globulin calculated parameter - 4.0</p>

RBS-glucose-plasma random 106

Virology report

HBSAG-Reactive non reactive

HCV-reactive non –reactive

Other name HIV

CT scan of thorax

- 1) Bilateral lung filed reveal no obvious focal lesion
- 2) No mediastinal lymphadenopathy
- 3) Carina and major branchi appears normal

- 4) Mediastinal vascular structural appear normal
- 5) Pleural effusion
- 6) Visualized skeleton appears normal

Impression:- CT thorax reveals-no obvious pleura –parenchyma abnormality

Medical therapy :

Pharmacology therapy

- 1) Antibiotic
- 2) Non-steroid anti-inflammation drug
- 3) Analgesic
- 4) Antiemetic

Medical management : Now patient treatment in the ward is tablet augmentine 625 mg BD ,tab pan 40 mg BD,tablet zerodol sp BD,chlorhex MR 100ml BD X DAYS ,Tablet emset mg BD x 10 days.

Nursing management :

The nurse is in charge of prescribing the medication detrimental effect on the patient the pharmacologic therapy types and dosage are determined by the combination of these effects action to assess clinical effectiveness in nursing include:

To provide chlorhexidine mouth wash solution for mouth wash to prevent infection to inner side of lesion

To regular daily oral hygiene maintenance thrice time

Nursing diagnosis :

Acute pain is related to well differentiated squamous cell carcinoma

Impaired verbal communication related to lower part swelling to jaw

Imbalanced nutrition pattern is less than body requirement related to low calories intake and poor outcome associated with anorexia.

Deficient knowledge about self care activities related to reportable signs and symptoms treatment modalities and medication.

Collaborative problem/potential complication

- 1) Tumour
- 2) Infection
- 3) Bleeding
- 4) Sore

Following up

A referral to home care may be suggested for a hospitalized patient depending upon the physical condition of the patient and the availability of family assistance. the patient with well differentiated squamous cell carcinoma need home transfer assistance after hospitalization .the home care nurse assessment of the home physical environment to adapt the home environment to meet the limitation of the patient activity are significant.

Discussion

Well differentiated squamous cell carcinoma is types stage I tumour and it is mostly found epidermis oral area and it is under microscope they are found tumour very slowly speed in outer area. Chewing tobacco and betel quid is a well-known risk factor for the development of buccal SCC . Buccal SCC was more common in older males, ethnic minority groups, and poorer socioeconomic categories, according to Markopoulos . We discovered that 38.8% of the patients had a history of alcohol consumption, 61.3 percent had a history of tobacco product consumption, and all of the patients were from low socioeconomic categories in the current study. Regional lymph node metastases in buccal cancer were found to be less prevalent than in other mouth cavity subsites in previous research. Coppen et al estimated a prevalence of 25.0 percent for neck lymph node metastasis, while Diaz et al estimated a prevalence of 27.8 percent. The prevalence was 23.4 percent in our study. DeConde et al found that 54 percent of the patient sample was positive for neck lymph node metastasis in a research. The changes in distribution according to tumour differentiation could explain these findings. In terms of dimension, age, and localisation, there was no statistically significant difference between KA and well-differentiated SCC. In terms of p53 and Ki-67 staining, there was a statistically significant difference between KA and well-differentiated SCC (P 0.001). In well-differentiated SCC, higher levels of p53 and Ki-67 expression were detected. In KA, there was a statistically significant association between p53 and Ki-67 expression. In terms of laminin

staining, there was a statistically significant difference between KA and well-differentiated SCC ($P = 0.018$). The expression of laminin was shown to be higher in well-differentiated SCC.

Strength

The patient was 42 year male tolerate all the medication and well response around 15 day to the treatment of the hospital which was given as a treatment.

Conclusion

Well differentiated squamous cell carcinoma of buccal mucosa is grows rapidly ,and has high recurrence rate ,therefore, careful treatment is required even if the cancer is at an early stage. it is helpful to control by radiotherapy

INFORMED CONSENT

Before taking this case was given to the patient and relative and informed consent was obtained from the patient as well as relative

REFERENCES

1. Huang CH, Chu ST, Ger LP, Hou YY, Sun CP. Clinicopathologic evaluation of prognostic factors for squamous cell carcinoma of the buccal mucosa. *J Chin Med Assoc.* 2007;70:164–170.
2. Ghoshal S, Mallick I, Panda N, Sharma SC. Carcinoma of the buccal mucosa: analysis of clinical presentation, outcome and prognostic factors. *Oral Oncol.* 2006;42:533–539.
3. Freedman ND, Abnet CC, Leitzmann MF, Hollenbeck AR, Schatzkin A. Prognostic investigation of the cigarette smoking-head and neck cancer association by sex. *Cancer.* 2007;110:1593–1601
4. DeConde A, Miller ME, Palla B, Lai C, Elashoff D, Chhetri D, St John MA. Squamous cell carcinoma of buccal mucosa: a 40-year review. *Am J Otolaryngol.* 2012;33:673–677.
5. Pandey M, Bindu R, Soumithran CS. Results of primary versus salvage surgery in carcinomas of the buccal mucosa. *Eur J Surg Oncol.* 2009;35:362–367.
6. Lin CY, Lee LY, Huang SF, et al. Treatment outcome of combined modalities for buccal cancers: unilateral or bilateral neck radiation? *Int J Radiat Onco Biol Phys.* 2008;70:1373–1381
7. Vegers JW, Snow GB, van der Waal I. Squamous cell carcinoma of the buccal mucosa. A review of 85 cases. *Arch Otolaryngol* 1979;105: 192-5.
8. Diaz Jr EM, Holsinger FC, Zuniga ER, et al. Squamous cell carcinoma of the buccal mucosa: one institution's experience with 119 previously untreated patients. *Head Neck* 2003;25:267-73.
9. Strome SE, To W, Strawderman M, et al. Squamous cell carcinoma of the buccal mucosa. *Otolaryngol Head Neck Surg* 1999;120: 375-9.
10. Fang FM, Leung SW, Huang CC, et al. Combined-modality therapy for squamous carcinoma of the buccal mucosa: treatment results and prognostic factors. *Head Neck* 1997;19:506-12