

CLINICAL IMAGES

Oral field cancerization

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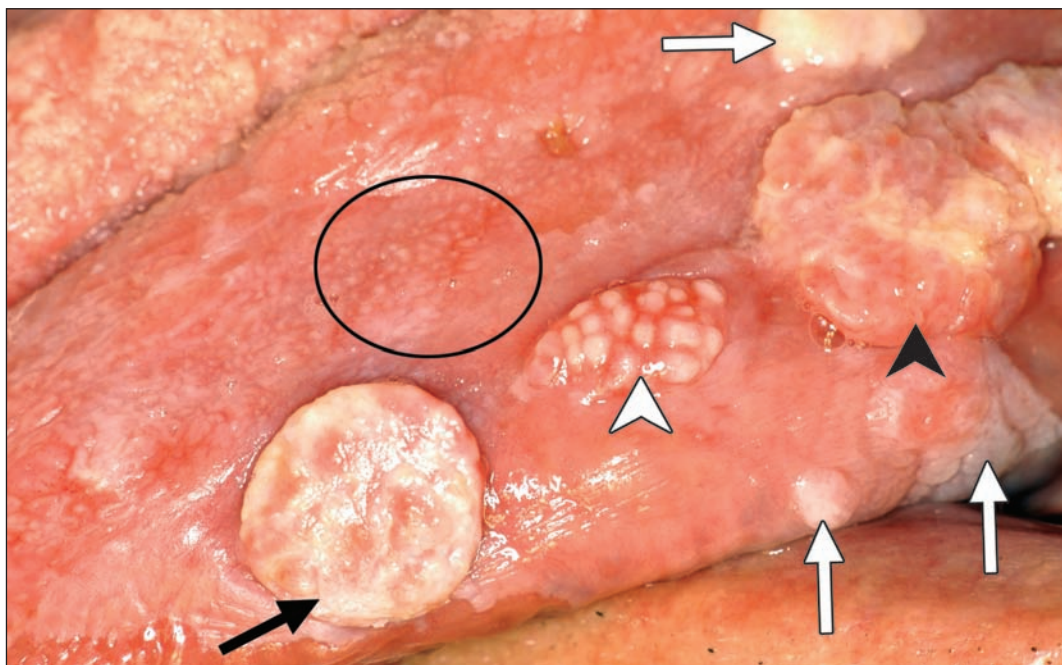


Figure 1: Dorsum of the tongue of a 76-year-old man with a history of smoking, showing multiple lesions on the left. Histologic examination from multiple oral biopsies showed features consistent with verrucous carcinoma (very low-grade squamous cell carcinoma) (black arrow), well-differentiated squamous cell carcinoma (white arrowhead), verrucous hyperplasia (black arrowhead), severe dysplasia and carcinoma in situ (circle), and hyperparakeratosis with acanthosis and without dysplasia (white arrows).

A 76-year-old man with chronic obstructive lung disease and a 60 pack-year history of smoking presented with diffuse lesions on his tongue that had been evolving for three years (Figure 1). After multiple biopsies showing a range of dysplasia, all lesions were surgically removed. He has stopped smoking and, after four years of monthly follow-up, he has not had a dysplastic recurrence, although his tongue has a few asymptomatic homogeneous white plaques.

The term “field cancerization” was introduced in 1953 to describe histologically abnormal tissues surrounding oral squamous cell carcinoma, particularly in the upper aerodigestive tract, likely related to exposure to carcinogens.¹ The concept now refers more broadly to a higher-than-expected prevalence of multiple local and distant primary tumours within the upper aerodigestive tract, in addition to multiple oral premalignant

lesions.² Tobacco and alcohol use are independent risk factors, but when combined, they have a synergistic effect.³ Although the earliest lesions are often undetectable by clinical and histologic examination, careful surveillance can detect most tumours in their intraepithelial and microinvasive stage. Early detection improves long-term survival, although multiple resections are often necessary. Despite close surveillance, a few patients may develop advanced-stage oral carcinoma.⁴

References

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