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LETTER TO THE EDITOR

NEGLECTED GIANT SPINOCELLULAR CARCINOMA OF THE LOWER LIP

I. BAKARDZHIEV[1], A.A. CHOKOEVA[2], G.K. MAXIMOV[3], U. WOLLINA[4], T. LOTTI[5], S. GIANFALDONI[6] and G. TCHERNEV[7]

[1]Medical College , Medical University of Varna, Bulgaria; [2]"Onkoderma" Policlinic for Dermatology and Dermatologic Surgery, Sofia, Bulgaria; [3]Department "Medicines Use Control", Sofia, Bulgaria; [4]Department of Dermatology and Allergology, Academic Teaching Hospital Dresden-Friedrichstadt, Dresden, Germany; [5]University of Rome "G. Marconi", Rome, Italy; Department of Biotechnology, Delft University of Technology, Delft, The Netherlands; [6]Division of Dermatology, Department of Critical and Experimental Medicine, University of Pisa, Pisa, Italy; [7]Policlinic for Dermatology and Venereology, Saint Kliment Ohridski University, Medical Faculty, University Hospital Lozenetz, Sofia, Bulgaria

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Although squamous cell carcinoma (SCC) is the most common type of lip cancer worldwide, its giant form is extremely rare, due to its easy detection and early diagnosis. The survival rate is good if early eradication is performed, as 5-year survival accounts for approximately 80-90%. We present a rare variant of giant form of SCC on the lower lip in a 70-year-old patient, which had been neglected for many years, due to social disadvantages and absence of any resources for adequate medical help, until the tumor caused total inability of administration of food and drink. The recent diagnostic and therapeutic options are considered. Despite well-known etiologic factors regarding squamous cell carcinoma and the newest prognostic factors on tumor differentiation, such as β-catenin abnormal expression, the negative influence of the demographic characteristics of the patient were also in focus. Certain outcast ways of living should be considered as potential risk factors for the development of giant forms of SCC. In addition, an improvement of the quality of life of these patients results as being critical for the prevention of various of risk factors, as well as improving the survival rate in general.

Squamous cell carcinoma (SCC) is the most common type of lip cancer (1). SCC represents more than 90 percent of all head and neck non-melanocytic cancers, as the most affected area is the lower lip, due to occupation-related sun exposure combined with excessive tobacco and alcohol use (1). The prognosis, as well as the risk of recurrence and metastasis rate depends on several factors, including i) treatment modality, ii) prior treatment, iii) location, iv) size, v) depth of invasion, vi) histologic differentiation, vii) histologic evidence of perineural involvement, vii) precipitating factors other than ultraviolet light, and ix) host immunosuppression status (2). Five-year survival rate averages approximately 74% (3). The survival prognosis is usually improved if the tumor is treated at the early stages and when

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Mailing address: Assoc. Prof. Georgi Tchernev,
Policlinic for Dermatology and Venereology,
Saint Kliment Ohridski University,
Medical Faculty, University Hospital Lozenetz,
Koziak street 1, 1407 Sofia, Bulgaria
Tel.: +359 885 588 424
e-mail: georgi_tchernev@yahoo.de

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there is a lack of metastasis (3). Males are the predominantly affected gender with distribution ratio male to female 3:1 (2, 3). The incidence of SCC of the lower lip is more common after the 5th or 6th decade, as 74% of the affected patients are smokers (4). Age, absence of family history of cancer, smoking, alcohol consumption, and previous diagnosis of cancer without treatment are associated with a higher incidence of cancer of the lip (4). In addition, Epstein-Barr virus, human papillomavirus (HPV) infection, gastroesophageal reflux disease (GERD), and exposure to paint fumes, plastic by-products, wood dust, asbestos, and gasoline fumes are considered to be in possible association with the incidence of SCC on the lip (2, 4).

Case report

We present the case of a 70-year-old, otherwise healthy male patient, without history of any comorbidities or medication, consulted on an occasion of complaints, presented by itching, burning and tingling on the lower lip. Inability to administer food and fluids was also reported. According to the patient's history, he was a smoker, as well as an excessive user of alcohol for more than 20 years. No history in respect to tumoral diseases was presented. The duration of the complaints was 12-13 years, as the initial symptoms were presented by a small nodule in the middle of the lower lip, which gradually transformed into a tumor-like formation as the result of repetitive manipulation by the patient himself. The patient was socially disadvantaged, homeless, without social security and without any financial resources to seek medical help at the initial stages of the disease. According to the reported history, no family members, nor patient's friends were available to administer any medical care or support earlier. Therefore, the patient initiated a behaviour of repeated manipulation of the already present tumor, until the formation became large enough to hamper the administration of food or drink. Despite social economics disabilities, the patient lives in seaside town which provide excessive sun and wind exposure during the whole year, and the outcast way of living favors the exposure to various risk factors. An exophytic giant tumor in the form of two connected half circles, fully engaging the lower lip in all of its length was clinically established, at the dermatological examination. Highly differentiated squamous cell carcinoma was confirmed histologically after carrying out a mucocutaneous biopsy. Locoregional and distant metastasis were excluded by the conducted screening. Paraclinical and imaging diagnostic examinations were within the normal range. Nonspecific bilateral lymphadenopathy was established by an ultrasound examination and was successfully controlled after intravenous administration of cephalosporin-second generation. Although oral-maxillo-facial reconstruction was planned, the treatment was not performed, because of of the non-appearance of the patient on the appointed day.

DISCUSSION

The histopathological examination of the lower lip carcinomas revealed 63% squamous cell carcinoma, 30% basal cell carcinomas, 5% keratoacanthoma and 2% actinic keratosis (5). Misdiagnosis is rare, due to the typical clinical manifestation and histopathological pattern (1). The prognosis based on the tumor diameter classes in the TNM system seems to be not always specific (6). According to earlier reported scientific findings, tumor thickness, depth of infiltration and grade of malignancy should also be taken into consideration if the prognosis is to be estimated accurately (6). According to some authors' collectives if the level of invasion and the tumor thickness are taken into consideration, a large group of tumors (50%) can be separated: these tumors do not metastasize, even though they are at least 2 mm thick, and they do not infiltrate the subcutaneous tissue (no risk group) (6).

According to recently published results by Barakat C, the expression of β-catenin is an independent prognostic factor for histological grading and tumor differentiation, as the author established β-catenin abnormal expression in 29% of the squamous cells of well differentiated SCC of the lip, 63% of moderately differentiated and 86% of poorly differentiated tumors (7). Therefore he suggests a possible structural association and the role of β-catenin in tumor progression (7).

The majority of lip cancers are easily detected, due to their visible location which facilitates the positive cure rate at the early stages (8). Treatment

options include surgery, radiation, and cryotherapy (freezing with liquid nitrogen), with Mohs technique, as cure rates for early detected lesions could be achieved in nearly 100% of the cases (8).

Surgical treatment for small lesions of the lower lip has a favorable prognosis (5). The successful management of lip cancer includes not only the control of the primary tumours with appropriate surgical margins, but also the subsequent reconstruction which aims to improve the oral phase of swallowing and to prevent possible metastatic spread to the neck (9).

For giant lesions with poor prognosis, aggressive surgical treatment is recommended, such as surgical excision, prophylactic suprahyoid neck dissection, and possible radical neck dissection which are considered as adequate surgical options in such cases (10). Although cancers of the lip have relatively low rates of metastatic spread to nearby lymph nodes and distant sites, the particular parameters of the primary tumor seem to predict the chance of development of local recurrence and regional lymph node metastasis (11). In giant, untreated forms of SCC, as in the presented case, the mortality rate accounts for 15% (8). If spread to local lymph nodes is present, the five-year survival rate decreases to approximately 50% (9). If cervical lymph nodes are affected by metastasis, the survival rate reduces from 90 to 50%, while the survival after recurrent disease is 10% (9). Over 60% of the recurrences result from tumors less than 4 cm in diameter (11). The local recurrence rate is 7 to 20%, but reexcision of the local recurrence provides 75% cure rate (11).

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