Quazi Billur Rahman, Dentistry 2017, 7:7(Suppl)
DOI: 10.4172/2161-1122-C1-020

Update in management of oral cancer: Our experience

Quazi Billur Rahman
Banganbandhu Sheikh Mujib Medical University, Bangladesh

Oral cancer is one of the common neoplasm among the all malignancies occur in the human body. Squamous cell carcinoma accounts for more than 90 percent of all oral malignancies. This malignant lesion can arise in any part or oral cavity and frequently occur in the area of buccal mucosa including sulcus, retro molar trigon, tongue and floor of the mouth. The smokeless tobacco especially user of betel nut is still the prime causative factor of the oral squamous cell carcinoma in our country. The management of oral cancer should be coordinated by a multidisciplinary team, including oral and maxillofacial surgeons, oncologists, radiotherapists, speech therapists and other personnel involved in rehabilitation. The choice of treatment depends on a number of factors including patient preference, biological age, general health, site and staging of tumor. Biopsy followed by histopathological study is still the main procedure for confirmative diagnosis of the oral cancer. At the same time, the conventional CT scan and MRI are remaining as the main investigative procedure for detection of invasion in hard and soft tissues. The PET CT scan added the new dimension in detection of metastasis and primary lesion. Although, the conventional FNAC is the prime procedure for detection of lymph node metastasis, nowadays ultrasound and CT guided FNAC and lymphoscintigraphy are the remarkable procedures in detection of poorly or confusingly palpable lymph nodes. Management of the primary lesion, regional nodal and distant metastasis is the three major components of the treatment of the oral cancer. Wide three dimensional surgical excision of the primary lesion followed by neck dissection is still the main protocol of treatment for all operable cases. 3-D tissue defect is an obvious issue in surgical management of oral cancer. Anatomical and functional deficiencies due to fibrosis and scar formation, muscle contraction and trismus, deviation of lower jaw and occlusal disharmony are the ultimate results without proper reconstruction of tissue defects. This anatomical and functional deficiencies increase significantly after additional adjuvant radiation therapy and chemotherapy in postoperative period oral cancer. For this reason the reconstruction is a major concerning issue in treatment oral and maxillofacial cancer and there no alternative of flap surgery for better treatment outcome.

Biography

Quazi Billur Rahman studied PHD at Omsk State Medical Academy. He studied Dentistry at Tver State Medical Academy. He Went to Sripur Degree College, Magura. Currently he was the Professor & Chairman at BSMMU (Banganbandhu Sheikh Mujib Medical University), Dhaka, Bangladesh.

billuromfs@gmail.com

Notes: