A Case Report of Maxillary Carcinoma with Infiltrate Orbital Floor

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Abstract

Objective: to describe a case of a squamous cell carcinoma with orbital floor infiltration.
Case summary: A 63 years old man, presented at KM- day- hospital in Durres, on 21 November 2013 with a persistent pain in the left maxilla for 6 months. The pain was worst in the last 2 weeks and in this last 3 days it was seen an ophthalmoplegia and diplopia of the left eye. His medical history included medically controlled diabetes mellitus and hypertension and a habit of smoking 20 cigarettes a day since the age of 19. His alcoholic intake daily was 250 ml. The medical prescription that was given to him form general doctor was regular analgesic for alleviate of the pain. An intraoral examination demonstrated the presence of an ulcerative area 2-3 cm in the left maxilla. The investigation included an incisional biopsy of the lesion under local anesthetic and CT scan. Form biopsy a well-differentiated squamous cell carcinoma was diagnosed. The CT demonstrated the presence of an extensive mass in left maxilla with invasion and destruction of the maxilla sinus, lateral noise and orbital floor. The patient was classified as inoperable case and a palliative treatment with radiotherapy was started.
Discussion: A risk factor for oral squamous cell carcinoma is smoking and alcohol use. Oral squamous cell carcinoma will appear at tongue (most common), buccal mucosa or gingiva with local and regional pain. The infraoribtale nerve (maxillary division branch) can be affected, as in our case. In the late stage, the tumor progress superiorly to the orbital floor with an infiltration of the orbit, which in our case result with the destruction of the orbital floor, limitation of ocular mobility and diplopia.
Conclusion: Oral squamous cell carcinoma is difficult to diagnose in the early stages because it can be misdiagnosed with other facial pain syndromes. A careful history, intraoral examination and the early specialist refer will help in the early diagnosis of the disease.
KEYWORDS: Maxillary carcinoma, SCC, case report.

Introduction

Malignant tumors of the nasal cavity and paranasal sinuses are rare, comprising less than 1% of all malignancies, with poorly differentiated squamous cell carcinoma of the maxillary sinus being the most common.[1 2]

This disease mainly affects men in their sixth or seventh decade of life.[3] Most lesions remain asymptomatic or mimic sinusitis for long periods while the tumor grows to fill the sinus. Hence, diagnosis may not be made until the lesion has perforated through the surrounding bone, and most patients are diagnosed with advanced disease.[2 4] While

optimal treatment patterns, including radiation therapy, conservative surgery and chemotherapy are still under debate, the prognosis remains poor[4].

Our paper describes a case of a squamous cell carcinoma with orbital floor infiltration in a 63 year old man.

Patient, Methods and Results

A 63 years old man, presented at KM- day- hospital in Durres, on 21 November 2013 with a persistent pain in the left maxilla for 6 months. The pain was worst in the last 2 weeks and in this last 3 days it was seen an ophthalmoplegia and diplopia of the left eye. His medical history included medically controlled diabetes mellitus and hypertension and a habit of smoking 20 cigarettes a day since the age of 19. His alcoholic intake daily was 250 ml.

The patients refers that 5 months ago he was take a medical prescription that was given to him form general doctor. The medical prescription was a regular analgesic for alleviate of the pain. Now he came in the KM clinic as he notice a mass growing in his maxilla see fig 1 and fig 2.

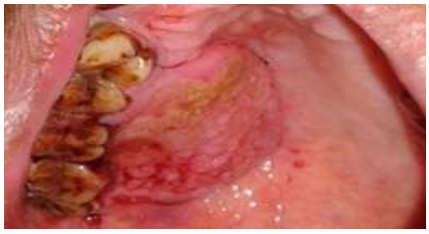

Fig.1. Mass of the left maxilla

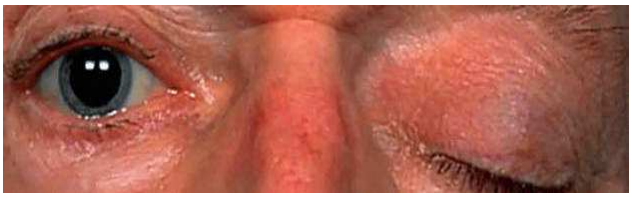

Fig.2. Ophthalmoplegia

In the KM clinic we did an intraoral examination, where it was evident the presence of an ulcerative area 2-3 cm in the left maxilla. The patients didnt refer pain and oral mucosa was normal. For the diagnosis we did an incisional biopsy of the lesion under local anesthetic and CT scan.

Form biopsy a well-differentiated squamous cell carcinoma was diagnosed. The CT demonstrated the presence of an extensive mass in left maxilla with invasion and destruction of the maxilla sinus, lateral noise and orbital floor see fig. 3.

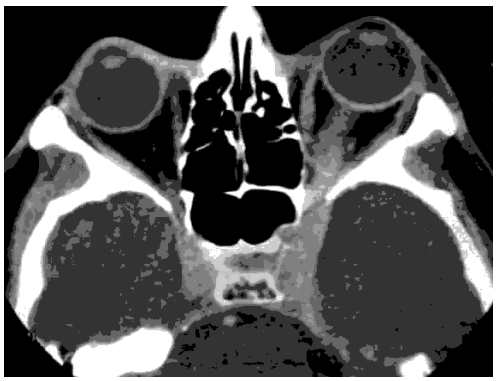

Fig.3. CT scan of cranium with the orbital floor invasion

A CT scan total body was request, which evidentate a primitive tumor of the lungs see fig. 4. The patient was classified as inoperable case and a palliative treatment with radiotherapy was started.

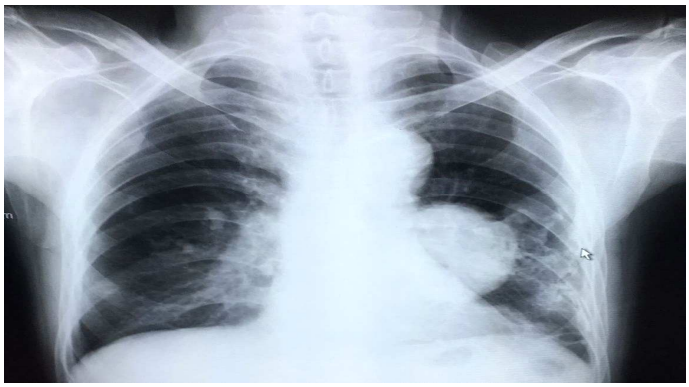

Fig.4. Rx of thorax which evidence the presence of primar tumor.

Discussion: A risk factor for oral squamous cell carcinoma is smoking and alcohol use. Oral squamous cell carcinoma will appear at tongue (most common), buccal mucosa or gingiva with local and regional pain. The infraoribtale nerve (maxillary division branch) can be affected, as in our case. In the late stage, the tumor progress superiorly to the orbital floor with an infiltration of the orbit, which in our case result with the destruction of the orbital floor, limitation of ocular mobility and diplopia.

The lack of attention of both the patient and the dentist accounts for the delay in obtaining the diagnosis[11]. Because of the lack of symptomatology at the initial stages of the disease, the patients failed in seeking for treatment [9, 11]. The most frequent first symptoms are not shocking and can be easily attributed to simple causes by patients with little information [3].

The social-economical level, difficulties of access to health care, and lack of information may play a role in treatment delay [10]. In this case report, the diagnosis delay is compatible with such situation because the patient had low education level and lived far from the primary health care center. Santos *et al*. [11] pointed out that this situation is the result of the lack of public policies aiming to the prevention and information regarding to oral cancer.

In this case report, the diagnosis delay occurred preponderantly because of the postponement in seeking for primary care and just after that because the patient failed in immediately attending to the referral for secondary attention, which took about 6 months. The patients came the the KM clinic in an inoperable situation, where only chemitherpy and radiotherapy was done.

Conclusion: Oral squamous cell carcinoma is difficult to diagnose in the early stages because it can be misdiagnosed with other facial pain syndromes. A careful history, intraoral examination and the early specialist refer will help in the early diagnosis of the disease.

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