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Opinion

Orofacial Cancer, Personal Views and Experience

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Opinion

Cancer is a dreadful disease always end with death, but some cases may respond to treatment and some not, It's a frightening disease to the community. The survival rate in best cases for 5 years. Head Neck cancer represent nearly 8% of the total body malignancy including the Orofacial region, oropharynx, parotid glands and other salivary glands, Orbit, jaws and skin. Most of these organs affected by squamous cell carcinoma, other varieties of cancer of fibrosarcoma, osteogenic sarcoma, Kummoona jaw lymphoma, non-Hodgkin's and Hodgkin's lymphoma other varieties of cancer are basal cell carcinoma effecting skin of white people due to sun light effect, its locally invasive and don't metastasis unless transformed to squamous cell carcinoma. Oral cancer represents about 4% of total malignancies but might raise to 40% in India due to spicy food and tobacco smoking and chewing in different ways.

Oncogenic viruses is a strong cause of cancer such as EBV causing Burkitt's Lymphoma and nasopharyngeal carcinoma and infectious mononucleosis, herps like viruses causing Kummoona Jaw Lymphoma also was noticed that herpetic papilloma virus associated with oral cancer and HIV associated with AIDS can cause leukoplakia in the oral mucosa as pre-cancerous lesion also caused Kaposi sarcoma as reported with infected cases. We have not excluded Depleted uranium as positive cause for very aggressive cancer were reported in Iraq. Oral cancer were located in any part of oral mucosa but more common on the lateral margin of the tongue, floor of the mouth or cheek and alveolus ,it may arise as primary or by metastasis from distant site or by extension from neighboring site such as maxillary sinus or nasal cavity, oral cancer usually metastasized to upper cervical lymph nodes and later to lower cervical lymph nodes.

There are several types of oral cancer but the most common are squamous cell carcinoma which represent about 90% of oral cancer and the priority of involvement in the lateral margin of the tongue between post one 1/3rd and anterior 2/3rd ,floor of the mouth, cheek ,alveolus and rarely the lip. Cancer presented as white lesion or ulcer or fissure or exophytic growth. Any lesion in the mouth exceeded more than 2 weeks should be suspicious and incisional biopsy should be done immediately, there are strong evidence that smoking with alcohol consumption for long time end to oral cancer.

In Asian community and culture habitual chewing tobacco or chewing betel pan and Arce is known to be strong risk factor for development of oral cancer and people used spicy food of Chili was reported as very destructive agent to oral mucosa and causing sub-mucous fibrosis end to oral cancer. Pre-malignant white lesions that occur in the mouth should be suspicious and some oral cancer appeared in the mouth as white lesions with great risk to develop cancer. White lesions are white due to keratinization of the lesion, thick and moist.

There are several types of white lesions or white patches (Leukoplakia) or red patches (Erythroplakia) or appeared as mixed white and red (Erythroleukoplakia) or Speckled leukoplakia or appear as smoker's keratosis in the cheek near the angle of the mouth. Leukoplakia may appear in the floor of the mouth. The best treatment of these white lesions is wide and deep surgical excision and reconstruction of the area by local flap, for the floor tongue flaps used by me for reconstruction and rotation cheek flap for the cheek white lesion and for the tongue partial glossectomy with fallow-up and continuous observations for all cases of cancer. Other common white lesions erosive lichen planus and oral sub-mucous

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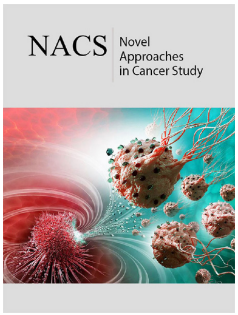

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fibrosis and actinic cheilitis, other infective cases were reported as chronic hyperplastic candidiasis and syphilitic tongue, these cases should be treated medically before any surgical managements. The managements of Oral Cancer basically based on three phases of treatment, First radical surgery of the lesion with supra-hyoid neck dissection for stage I and II or without it depend on severity of cancer involvement, the defect after resection of the floor cancer or alveolus or tongue by hemi glossectomy, these cases required reconstruction by Kummoona Lateral Cervical Flap an excellent Axial pattern regional flap, can be used on cases based on stages of cancer, stage I and stage II with more chances for survival we might use additional chemotherapy(5Fu+Toxter+Carboplatin) in 3 courses started after 2 week and every 3 weeks Deep X-Ray therapy (DXT) used as stand by once recurrence appeared DXT should be used for primary and side of the neck. The survival rate in Stage III and Stage IV not optimistic.