

Thyroid tumor oncological manifestations in the oral cavity : Clinical case

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Fig. 1 and 2 - 74 year old female pacient without relevant clinical history arrived with traumatic lesion in the mucosa rim in the 3rd quadrant due to inferior prostetic.





Case discription

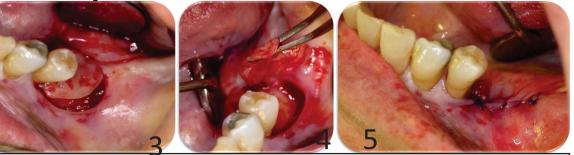


Fig. 3, 4 and 5 – Surgical aproach was taken with na excisional biopsy of the lesion under local anestesia. Patient was previously treated with 875mg amoxicilin + 125mg clavulanic ac. and 100mg clonixin.



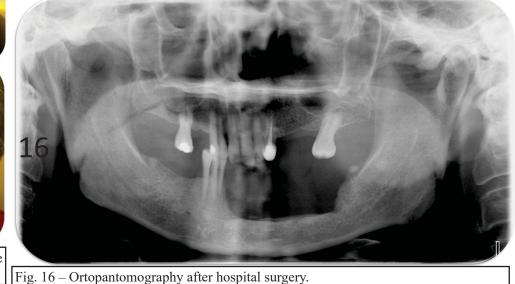
Fig. 6 and 7 – Good postoperative monitoring with the intervened soft tissue healed (one week after). Pathologic analysis revealed the lesion as squamous cell carcinoma, moderately defferentiated.





Fig. 10, 11, 12, 13, 14 and 15 - Deformation of the face due to the evolution of the disease over 6 months after hospital surgery.

Fig. 8 and 9 – One month after the surgery, was possible to see a lesion relapse therefore it was requested na ultrasound. Throught this examination it was concluded that there were still small lymphadenopathy in the left sub-maxillary space, also reaching the right lobe of the tyroid gland. It was perfomed a neck dissection surgery in the left facial side as it is possible to be observed the outcome on fig. 16.



Discussion

In all cases of oral cancer, 90% are squamous cell carcinoma (SCC) and 95 % of these patients are over 40 years of age at which the average age is 60 years.

The relationship between denture and the appearance SCC continues to create controversy despite being proposed that maladaptation of the prosthesis and consequent trauma to the mucosa, can increase the risk of SCC. Thus the use of dental

prostheses requires a regular and periodic checks.

Parafunctional suction habits are also a possible cause hyperplasia of soft tissues, increasing the likelihood of injury thereof.

Conclusion

Early diagnosis of lesions in the oral cavity, is based on clinical examination (inspection and palpation) and the benignity or malignancy characteristics should be confirmed using biopsy and pathological examination. The removal of the lesions, according to their dimensions, may be excisional and incisional.

Bibliography: Huan F., Ki-Yong Y., Soung-Min K., Hoon M., Jong-Ho L., Myung-Jin K. <i>Relationship between squamous cell carcinoma of the tongue and the position of dental prosthesis.</i> J Adv Prosthodont 2015;7:129-37. Pesqueira A.A., Goiato M.C., Dos Santos D.M., Moreno A., Haddad M.F., Ribeiro P.D., Bannwart L.C., Miyahara G.I. <i>Patients from the Oral Oncology Center, UNESP, Aracatuba with an indication for prosthesis.</i> Mol Clin Oncol. 2013 Jul;1(4):733-736	I arcinoma	
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