

Squamous Cell Carcinoma:

Oral cancer: - Majority are squamous cell carcinomas:

- etiology → multifactorial disease
- site - Tongue > lip.

Risk factors:

- Tobacco products and smoking.
 - : Carcinogens in tobacco can act as initiator as well as promoter
- Smoked tobacco → betel quid appear to be the major carcinogen.
- ⇒ Oral cancer are found on the buccal and gingival surface in the site where tobacco products are held in contact.
- ⇒ Alcohol consumption
- ⇒ Radiation, vit A def, poor nutrition, welding, metal Refining.
- ⇒ HPV types 6, 11, 33, 18 have found in oral carcinomas.

PATHOGENESIS:

Field cancerization → Phenomenon of susceptibility of the oral mucosa to multiple cancer

Inactivation of the P16 gene (Stratified squamous indigo hyperplasia / hyperkeratosis)

↓
Mutation of the P53 tumor suppressor gene (progenitor of hyperplasia / hyperkeratosis)

↓
Amplification and overexpression of the Cyclin D1 gene / Active cell cycle progression.

MORPHOLOGY

site - lower lip, ventral surface of tongue, floor of mouth.
gross: early stages → may be superimposed on leukoplakia or erythroplakia.

late → appear as ulcerated & protruding gray white mass with irregular & indurated border

- Types →
- Ulcerative type
 - Nodular type
 - Schirous type
 - Papillary or verrucous type

well diff
see

Here → Range from well differentiated keratinizing intermediate to poorly differentiated Anaplastic tumor.

HPV Anaplastic SCC → proliferation of nests and lobules of non keratinizing and basaloid cell

Spread:

- 1) Local:
- 2) Lymph node: mostly cervical node of deep retropharyngeal nodes
- 3) Blood spread:

Salivary Gland Anaplastic