

Lip Cancer

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- Lip is most common single site for oral cancer.
- Carcinoma of lower lip more common + grows slower.
- In patients 50–70 years old, mostly men.
- Lesions arise on vermillion border of lower lip, appear as non-healing ulcers, painless.
- Larger lesions metastasize to local sub-mental or submandibular lymph nodes.

Etiology

Lip cancer is multifactorial disease. Factors that increase the risk of getting lip cancer are especially:

- Tobacco use;
- pipe smoking ;
- thermal injury;
- lip trauma;
- poor oral hygiene;
- mechanical irritants ;
- immunosuppression;
- UV light;
- decreased antioxidants in diet.

Diagnosis

- Incisional biopsy (includes portion of lip lesion + portion of normal appearing tissue).
- Radiographic: unnecessary for early stage tumors; for advanced tumors that adhere to or invade adjacent mandible.

Types

- Squamous cell carcinoma: from epithelial lining of oral cavity, one sided, shallow ulceration + crustening, slow spread.
- Basal cell carcinoma: less aggressive, destroys tissue locally, upper lip.
- Minor salivary gland cancers: upper lip, rubbery nodules, ulcerated.

Treatment

Surgical excision

Remove carcinoma within 2 cm margin of normal tissue.

Radiotherapy

- Teletherapy= external beam,
- Plesiotherapy= implanted radioactive seeds, needles.

Cryotherapy

For minor tumors.

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Sources