



## Case Report on Lip Squamous Cell Carcinoma

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### ABSTRACT:

**Introduction:-** Tumors of the oral-maxillary region are frequently lip cancers. Alcohol consumption, UV radiation exposure, and smoking are among the etiologic factors of lip cancers. This article covered a case of squamous cell carcinoma of the lower lip in a male patient who had a history of direct UV radiation exposure and was currently using tobacco. The significance of this case report stems from the fact that repeated maxillary metastases developed following further treatment.

**Present complaints and Investigation:-** A male patient, aged 59, was brought to the hospital due to an ulcerative lesion on his lower lip. Following the head and neck examination, a biopsy was scheduled. SCC was discovered during the patient's lower lip incisional biopsy. The patient was readmitted to the hospital after noticing the painful, non-healing ulcer on their lower lip two to three months prior. A neck dissection was done, and the patient's lower lip mass was removed. The biggest metastatic lymph node was a conglomerated mass measuring 5 cm in diameter with an additional capsular extension. October 9, 2023, was the day of the patient's surgery. An injection of tramadol, inj dexta, and inj emset is administered after the made bulectomy procedure. The patient underwent postoperative chemotherapy and radiotherapy. He got 50 mg of intravenous cisplatin every week for ten chemotherapy sessions. A three-month follow-up was extended to the patient following treatment.

**Keywords:-** Madebulectomy, inj.cisplatin, chemotherapy, radiotherapy

### Introduction and background:-

.More than 25% of cases of oral cancer are squamous cell carcinoma (SCC) of the lower lip. Tumor excision, lymph node dissection, and reconstruction are all part of the surgical treatment plan for SCC patients. 25 percent of cases of oral cancer are squamous cell carcinoma of the lower lip (SCC). The following list of people who have a higher risk of developing lip SCC includes male patients over 45 who have a history of long-term sun exposure, cigarette use, and alcohol consumption [2, 3]. SCC is the most common form of lip cancer in men over 53 who have been exposed to UV radiation, per a previous thorough study. Treatment and prognosis for patients with oral cancer are significantly impacted by distant metastases. The hypopharynx accounts for 60% of all distant metastases of oral cancers, with the base of the tongue accounting for 53% and the anterior tongue for 10% of cases. In this case study, we describe the metastases of squamous cell carcinoma of the lower lip to the axillary lymph nodes, an uncommon site for metastases.

**Medical and family and psycho-social history:-** a person who has a locked knee for six months of the year. The present illustration comes from a middle-class nuclear family. He was mentally sound. He was the date-, time-, and place-oriented person who maintained positive relationships with family members.

**Relevant past intervention with outcomes:-** History of an ulcerative lesion on the lower lip. He underwent treatment for the condition for which he spent 15 days in the hospital, and his outcomes were favorable.

**Physical examination and clinical findings:-** The patient is 152 cm tall, has a slim body, and is 60 kg overweight. Her vital signs are normal, and he had a tachycardia of 100 beats per minute and great peripheral perfusion. If your blood pressure is 116/76 mm Hg, you are in good health. He was sensitive to pain on sides and only responded to it neurologically. To undergo closer monitoring, admission to an oral surgery unit is required..

**Timeline:-** The patient's primary concern was addressed during their visit to the hospital's Oral department. A patient is not able to eat associated with pain or swelling, examinations were done in the anesthesia department for consultation of operation. the procedure of Madebulectomy Operation.

**Diagnostic Assessment:-** Physical examination, biopsy, and MRI results. These are biopsy of the taken from the lower lip which helps the doctor locate the exact location. And also another investigation of Hb -9.2gm, MCH-56.1fl, total WBC Count-11100/cu. mm, Total platelet Count-4.2lacs/cu.mm, RBS-91mg, urea-18mg/dl, sodium-139, potassium-4.6

**Table 1: Significant Clinical Findings**

Blood investigations	Patient value	Normal value	Inference
S. Sodium	136mmol/L	135-145mmol/L	Normal
Urea	16mg/dL	12-20mg/dL	Normal
Potassium	4.3mmol/dL	3.5-5.5mmol/dL	Normal
RBS	86mg%	70-150mg%	Normal
HB%	11.1gm%	13-15g%	Reduced
MCV	79cub.micron	80-90cub.micron	Reduced
MCH	24.8picogm	26.5-33.5picogm	Reduced
HCT	35.3%	40-50%	Reduced

**Diagnostic Evaluation:**-After a physical examination and biopsy lower lip squamous cell carcinoma.

**Therapeutic intervention:**-The patient received postoperative chemoradiotherapy. He underwent ten weekly chemotherapy sessions with a weekly injection of 50 mg of inj.cisplatin. Following treatment, the patient was invited to a three-month follow-up.

**Surgical intervention:**-The surgical lip was kept in place patient under general anesthesia and procedure of Mandibulectomy Operation. Postoperative medication 1 unit normal saline at 50 ml /hr., injection. Ceftriaxone 1gm iv bd, injection .pantoprazole 40 mg iv od inj.Tramadol, inj dexa, inj emset.

**Clinical and patient assessment outcomes:**- patient's condition improved after treatment.

**Necessary follow-up diagnostic and other test results:**- Illness prevention aims to delay the onset of any signs and symptoms, such as decreased child irritability following surgery, patient comfort, diminished sleep, surgery.

**Intervention adherence and tolerability:**-The patient consistently took all prescription drugs the patient's meds were taken as directed. He also followed the dietician's advice, which included recommending multivitamins, folic acid solution, and protein-rich supplementation. His compliance with the advice was satisfactory. The lip will be propelled up and down as the doctor examines them, noting the range of motion and determining which motions are painful. They will search for painful spots, feel for warmth, and check for swelling.

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## Discussion:-

A male patient, age fifty-nine, was admitted on October 9, 2023, to the oral surgery ward at AVBRH. When the patient first arrives at Chandrapur Hospital, an incisional biopsy is performed under local anesthesia. When the patient leaves, they go to AVBR Hospital. Their main complaints are burning when they eat hot or spicy food, difficulty chewing, and nerve paralysis in their lower lip. A mandibulectomy is performed on the patient. Of oropharyngeal cancers, squamous cell carcinoma accounts for more than 95%. Major risk factors include alcohol and tobacco use, but the majority of these tumors are now caused by the human papillomavirus, or HPV. Sore throat and painful, difficult swallowing are among the symptoms.

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## Conclusion:-

Patients with lower lip cancer are initially treated with tumor excision, lymph node dissection, and reconstruction using a local flap. While there are many considerations when choosing a reconstruction technique, the V-Y advancement flap is a clear winner when treating lower lip cancer.

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