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## **ORAL SQUAMOUS CELL CANCER IN YOUNG PATIENTS: AN EMERGING GROWING CONDITION THAT REQUIRES SPECIAL ATTENTION BY CLINICIANS AND SCIENTISTS TO MANAGE HEAD AND NECK CANCER.**

Head and Neck Cancer (HNC) is the seventh most common cancer globally, accounting for more than 660,000 new cases and 325,000 deaths annually. The incidence of HNCs has been predicted to increase by 30% annually by 2030. Oral Squamous Cell Carcinoma (OSCC) encompasses 90% of all HNCs.<sup>1,2</sup>

OSCC is traditionally associated with tobacco and alcohol abuse and mainly occurs in the elderly population, in individuals above the age of 50 years. More recently, Human Papilloma Virus (HPV) has been implicated as a significant cause of oropharyngeal cancers.<sup>3</sup>

Recently, there has been an alarming increase in the reports of OSCC in patients aged 45 years and below who had no significant history of known traditional risk factors such as tobacco and alcohol use. The tongue is the most common site affected; surprisingly, females seem more affected than males.

This new development in the demography of OSCC raises the issue of the importance of early diagnosis and management.

Screening for breast and prostate cancers is far advanced in many countries, but little is heard of screening for HNC, especially in the developing world where most patients with oral malignancy report to the hospital late because they seek initial treatment from traditional and spiritual healers and only turn to the hospital as a last recourse, therefore a significant number of patients with oral malignancy present to the hospital when their condition has developed to what could be described as third or fourth stage development.

Early diagnosis, including positron emission tomography (PET), computed tomography (CT) scan, and biopsy for pathological examination, is key to successfully managing HNC cases. A publication entitled 'Dying of cancer: a patient's recollection of her illness and of her doctors,' which appeared in the *Journal of Oral Surgery Oral Medicine Oral Pathology Oral Radiology* 1991 Apr;71(4):401-6 illustrated the importance of early diagnosis and management and how an oral surgeon assumed two adjacent oral ulcers were the same therefore biopsied only one lesion but later realised that the unbiopsied lesion turns out to be

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malignant and hence the patient missed the opportunity for early diagnosis and management. It is, therefore, important for our dental students and junior dental surgeons to recognize early signs and symptoms of oral malignancy and refer patients to appropriate centers for early management.

As this cohort gradually increases, clinical and research interests in understanding whether these cancers' aetiology and biological behaviours are similar to those of the older patients or are different.

Some questions which will need urgent answers include:

1. Why do young patients who do not drink or smoke heavily develop Oral Cancers?
2. Is there any genetic predisposition or immune factors responsible for this rising cohort?
3. Should the treatment modalities for this group be the same or modified?

## **REFERENCES**

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