

The report illustrates the important diagnostic contribution provided by micro-biopsy sampling in the early detection of squamous carcinoma. A 78-year-old female, non-smoker was referred to the Department of Dentistry and Oral and Maxillofacial Surgery of San Rocco Hospital Brescia for the presence of white and red spots of the left buccal mucosa. She had an history of squamous carcinoma of the left buccal mucosa. A micro-biopsy was performed. The sampling allowed collecting small tissue fragments from the whole surface of the lesion. These fragments were processed as described in the previously cited paper, which first described the technique, resulting in a diagnosis of squamous cell carcinoma. The patient underwent surgery to remove the lesion with a definitive pathological diagnosis of squamous carcinoma. Micro-biopsy could be performed as a first-level diagnostic test in presence of oral potentially malignant disorders showing lesions with a low suspicion index in order to reduce the need to perform more invasive incisional biopsies and consequently in order to reduce the patient stress. Therefore it could represent a potential diagnostic aid for practitioners involved in the management of oral potentially malignant disorders.

References

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Case report

Triple simultaneous oral squamous cell carcinoma in a heavy smoker patient: a case report

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Introduction. The presence of multiple malignancies in the aerodigestive tract is a rare disorder defined as multiple primary carcinoma (MPC)¹, which lesions must be at different sites separated by normal mucosa and histologically confirmed, and should not be metastatic disease from the index carcinoma².

The reported incidence of MPC in the oral cavity has been reported to be 1.4%. MPC can be simultaneous (diagnosed at the same time as the index tumour), synchronous (additional primaries diagnosed within 6 months of the index tumour), or metachronous (primaries that develop more than 6 months after the index tumour)².

Case report. A 79-year-old edentulous male patient presented 3 different oral lesions: a) an erythro/leukoplasic lesion on the soft palate and uvula (2,5x1cm), b) a verrucous/ulcerative lesion on the floor of the mouth (1x1cm), c) an exophytic/ulcerative lesion on the edentulous ridge of the 4th sextant (3,5x1cm). Lesions were not associated to any symptoms; the lesions b and c were bleeding and fixed to the underlying tissue.

The patient reported no health concerns; he referred a 10-pack-year of cigarettes history followed by 50-pack-year of cigars. All the lesions presented a *dark royal blue* aspect after the toluidine blue staining³.

Incisional biopsies were made and the histological examination reported a diagnosis of "oral squamous cell carcinoma" in each of the tissue samples. Patient was referred to the Department of Oral Maxillofacial and Plastic Surgery for the TNM staging and the management.

Conclusion. The MPC pathogenesis is uncertain involving genetic susceptibility, tumor immunity and environmental factors. Moreover, multiple cancers have a poor prognosis, 3-year survival rate of 50%, underlining that secondary prevention should be promoted and supported in adult heavy smokers, as the early diagnosis of oral carcinoma arises the probability of successful treatment.

References

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