

Case report



LOWER LIP CANCER – A CASE REPORT

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ABSTRACT

A case report of a patient with cancer of the lower lip is presented. The reason for the treatment is an entity in the lower lip. It has been dating for several months and has grown significantly lately. Due to the complicated, inflammatory process, he was treated in the clinic, and after the same subsidence, he was admitted for surgical treatment. Surgery performed *Resectio Partialis Labii Inferioris* and plastics “a modo Bernard”. The case was presented to an oncology council, establishing that the patient was being monitored and he was given recommendations for a hygienic diet. The patient was discharged with improvement.

Keywords: lower lip cancer, a case report

INTRODUCTION

1. Epidemiology

1.1. Tendency

Increased incidence of OCC (Oral Cavity Cancer) was founded in Europe in recent years. The frequency in the UK is up to 3%, which would be explained by the higher alcohol consumption [1]. The same was reported for African Americans in USA for the period of 1974-1990. In Japan, there was also an increasing incidence of 2.7 / 100 000 in 1975. to 5.4 in 1995, which remained stable as of 2001. In France, on the contrary, the incidence of OCC in men decreased for the period 1980-2000 [1].

1.2. Mortality

According to the literature review, the OCC mortality rate has increased over the period 1950-1980 in most European countries [169,265]. A significant increase in mortality was observed in men from countries in Eastern Europe (Bulgaria, Czech Republic, Hungary, Poland, Romania and Slovakia) [1]. Extremely high levels were observed for Hungary in the mid-1990s, where the mortality rate was 20.2 per 100,000. Young patients in Western Europe have a weak but persistent upward trend in mortality [1, 2].

1.3. Survival rates

According to the data of leading Bulgarian oncologists, the survival rate from OCC did not increase, and half of the patients died in the first two years [1, 2, 3, 4]. OCC mortality is high and, despite advances in cancer treatment, no significant improvement was observed [1, 5].

QUALITY OF LIFE

Severe esthetic and functional disorders in eating, swallowing, drinking, speaking are observed in patients with OCC [6]. Although these residuals can lead to depression or malnutrition, many patients are coping. Quality of life is extremely important for this group of patients. A very significant problem is social rehabilitation to prevent the isolation of the patient into society [7, 8, 9]. Very low survival rates have been reported in developing countries, mainly due to late diagnosis. The main cause of death is local recurrence [10].

CASE REPORT

In addition to surgical treatment, some of the tasks set include identifying risk factors, social etiology and improving hygiene habits to prevent recurrence and to improve quality of life [9, 10, 11].

Facial asymmetry is observed due to an exophytic formation centrally located on the lower lip with 3x2 cm measurement and several small satellite tumors near the main formation. There is no evidence of lymphadenomegaly in the maxillofacial region.

Computed tomography showed a formation in the lower lip. Subthreshold lymph nodes up to 6 mm in size and submandibular bilateral up to 9 mm were visualized. The presence of pronounced degenerative changes in C5 such as the vertebral body is wedge-shaped. ICD code 27.49 Other excision of the mouth.

Fig. 1. Cancer before treatment.



Fig. 4. Plastics of the lower lip.



Fig. 2. After excision of the cancer



Fig. 5. After suturing during the intervention



Fig. 3. Formation removal /specimen/.



Fig. 6. The operative field 3 days after excision



Therapy: Cefotaxime 1,0 2x1; Fraxiparine 0,4 1x1; Tramalgin 2x1. The scheduled treatment was for 7 days. the repairmen and sanitation of the oral cavity [10, 11, 12].

DISCUSSION

The case was discussed by an oncology council, whose final conclusion was that the surgical treatment has led to a general improvement of patient's quality of life, and he should be a subject to dispensary monitoring. Two controls were appointed within one month - on the 7th and 14th days. Recommendations are given to the patient for the hygiene and nutrition regimen, and to the dentist for

CONCLUSION

The optimal treatment of the patient with ICD 27.49 Other excision of the mouth includes tumor excision, lymph node dissection and reconstruction with plastics "a modo Bernard". Recovering of the big lower lip's defect was conducted. This case presents a serious challenge from a surgical point of view to guarantee safety and adequate cosmetic and functional improvement of patients with OCC.

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