



A RARE CASE OF CARCINOMA BUCCAL MUCOSA WITH LARGE CORNU CUTANEUM AND ITS MANAGEMENT

Oncology

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ABSTRACT

Carcinoma buccal mucosa is the most common malignancy in Indian male and third common malignancy in Indian female. We had a middle aged male patient presented with pain less non-healing ulcer over right buccal mucosa 4 months and with large cornu cutaneum on same side of cheek for past one and half years. Contrast enhanced CT (CECT) scan was taken and punch biopsy was done from the lesion over buccal mucosa. Biopsy report came as well differentiated Squamous Cell Carcinoma, he was found to have stage III, T3N1 Carcinoma Buccal Mucosa. It is an extremely rare case since both pathologies coincides together in the same patient. Pre operative work up was done and patient was taken for surgery. Wide local excision of lesion with adequate margin was done and cornu cutaneum excised, modified radical neck dissection by preserving Internal Jugular Vein & Spinal Accessory Nerve were done. The surgical defect reconstruction was done using ipsilateral Bipedicled PMMC reconstruction. Post operative period was uneventful. Patient discharged after removal of neck drains

KEYWORDS

Cornu Cutaneum, Carcinoma Buccal Mucosa

INTRODUCTION

Cutaneous horn is a relatively uncommon lesion, also known by the Latin name "cornu cutaneum." It is conical hyperkeratotic projection above the surface of the skin that often resembles the horn of an animal. The significance of cutaneous horns is that they occur in association with, or as a response to, a wide variety of underlying benign, premalignant, and malignant cutaneous diseases.

Oral cancer is the most common cancer in Indian males. (13% of all malignancies) and is the 3rd most common cancer in Indian females. (1-2) over 1 million cases of new Oral SCC are registered yearly. 5year overall survival rate for Oral SCC is less than 50% (3-5). Some of the well-established common factors of Oral SCC are tobacco & related products, alcohol areca nut & HPV each with distinctive model of carcinogenesis involving different molecular mechanisms (6-10). Among various kinds Oral SCC, BM diseases are common in those with smokeless tobacco users and areca nut users. (11-12) Areca nut chewing is common problem in Indian subcontinent. According to IARC International Agency for Research on Cancer, areca nut is an independent Group 1 human carcinogen. (16-17)

CASE HISTORY

We are discussing about a middle-aged man, who came with complaints of non-healing ulcer over buccal mucosa and a large cornu cutaneum on same side of his cheek. In history he reveals chronic usage of areca nut. General examination, systemic examinations were normal except the lesions we mentioned above. Local examination revealed large cornu cutaneum over entire right cheek and a 2.5*2 cm ulcer over BM without involvement of either Gingivo buccal sulcus with single ipsilateral level 1b neck node of 1 cm size hard in consistency. Contrast enhanced CT was done and was found to have localised disease with no distant metastasis. Punch biopsy were done. Biopsy report was well differentiated squamous cell carcinoma. Preoperative investigation done and was found to be normal. Patient was planned for surgery. Wide local excision of BM lesion was sent for frozen section and negative margin status and BOR confirmed. Cornu cutaneum excised from its bed. Then proceeded for modified neck dissection for nodal clearance by preserving Spinal accessory nerve and Internal jugular vein. Surgical defect reconstruction was done using Bipedicled PMMC flap wound closure done using non absorbable sutures over skin. Neck closure done after keeping two drains & in two layers

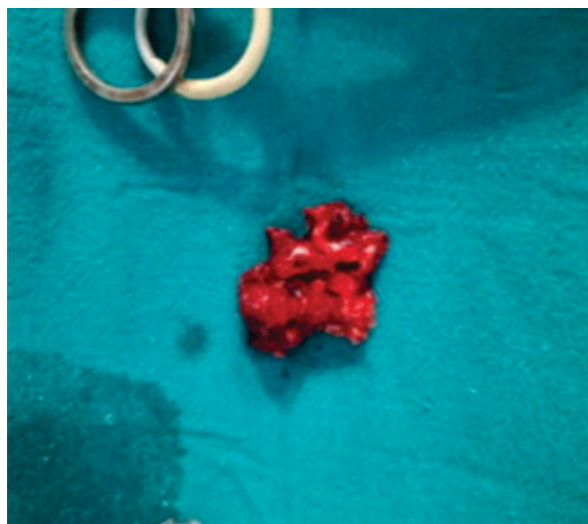
DISCUSSION :-

Cornu cutaneum is a rare disease. Large cornu cutaneum with associated Carcinoma BM is an extremely rare oral pathology. We have managed this case of large cornu cutaneum with Carcinoma BM by surgical excision of tumour with clear margin and excision of cornu cutaneum and modified neck dissection for nodal clearance. We have reconstructed surgical defect using bipediced PMMC flap cover.

Patient's postoperative period is uneventful, discharged after removal of both neck drains. Further management of patient is ongoing in our department



Pre Operative Photo



We Specimen Of Bm Tumour



Surgical Defects Of Both Lesions(Bm & Cutaneous Horn After Excision)



Photo After Reconstruction

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