Case Report

ISSN: 2249-9571

Unusual Presentation of Squamous Cell Carcinoma of Upper Lip in a Young Male Patient: Case Report

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DOI: https://doi.org/10.52403/ijhsr.20250123

ABSTRACT

Introduction: Squamous cell carcinoma is the most common type of lip and oral cavity cancer in the Head and Neck region. The present case is an unusual and uncommon growth of upper lip squamous cell carcinoma in a young male patient with severe health difficulties and cosmetic problems.

Case Presentation: A 30-year-old man noticed on his upper lip a spot which is insidious and gradually progressive. The lesion was red, firm and painless, attached to the skin. FNAC shows 'Straw colour fluid aspiration and suggestive of vascular origin and CT angiography suggestive of Ill-defined heterogeneously lobulated mass lesion with central necrotic area measuring (2.8x2.21cm) in the upper lip. It was surgically removed, and the histopathological finding was Squamous cell carcinoma.

Conclusions: The prognosis of the tumour depends on the size of the tumour and infiltration in the tumour's surrounding tissue and Intravascular spread.

Keywords: Squamous Cell Carcinoma (SCC), Oral cavity Upper lip, Young.

INTRODUCTION

Squamous Cell Carcinoma of the oral cavity is the most common carcinoma in the Head and Neck region in India. Lip carcinoma is the most common type of squamous cell carcinoma, and the most usual area is the lower lip approximately 90%¹. Study shows that lower lip Carcinoma is more common in males and upper lip Squamous Cell Carcinoma is more common in females, aged over 50 and more commonly, lower lip exterior skin and mucosa are the most affected area². The lip is an anatomically cutaneous and oral mucosa junction site, lip Squamous Cell Carcinoma has a higher possibility of nodal metastasis and poor prognosis than cutaneous Squamous Cell Carcinoma, but it has a good prognosis compared with oral mucosa Squamous Cell Carcinoma³. Resection of the lip tumour may cause a defect that can lead to major changes in normal lip anatomy and function⁴. The most important predisposing factors of lip Carcinoma are tobacco chewing, smoking and alcohol⁵. The major risk factor for external lip Carcinoma than internal may be due to excessive sun exposure rather than smoking⁶.

CASE REPORT

A 30-year-old young man noticed a small spot on his upper lip which was insidious in onset and gradually progressive in size over the last 4 years. There was no history of any consumption of tobacco and alcohol. The lesion was red, firm and painless lobulated

(Figure 1) attached to the upper lip mucosa. There was difficulty in opening the mouth (Figure 1) and chewing food for the last 5 months. There were no palpable lymph nodes present. FNAC was done and showed 'straw colour' fluid which was suggestive of tumour of vascular origin. Further CT angiography was done, and it showed an Ill-defined heterogeneous enhancing, lobulated mass lesion with a central necrotic area measuring approx.(2.8x2.21cm) in the upper lip. The arterial feeder is seen to be rising from the

facial artery to its superior labial branch and draining vessels into the submandibular branch of the maxillary artery. It was surgically removed (Figure 2) and the size was approximately(4x3x2cm). The histopathological examination shows moderately differentiated Squamous cell carcinoma (Figure 3). The margin is free from neoplastic involvement and the distance was 0. 45mm. The patient was advised to regular follow up.



Figure 1: Upper lip tumour (Front view).



Figure 2: Gross specimen after removal

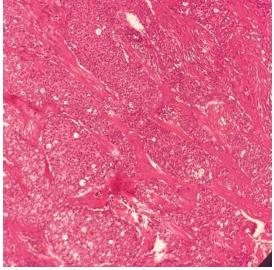


Figure 3: Histopathological View: Moderately differentiated Squamous cell carcinoma (X 200)



Figure 4: Postoperative status

DISCUSSION

Several risk factors for lip Carcinoma are male, older age, fair skin, and sun exposure⁶. Individuals who perform jobs that involve

prolonged exposure to the face, such as farmers and fishers, were commonly observed to have an increased risk of lip cancer^{7,8}. Lip Carcinoma is detected in the

early stage due to its highly visible and slow growth pattern. The overall prognosis of the lip Carcinoma is excellent, 5-year survival rate of approximately 90% shown in multiple studies because the lesions tend to present in visible locations and symptomatic⁹. In this case, Squamous Cell Carcinoma of the lip was detected after complete resection of the tumour and histopathological examination. The margin of the tumour is free from the involvement of neoplasm.

CONCLUSION

The prognostic factors are tumour size and invasions to the tumour surrounding structure, which is responsible for the recurrence and metastasis of lip Squamous Cell Carcinoma. Early detection and prompt treatment increases the survival rate.

Declaration by Authors Acknowledgement: None **Source of Funding:** None

Conflict of Interest: The authors declare no

conflict of interest.

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How to cite this article: Sanjita Mog, Binay Debbarma. Unusual presentation of squamous cell carcinoma of upper lip in a young male patient: case report. *Int J Health Sci Res.* 2025; 15(1):189-191. DOI: 10.52403/ijhsr.20250123
