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Original Research Article

Evaluation of Some Features of Patients with Oral S.C.C Referred to the Hospitals of Tabriz University of Medical Sciences

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ABSTRACT

Introduction: By knowing more about the risk factors of S.C.C in Iran and comparing it with global statistics, it will be possible to become more aware of the risk factors in Iran and take precautionary measures and prevent this deadly malignancy. This study is designed to better understand these risk factors in the hospitals of Tabriz University of Medical Sciences. **Material and Methods:** This descriptive cross-sectional study was performed to evaluate patients with S.C.C referred to the hospitals of Tabriz University of Medical Sciences. Clinical status and risk factors of 54 patients with S.C.C were extracted from their clinical records and the results were reported. **Results:** The results showed that out of the total patients, 20 were in Stage II and 14 were in Stage III, and only 6 patients with Stage I and 4 patients with Stage IV were referred to the medical center. The study showed how to treat patients. Thirty-six patients underwent radiotherapy alone, 12 underwent surgery and radiotherapy, one underwent chemotherapy, and five underwent a combination of chemotherapy and radiotherapy. **Conclusion:** The most common sites of involvement were the tongue 15, the lower lip 14 and the buccal mucosa 11, with a higher proportion of male patients on the lower lip. The main treatment for oral cancer was radiotherapy. Simultaneous radiotherapy and surgery treatments and simultaneous radiotherapy and chemotherapy treatments were in the next rows. At the time of referral, most patients were in Stage II and III.

Keywords: Oral Cancer, S.C.C, Risk Factor

Introduction

Oral cancer is a cancer that develops in the mouth, tongue, floor of the mouth, palate, and gums. Oral cancer is caused by the growth of malignant cells in the mouth or tongue. Although this type of cancer is rare, it is also dangerous [1-3]. Oral cancer may affect the lips, palate, tongue, inner membranes of the lips or cheeks, and the tonsils [4]. It is more common in adults and people over the age of 40, but it is also on the rise today among young people who use chewing tobacco. In other words, oral cancer occurs when the root canals, which may be a continuation of the swelling elsewhere in the mouth or throat or other tissues in the mouth [5-7]. Oral cancer appears on the tongue and lips and may also appear on the gums, inside the lips, or on the roof of the mouth [8-10]. The tumor is usually small in size and dark in color or light in color. This cancerous tumor is caused by a white or red lesion that already exists, which later progresses and becomes cancerous [11-13]. Painless swelling and tumor on the tongue, difficulty swallowing is some of the symptoms of cancer [14-16]. If a person notices a tumor in their mouth area, they should see a doctor immediately and as soon as possible so that the tumor does not progress and the benign tumor does not turn into a malignant one [17-19]. Is the sample tested in pathobiology laboratories or not? Be careful, the sooner the disease is diagnosed, the easier and easier it will be to treat, and the more likely a person will be saved from oral cancer. After clinical examination, if the presence of a cancerous tumor is confirmed and in case of rapid diagnosis, the tumor is removed by surgery [20-22]. In this method of treating a benign tumor, no effect or lesion is left after surgery. Also, this method has no effect on the swallowing process and a person's ability to speak, in contrast to the procedures performed to diagnose cancer and cancerous tumors [23-25]. Known after a long time, in which surgery the appearance of the mouth and jaw is damaged and some of the essential nerves in the throat and mouth are also destroyed, and sometimes laser can be used to prevent the tumor from progressing [26-28]. Oral cancer is one of the most common cancers in humans and is one of the top ten causes of death, with S.C.C or Squamous cell carcinoma being the most common oral cancer. S.C.C is more common in the elderly and is one of those malignancies that can be significantly improved by early diagnosis, proper treatment of the disease and proper care, post-treatment complications and the patient's life expectancy [29]. Also, in case of recognizing the main risk factors of the disease, the disease can be prevented in some cases. By knowing more about the risk factors of

S.C.C in Iran and comparing it with global statistics, it will be possible to become more aware of the risk factors in Iran and take precautionary measures and prevent this deadly malignancy. This study is designed to better understand these risk factors in the hospitals of Tabriz University of Medical Sciences.

Material and Methods

In this descriptive study, 54 patients with S.C.C. The data collection method was prepared using a questionnaire and the method of direct observation of the patient and the files of 55 patients were evaluated. Questionnaire information includes patients' personal information including age, sex, occupation, smoking, hookah, snoring, alcohol or non-drug use, information on how to treat patients - information about the places affected by S.C.C in the mouth and also Stage The disease was present when the patient entered the medical center. This information was extracted between the second 6 months of 2018 and the first 6 months of 2019. To evaluate and compare different risk factors in this study, patients were divided into age groups of 20-40, 40-60 and > 60 based on age. $P < 0.05$ was considered significant. Group analysis was performed by Chi-square test. This study was registered in the ethics committee of Tabriz University of Medical Sciences under the number IR.TBZMED.REC.1397.468. The samples participating in this study completed the informed consent form and then entered the study

Results

Out of 54 patients with oral S.C.C., 28 were female (52%) and 26 were male (48%). The frequency of both sexes was the same and the disease affected both sexes equally. Of these, 50 patients were over 40 years old (93%). It was observed that the age distribution is not the same among patients and the disease is more common in the elderly and the type of sex is independent of the age of the patients. Of these, 4 were under the age of 40, none of whom mentioned nasal use, alcohol, or smoking, and except for one case with a history of many years of lichen planus, no risk factors for the disease were identified. One case had a suspicious history of chronic oral lesions in the grandfather. Male and female consumers were the same (10 people each). The results show that the distribution of harmful substances by cigarette and nasal is not different between the two sexes. In none of the recorded cases was alcohol consumption reported

consistently. Two patients in the 60-50s mentioned a history of sniffing for several years. The conclusion obtained about the consumption of harmful substances (cigarettes - nass - snuff) is that the frequency of these substances is not the same in sick people. Also, users of harmful substances do not have a statistically significant difference between patients and patients who do not use harmful substances. All women with the disease were housewives, but there were different occupations among men, 17 of whom were farmers, of whom 12 had S.C.C. The prevalence of the affected areas were: tongue 15, lower lip 14, buccal mucosa 11, oral floor 5, cheeks and gums 4, mandible 2, tonsils 2 and soft palate 1 Was. All S.C.C. patients had lower lip. But in the conflicts of other parts, no specific sexual prevalence was observed. Chi-square test showed that the distribution of affected areas was not uniform. From the number of patients with S.C.C hospitalized in Omid Hospital of Mashhad (44 patients) Staging of the disease was evaluated. The results showed that out of the total patients, 20 were in Stage II and 14 were in Stage III, and only 6 patients with Stage I and 4 patients with Stage IV were referred to the medical center. The study showed how to treat patients. Thirty-six patients underwent radiotherapy alone, 12 underwent surgery and radiotherapy, one underwent chemotherapy, and five underwent a combination of chemotherapy and radiotherapy.

Discussion

Oral cancer is one of the most common cancers in terms of global prevalence and in studies, oropharyngeal and oral cancers account for about 3% of all cancers. If cancers of the mouth, nasopharynx, pharynx, larynx, and sinuses and salivary glands are added to this statistic, they make up about 5% of all cancers in the body [30-32]. Oral cancer accounts for 4% of all cancers in women and 2% of all cancers in women, and oral cancer accounts for 2% of all cancer deaths in men and 1% in women. The main oral cancers are Squamouce cell carcinoma (about 90%), 9% are carcinomas of the salivary glands, sarcoma and lymphoma of other tissues and about 1% are metastases from other parts of the body [33-35]. The proportion of oral SCCs in men was reported to be 3 times that of women, which was equal in our study. Oral cancer is related to old age and about 95% of cases are seen in people over 40 years and the incidence of the disease increases after 40 years per decade, but the average age of diagnosis is about 60 years. This statistic is consistent with the results of our study [36-38]. In our study, 93% of patients were over 40 years old with a mean age of 60 to 70 years. In patients under 40 years of age, no

specific risk factor was found in the patient's history. The most common sites of oral cancer are the tongue, oropharynx, and floor of the mouth. Lips, gums, back of the tongue and palate are less affected. Primary bone S.C.C is rare, but tumors may arise from epithelial cells or epithelium of odontogenic lesions such as cysts and ameloblastoma. In our study, the most common site was the tongue (27.7%) and the buccal mucosa. Of note was the high prevalence of S.C.C lower lip in farming men, which confirms the cause of sunlight in the incidence of S.C.C lower lip (n=12). Known causes of oral and pharyngeal cancer are tobacco and alcohol. In a University of Maryland study of 200 cases of oral S.C.C., 161 patients were smokers. 39 people did not consume tobacco products and most of them had a history of alcohol consumption. Overall, 90-80% of patients with oral S.C.C. are smokers [39]. Tobacco contains potential carcinogens such as nitrosamines (nicotine), polycyclic aromatic hydrocarbons, diamine nitroses, and proline nitroses (4). Our study statistics confirmed these risk factors. 67% of women and 77% of men were smokers or smokers. Due to religious beliefs and lack of history of continuous alcohol consumption in patients, this risk factor does not seem to be significant in the region. In this study, the diagnosis position was observed when the patient referred to more medical centers in Stage II, III (31.8%, 45.4%), respectively, which is consistent with previous research. In the study, the most common treatment for the disease was radiotherapy. Radiotherapy with surgery has been suggested in cases where lymph node involvement or more differentiated tumors have been seen, and chemotherapy alone has been performed in one case of a tongue tumor.

Conclusion

The known risk factors in this study were smoking and sniffing, which were used in equal proportions in men and women (Male = 77%, Female = 67%). The most common sites of involvement were the tongue 15, the lower lip 14 and the buccal mucosa 11, with a higher proportion of male patients on the lower lip. The main treatment for oral cancer was radiotherapy. Simultaneous radiotherapy and surgery treatments and simultaneous radiotherapy and chemotherapy treatments were in the next rows. At the time of referral, most patients were in Stage II and III.

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