CANCER CURER'S CASE BOOK: 1

EPITHELIOMA OF THE LIP

J. D. ANDERSON, M.B., B.CH. (RAND), *Registrar, Radiotherapy Department, Groote Schuur Hospital, Cape Town*

From the Combined Clinic, Groote Schuur Hospital

Once a patient has received treatment for a local lesion with escharotic cancer pastes, we find that radiotherapy as well as surgery lose their effectiveness and control of the disease is almost impossible. The use of escharotic pastes by 'cancer curers' leads to much deformity and great misery and deprives the patient of whatever chance he had of obtaining a permanent cure.

A European farmer aged 44 noticed a small lump on the right side of his lower lip in 1942. He obtained some 'cancer paste' (*kankerpleister*) from a 'cancer curer' which he applied to the lip. The lesion ulcerated and became steadily bigger. He consulted his family doctor, who told him that the lesion was precancerous, and referred him to the Radiotherapy Department of Groote Schuur Hospital for treatment.

He was first seen at the Radiotherapy Out-patient Department on 24 January 1944, when he was 46 years old, and it was noted that 'he had an ulcer of the right side of the lower lip, with extensive scarring due to the use of the "cancer paste" . . . . there was no secondary lymph-node involvement'. He also had infected teeth, which were extracted the following day, when a biopsy of the ulcer was taken, in which on histological examination hyalinization of the collagen fibres and some amyloid features were seen but no evidence of malignancy was found.

As the lesion was obviously infected, and because of the danger of over-reaction to irradiation, small anti-inflammatory doses of X-rays (120 kv. with a 3 mm. aluminium filter over an area of 6×8 cm.) were applied, 450 r being given over a period of 3 weeks. The lesion grew smaller, and the patient was asked to return in 3 months for reassessment.

He was not seen again for almost 2 years when, in January 1946, a similar picture, somewhat more advanced, presented itself. He again received a course of anti-inflammatory X-ray therapy, this time being given 600 r over 4 weeks and his condition was reassessed at the end, when surgery was advised. He emphatically refused surgery and went home, with the lesion much improved. He was not seen again until 1951—almost 5 years later.

At home the lesion started enlarging, and the patient again went to see the 'cancer curer', who gave him more of the 'cancer paste', which he was told to apply to the lip every 12 hours. This he diligently did for the next 5 years, during which time he noticed that the lesion was steadily increasing in size, and on 31 January 1951 he came back to Groote Schuur Hospital for further treatment.

It was then noted that he had an extensive squamous carcinoma of the lip, with a long linear scar running from the right angle of the mouth, down the neck, and ending in an infected ulcer over the right hypochondrium (Fig. 1). This long linear scar was caused by the use of the 'cancer paste' and its running down over the chin, neck and thorax, presumably associated with a constant dribble of saliva down this scarred area.

On 6 February 1951 an extensive resection was carried out by Mr. T. Schrire, when part of the upper lip, the anterior half of the mandible, the floor of the mouth, and the lower lip well beyond the growth, were excised, with a clearance of the lymph nodes of both anterior triangles of the neck, and a removal of the scar tissue and the infected ulcer over the abdomen as well. Macroscopically the line of excision appeared to be well clear of the growth. A tracheotomy was done, and a closure of the gap attempted, leaving a raw area, rectangular in shape at the base of the neck.

Histologically, the tumour, a markedly keratinized squamous carcinoma, was seen to have invaded the mandible, and a submandibular lymph gland was also affected. Although macroscopically the line of excision was well clear of the lesion, it was seen microscopically at one point in the submental region to have passed through the tumour.

Two weeks later the patient was declared fit for the commencement of the plastic repair of the defect. This consisted of 9 separate operations extending over a period of 10 months, and after one of these he developed an acute parotitis, for which he received 500 r of medium-voltage X-ray therapy.

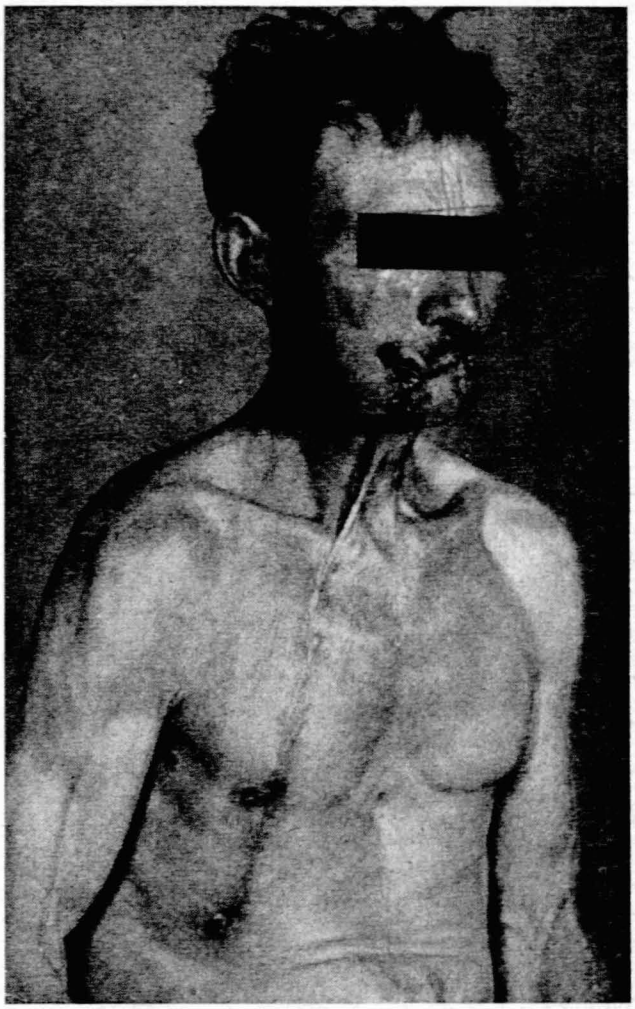

Fig. 1.

When he was readmitted for further plastic repair to his jaw, it was noted that he had a recurrence below the left side of the mandible. X-rays revealed erosion of the stump of the mandible. When the infection had finally subsided after 3 or 4 months, an exploration was done of the right maxilla and infratemporal region, with a view to maxillectomy, as the maxilla had become involved, but the lesion was found to be inoperable.

After this, the course of his illness was a steady downhill one, and a year later, in July 1953, he was found to be very much worse and was admitted for a leucotomy to relieve his pain. He died 2 days after the leucotomy.

SUMMARY

1. A case of premalignant lesion of the lip treated by a 'cancer curer' with escharotic is recorded.

2. Carcinoma developed and proved resistant both to radiotherapy and to very extensive surgery.