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## UNIQUE PRESENTATION OF CARCINOMA OF TONGUE AND ITS MODALITIES OF TREATMENT.

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### ABSTRACT:

**BACKGROUND:** Carcinoma of Oral cavity are most common problem all over the world due to un hygiene conditions. **AIM OF STUDY:** To determine the Unique presentation of carcinoma of tongue and its modalities of treatment. **STUDY DESIGN:** Prospective observational study. **PLACE AND DURATION:** Two years' study from January 2023 to March 2024 Was Conducted at Oral and Maxillofacial surgery at dental department and General surgery department at Liaquat University of Medical Health sciences jamshoro and Hyderabad. **PATIENTS AND METHODS:** The study comprises 100 patients all were admitted from Oral and maxillofacial surgery dental department and General Surgery Department of Liaquat university of medical and Health Sciences jamshoro and Hyderabad. The patients were evaluated fully after history, clinical examination and specific investigation of Blood Complete Picture, Cytology of ulcer Edge biopsy of tongue ulcer and FNAC of Cervical Lymph Node Biopsy X-ray Head, Neck and Chest, Ultra sound of neck Endo luminal ultra sound, Contrast C.T scan of Head Neck and Chest, MRI of head, Neck, thorax and PECT Scan and General assessment of the patients who were diagnosed malignant tongue ulcers and bone scan. Base line investigations. Complete Blood Count, Blood Urea, Blood sugar, HBSAG, Anti HCV, HIV Covid 19 and urine detail report. **RESULT:** In this study of 100 patients of Carcinoma of tongue were in age group. Age range between 12 to 60 years .65 sixty five patients were presented age range between 12 to 35 years ,19patients were presented with age range between 35 to 50 years and 16 patients were presented with age range between 51 to 60 years .Out of 100 patients 60 patient were presented with Non Healing ulcer ,16 patients were presented Non healing ulcer along with hard nodule of tongue ,12 patients were presented with Non healing ulcer along with tongue nodule , bleeding , dysphagia with unilateral cervical lymph node enlargement , 12 patients were presented with non-healing ulcer , hard nodule of tongue ,bleeding, dysphagia and with bilateral cervical lymph node , Out of 100 patients 21 patients were presented in stage 1, 24 patients were presented in Stage II ,55 patients were presented Stage III and IV . Out of 100 patients 21 patients were treated local excision 24 patients were treated partial glossectomy along with selective and Modified Radical Neck dissection ,55 patients were treated on radio and chemotherapy. **CONCLUSION:** Oral cavity problem now a day is a common world wide due to eating of Most carcinogenic substance in diet may lead to damage normal Oral cavity epithelium may lead Non Healing Ulcer, dysplasia and metaplasia then convert in to malignancy.

**KEY WORDS:** Unique presentation, carcinoma tongue, modalities of treatment.

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## INTRODUCTION

Carcinoma of Oral cavity are most common problem all over the world due to un hygiene conditions lack of awareness concerned oral cavity lips tongue floor of mouths, Gums, hard plate and Soft Palates in which, Tongue carcinoma is most common problem in Our set<sup>1</sup>. Carcinoma of tongue is commonly seen in youngsters due to eating and drinking those substance in which damaged normal epithelium may lead to loss of papilla, epithelium smooth ness of tongue, eating of to much ghtaca ,pan masala , chalia, nut, un cook , contaminated food and drinking arsenic contained water may lead to disturb oral hygiene may lead loss of papilla dam,aged of epithelium , ulceration may lead tongue cancer<sup>2</sup> Malignancy can be seen in those patients who smokers excessive, taking spicy ,salty foods, alcohol drinkers, having much fibrosis ,if oral hyGINE nont improved ,repeated ulceration may lead lead dysplasia, metaplasia and carcinoma in situ<sup>3,4</sup>, other condition may prone to developed tongue cancers such as some viral infections human papilloma virus type 16, bacterial infection, spirochetal, chronic conditions , leukoplakia, erythroplakia, chronic hyper plastic candidacies , oral submucosal fibrosis syphilitic glossitis ,oral lichen planus ,discoid lupus erythematous

,discoid keratosis congenital, sideropenic dysphagia ,Patterson Kelly syndrome ,pulmer Vinson syndrome<sup>5,6,7</sup> theses are predisposing factors of Oral cavity cancer in which involve lips ,tongue floor of mouth, hard plate, soft plates, Gums , mandible and maxilla bones<sup>8</sup> regarding tongue cancer patients can present with anemia ,non healing ulcer , Bleeding, salivation , Mouth pain, ear ache, difficulty to chewing ,naer and Dysphagia<sup>9,10,11</sup> So patient present in Out Patient department with complain of Oral Cavity Problem aim is that take full history ,clinical examination and investigations such as Base Line as complete blood Count Blood Urea ,Blood Sugar ,HBSAG ,Ant HCV ,HIV ,Covid 19 , Urine DR and X Ray Chest For Confirmation Of Diagnosis of tongue cancer with Help of Edge biopsy .Ultra sound of Neck lymph node involvement ,C T scan of Head , Neck and chest for diagnosis and staging MRI for soft tissue involvement PET scan of recurrent, primary and metastatic lesion .Treatment depend on Type of Malignancy, Stage of the disease , Fist of all improve the general condition of the patients correct anemia then do local excision, partial glossectomy. hemiglossectomy, with or without Selective Neck Dissection and Modified Radical neck dissection<sup>12,13,14</sup>. followed

chemotherapy and radiotherapy<sup>15,16</sup>, Immune therapy and Gene Therapy.

### PATIENTS AND METHODS

The study comprises 100 patients all were admitted from Fashio maxillary surgery dental department and General surgery department at Liaquat university of medical and Health Sciences jamshoro and Hyderabad. The patients were evaluated fully after history, clinical examination and specific diagnostic investigation such as Edge or wedge biopsy of tongue ulcer along with FNAC of Cervical Lymph Node X-ray Neck and Chest, Endo luminal ultrasound of oral cavity, simple Ultrasound of neck and chest, contrast C.T scan of Head Neck and Chest, MRI of head, Neck, thorax and cervical spine, and General assessment of those patients were presented with tongue ulcers and bone scan. Base line investigations. Complete Blood Count, Blood Urea, Blood sugar, HBSAG, Anti HCV, HIV, Covid 19. All Patients of Tongue ulcer were fully investigated and managed with Protocol. Statistical package for social sciences (SPSS) version 10 was used for statistical analysis of the data

### RESULT

In this study of 100 patients of Carcinoma of tongue were in age group. Age range

**Table 1 Age Distribution**

Age	No of Pts	Percentage
Age Between 12 to 35years	65	65%
Age Between 36 to 45years	19	19%
Age between 46 to 65 years	16	16%

**Table 2: CLINICAL PRESENTATION**

Non healing ulcer	60	60%
Non healing ulcer with hard tongue nodule	12	12%
Non healing ulcer, hard tongue nodule, bleeding, dysphagia, ear ache along with unilateral lymph node involvement	12	12%
Non healing ulcer, hard nodule, bleeding, dysphagia, ear ache along with bilateral lymph node involvement,	16	16%

**Table: 111 STAGE OF THE DISEASE**

Stage 1	21	21%
Stage 11	24	24%
Stage 111 and 1V	55	55%

between 12 to 65 years. 65 sixty-five patients were presented in age range between 12 to 35 years 19 patients were presented in age range between 35 to 50 years and 16 patients were presented in age range between 51 to 60 years. (Table 1) Out of 100 patients 60 patient were presented with Non Healing ulcer. 16 patients were presented Non healing ulcer along with hard nodule of tongue, 12 patients were presented with Non healing ulcer along with Hard tongue nodule, bleeding, dysphagia with unilateral cervical lymph node, 12 patients were presented with non-healing ulcer, hard nodule, bleeding, dysphagia with bilateral cervical lymph node, (Table 11) Out of 100 patients 21 patients were presented stage 1, 24 patients were presented stage 11, 55 patients were presented Stage 111 and 1V. (Table 111) Out of 100 patients 21 patients were treated to local excision and Adjuvant Therapy, 24 patients were treated partial glossectomy With Selective neck Dissection with or without Modified Radical Neck dissection and Adjuvant therapy and 55 patients were treated New Adjuvant on (radio and chemotherapy) (Table 1V)

**Table: 1V TREATMENT OPTIONS**

Local excision and Adjuvant Therapy	21	21%
Partial glossectomy along with selective neck dissection with or with out modified radical neck dissection, and Adjuvant Therapy	24	24%
New Adjuvant Radiotherapy, Chemotherapy	55	55%

## DISCUSSION

Carcinoma of Oral cavity are most common problem all over the world due to un hygiene conditions lack of awareness concerned oral cavity lips tongue floor of mouths, Gums, hard plate and Soft Palates in which, Tongue carcinoma is most common problem in Our set<sup>1</sup>. Carcinoma of tongue is commonly seen in youngsters due to eating and drinking those substance in which damaged normal epithelium may lead to loss of papilla, epithelium smooth ness of tongue, eating of to much ghtaca, pan masala, chalia, nut, un cook, contaminated food and drinking arsenic contained water may lead to disturb oral hygiene may lead loss of papilla dam,aged of epithelium, ulceration may lead tongue cancer<sup>2</sup> Malignancy can be seen in those patients who smokers excessive, taking spicy, salty foods, alcohol drinkers, having much fibrosis ,if oral hyGINE nont improved, repeateded ulceration may lead lead dysplasia, metaplasia and carcinoma in situ<sup>3,4</sup>, other condition may prone to developed tongue cancers such as some viral infections human papilloma viru type 16, bacterial infection, spirochetal, chronic conditions, leukoplakia, erytheroplakia, chronic hyper plastic candidacies, oral submucosal fibrosis syphilitic glossitis, oral lichen planus, discoid lupus erythematous, discoid keratosis congenital, sideropenic dysphagia, Patterson Kelly syndrome ,pulmer vinson syndrome<sup>5,6,7</sup> theses are predisposing factors of Oral cavity cancer in which involve lips ,tongue floor of

mouth, hard plate, soft plates, Gomes, mandible and maxilla bones<sup>8</sup> regarding tongue cancer patients can present with anemia, non healing ulcer, Bleeding salivation, Mouth pain, ear ache difficulty to chewing and open the mouthand Dysphasia<sup>9,10,11</sup> so patient present in Out Patient department with complain of Oral Cavity Problem aim is that take full history, clinical examination and investigations such as Base Line as complete blood Count Blood Urea ,Blood Sugar , HBSAG ,Ant HCV , HIV , Covid 19, Urine DR and X Ray Chest For Confirmation Of Diagnosis of tongue cancer with Help of Edge biopsy. Ultra sound of Neck lymph node involvement, C T scan of Head, Neck and chest for diagnosis and staging MRI for soft tissue involvement PET scan of recurrent, primary and metastatic lesion. Treatment depend on Type of Malignancy, Stage of the disease, first of all improve the general condition of the patients correct anemia then do local excision, partial glossectomy. hemiglossectomy, with or without Selective Neck Dissection and Modified Radical neck dissection.<sup>12,13,14</sup> followed chemotherapy and radiotherapy<sup>15,16</sup>, Immune therapy and Gene Therapy. Oikawa Y, Kugimoto T, Kashima Y<sup>18</sup> et al. In his study total number of patients was 432 out of them 235 patients were present in stage 1, 108 patients were present in stage 11, 40 patients were present in stage 111 and 49 patients were present in stage 1V. out of 432 ,360 were treated surger , 36 patients were treated neo adjuvant

therapy, 17 patients were treated adjuvant and neo adjuvant 19 patients, out of 432 348 were operated partial glossectomy 58 were operated hemiglossectomy and 26 patients were operated Sub total and total glossectomy. Pana M, Iqbal, A Warraich R<sup>19</sup> et al. In his study Total no of Patients was 398 Out of them 398 332 patients were initially treated surgery and 66 patients were initially Neo adjuvant (Radio and Chemotherapy) 5year survival rate after surgery 96.1% non surgical modalities about 45.5%. Syeda et al<sup>20</sup> In his study total no of patients 222389 from 2008 to 2018 cancer patients were reported from the identical districts. the highest rate of Oral cancer was found in almost all areas, followed by breast, haematological, laryngeal and lung, oesophageal and colorectal cancers were among the top ten cancers variation in the pattern of cancer was observed in arsenic –contaminated districts of Sindh. In this study of 100 patients of Carcinoma of tongue were in age group. Age range between 12 to 65 years. 65 sixty-five patients were presented age range between 12 to 35 years 19 patients were presented age range between 35 to 50 years and 16 patients were presented age range between 51 to 60 years. Out of 100 patients 60 patient were presented with Non Healing ulcer. 16 patients were presented Non healing ulcer along with hard nodule of tongue, 12 patients were presented with Non healing ulcer along with Hard tongue nodule, bleeding dysphagia with unilateral cervical lymph node, 12 patients were presented with non-healing ulcer, hard nodule, bleeding, dysphagia with bilateral cervical lymph node, Out of 100 patients 21 patients were presented stage I, 24 patients were presented stage II, 55 patients were presented Stage III and IV. Out of 100 patients 21 patients were treated to local excision and Adjuvant, 24 patients were treated partial glossectomy with Selective Neck Dissection with or without Modified Radical Neck dissection and

Adjuvant 55 patients were treated on New adjuvant (Radio and chemotherapy).

## CONCLUSION

Oral cavity cancer is a common problem all over the world, tongue cancer is a most common major part of cancer due to eating and drinking those substances that damage normal anatomy, such as Guhtaka, pan, Niswar, drinking arsenic contain water, alcohol patient present with non healing tongue ulcer with cervical lymph adenopathy better to investigate as soon as possible. try to confirm with help of biopsy because histology is necessary for surgery, Radio therapy and Chemotherapy. Aim is that improve the general condition of the patients and informed to family try to avoid psychological trauma of the patients

**ETHICS APPROVAL:** The ERC gave ethical review approval.

**CONSENT TO PARTICIPATE:** written and verbal consent was taken from subjects and next of kin.

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## AUTHORS' CONTRIBUTIONS:

All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated in the work to take public responsibility of this manuscript. All authors read and approved the final manuscript.

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