



Rare and Complex Presentation of Femoral Metastases in Oral Cavity Tumor

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DESCRIPTION

Squamous Cell Carcinoma (SCC) of the oral cavity is a malignant tumor originating from the epithelial cells lining the mouth. This cancer is known for its aggressive behavior and potential to invade local tissues and regional lymph nodes. Though treatment for SCC typically involves a combination of surgery, radiation and chemotherapy, some cases progress to advanced stages with distant metastases. Among the various potential sites for metastasis, femoral metastasis remains an exceptionally rare and intriguing occurrence.

Squamous cell carcinoma of the oral cavity

Squamous cell carcinoma of the oral cavity is a serious malignancy that often presents with lesions or ulcers in the mucosal lining of the mouth. The disease can manifest in areas such as the tongue, gums, or the floor of the mouth. Early-stage SCC is often managed with surgery to remove the tumor, followed by radiation therapy to target residual disease. Chemotherapy may be added based on the stage and aggressiveness of the cancer.

Despite aggressive initial treatment, SCC has a propensity for recurrence. When the cancer returns, it is usually detected in the local area or regional lymph nodes. Distant metastases, although less common, can significantly impact the prognosis and are typically observed in organs like the lungs or liver. The femur, however, is not a typical site for metastatic spread, making such cases particularly challenging.

Diagnostic and clinical features

Femoral metastasis from oral cavity SCC is rare and its diagnosis often presents several difficulties.

Symptom recognition: Patients with femoral metastasis may experience symptoms such as unexplained pain in the thigh, difficulty in walking, or mechanical complications like fractures. These symptoms can initially be attributed to less serious

conditions, such as arthritis or muscle strain, leading to delays in appropriate diagnosis.

Imaging studies: X-rays are commonly the first imaging modality used to evaluate bone pain or abnormalities. While X-rays can reveal changes in bone density or structural abnormalities, MRI provides a more detailed view of soft tissue and bone involvement. MRI is particularly useful in distinguishing between benign and malignant lesions and in evaluating the extent of bone infiltration.

Biopsy and histopathology: To confirm the diagnosis of metastatic SCC, a biopsy of the femoral lesion is essential. Histopathological examination of the biopsy sample allows for the identification of cancer cells that match the primary oral cavity SCC, thereby confirming the metastatic origin of the lesion.

Staging and systemic evaluation: Accurate staging involves assessing the extent of disease through comprehensive imaging and clinical evaluation. This includes checking for other potential metastatic sites and determining the overall impact on the patient's health. Staging helps guide treatment decisions and provides insight into the disease's progression.

Management approaches

The management of femoral metastasis in the context of oral cavity SCC involves a multi-disciplinary approach.

Surgical options: If the metastatic lesion is operable, surgical resection of the femoral tumor may be considered. The primary goals are to alleviate pain, address any structural damage such as fractures and prevent further progression of the disease. In cases where surgery is not feasible, alternative palliative measures may be used to manage symptoms.

Radiation therapy: Radiation therapy can be an effective treatment for bone metastases, particularly when surgical options are limited. It can help reduce the size of the metastatic tumor, alleviate pain and improve mobility. Radiation can also

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be used to prevent further complications associated with the metastasis, such as pathological fractures.

Systemic therapy: Systemic treatments are essential in managing the overall disease, especially when there is evidence of widespread metastasis. Chemotherapy, targeted therapy, or immunotherapy may be utilized depending on the patient's previous treatment history and the specific characteristics of the recurrent cancer.

Palliative care: For patients with advanced or incurable disease, palliative care focuses on improving quality of life. This includes managing pain, providing nutritional support and addressing emotional and psychological needs. Palliative care teams work closely with patients and families to ensure comprehensive support throughout the treatment process.

Impact on patient quality of life

Femoral metastasis can significantly impact a patient's quality of life. The pain associated with the metastatic lesion, combined

with potential mobility issues, can lead to considerable physical and emotional distress. Managing these aspects effectively is vital for maintaining the patient's quality of life and ensuring adequate support during treatment.

Prognosis

The prognosis for patients with femoral metastasis from oral cavity SCC is generally poorer compared to those with more common metastatic sites. The presence of distant metastases indicates advanced disease and typically correlates with reduced survival rates. The prognosis depends on several factors, including the extent of metastatic spread, response to treatment and overall health of the patient.