

EPITHELIOMA OF THE LIP

J. D. ANDERSON, M.B., B.CH. (RAND), *Registrar, Radiotherapy Department, Grootte Schuur Hospital, Cape Town*
From the Combined Clinic, Grootte Schuur Hospital

'It has been repeatedly observed that . . . the patient whose rodent ulcer has been treated with cancer paste has received such a trauma to the underlying stroma that radiotherapy is not effective; . . . because of the damage to the stroma the reaction to radiotherapy is also unpredictable, so that normal doses may lead to very extensive sloughing.'¹

CASE REPORT

A European male aged 28 years was referred to Grootte Schuur Hospital on 1 December 1957 complaining of an ulcer on the lower lip as well as an ulcerating area on the right jaw. He stated that, 4 years before, an ulcer appeared on the right lower lip for which he went to his doctor. The doctor took a portion for biopsy and squamous epithelioma was reported. When he heard the diagnosis the patient did not return for treatment but immediately went to see a well-known 'cancer curer', who gave him treatment for 2 years. This resulted in an unhealed ulcer, but by the time he returned to his medical attendant secondary glands had developed in the submaxillary region of the right side. He was referred to a radiotherapist for treatment.

The radiotherapist was aware of the risks involved, but, in view of the fact that excisional therapy was not locally available he decided to give the patient small doses of radiotherapy on two separate areas. He gave 200 r daily to a total of 2,800 r to the submaxillary glands, and 300 r daily to a total of 3,400 r to the lower lip. This is well within the normal safe limits ordinarily advised for treatment, and the therapist stated in his letter that he did not imagine for a moment that the X-ray therapy would cure the lesion of the lower lip, although he had hoped that if the patient underwent surgery a good result might eventually have been possible.

The lesion did not resolve and the patient did not return to the radiotherapist until several months later. During this time he visited and was treated again by the 'cancer curer' as well as getting a certain amount of attention from witchdoctors. Fourteen days before admission he returned to his doctor, who referred him to Grootte Schuur Hospital. The condition on admission showed (Fig. 1) that there was a large carcinomatous ulcer involving the right lower mandible as well as an unhealed carcinoma of the right lip. Snips were taken from these, which showed on report that 'the area was infiltrated by a squamous carcinoma which is only

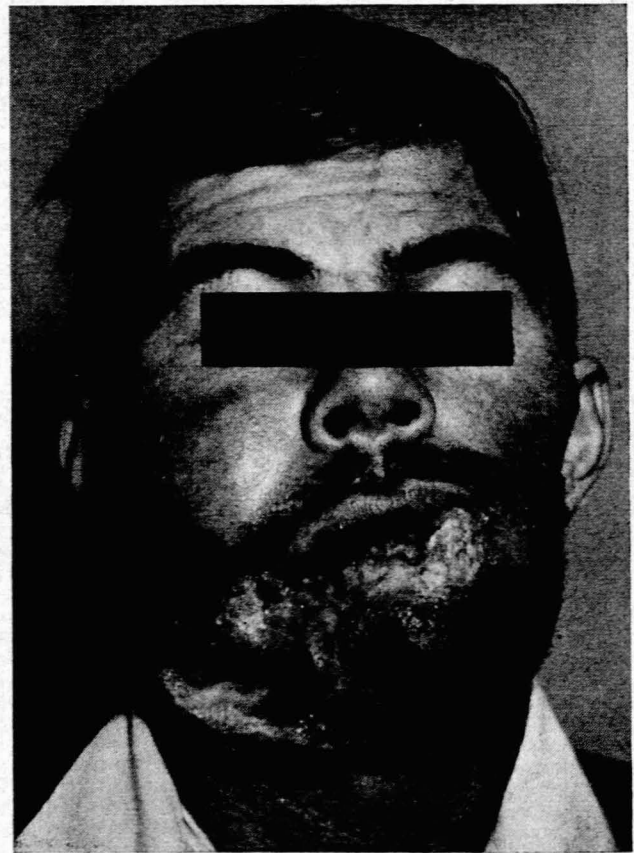


Fig. 1. Condition on admission.

moderately well differentiated and which shows little evidence of keratinization'.

In the ordinary way lesions with this type of histology—not well differentiated and a little anaplastic—respond very well to radiotherapy, but the response in this instance was exaggerated and aggravated by the previous escharotic treatment and was quite overwhelming. The whole of the floor of the mouth as well as the submaxillary area had sloughed away and the mandible was exposed in the wound. Treatment at this stage was quite hopeless and an attempt was made to clean up the area with penicillin and streptomycin. Even at this stage the patient refused to have a biopsy done and this had to be postponed for a week in deference to his wishes. In the meantime, diagnostic X-ray photographs of the mandible and the chest were taken; no pulmonary lesion was seen, but 'there was an osteitis in the region of the symphysis menti without sequestration and extending along the surface of the mandible on the right side'.

The patient who, it will be remembered, was only 28 years old, was sent home with no further treatment advised.

SUMMARY

1. A case is reported of a patient with a moderately anaplastic epithelioma of the lip which responded explosively to cautious radiotherapy after having had previous escharotic treatment by a 'cancer curer'.
2. Neither surgery nor radiotherapy could be offered at that stage because of the extent of the disease, and the patient was referred home without further treatment.

REFERENCE

1. Schrire, T. (1958): S. Afr. Med. J. 32, 520.