

A malignant lymphoma presenting as a non-healing oral ulcer

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SUMMARY

Lymphomas are the second most common non-epithelial malignant tumour in the oral and maxillofacial region. Non-Hodgkin lymphoma (NHL) is more frequently diagnosed even though oral cavity involvement is less than 4% of all NHLs. Usually, the oral manifestation of NHL is secondary to the widespread involvement. Primary oral NHL is relatively rare and difficult to diagnose in clinical setting as it presents as local swelling, pain, discomfort and mimics pyogenic granuloma, periodontal disease, osteomyelitis and other malignancies. A chronic, solitary non-healing ulcerative lesion of the oral mucosa is often misdiagnosed as non-neoplastic especially in a previously healthy young adult. We report a case of a 22-year-old healthy gentleman with no known medical illness who presented with complaint of three-month painful ulcer over the right soft palate, which was aggravated by opening of the mouth during talking and chewing food. It was also associated with bilateral neck swelling which had similar onset with the sore throat. There was no family history of malignancy nor constitutional symptoms reported. Physical examination revealed an ulcer with irregular edge over the right soft palate measuring 3 x 3cm, with multiple bilateral cervical lymph nodes enlargement, largest was at right cervical level II measuring 3 x 3 cm. He was investigated earlier as bilateral non-exudative tonsillitis with infected ulcer of the soft palate at the previous hospital with infectious mononucleosis being one of the differential diagnoses. However, due to the persistent ulcer of the soft palate, biopsy was taken and diagnosis was established by our hospital as extranodal DLBCL. In conclusion, the diagnosis of chronic oral ulceration is always challenging and has been the source of difficulty because of the remarkable overlap in their clinical presentations, thus meticulous clinical evaluation and complete investigations are required for prompt diagnosis, timely treatment which carries better prognosis.

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Metastatic lung adenocarcinoma to the oral cavity

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SUMMARY

Metastasis from primary tumours to the oral cavity is very rare. These tumours may metastasise to the soft tissue of the oral cavity and to the jawbones. We report a case of an oral cavity mass with initial complaint of toothache and neck swelling with multiple neck nodes. Biopsies taken from the left retromolar trigone and supraclavicular lymph node revealed poorly differentiated metastatic adenocarcinoma. Computed tomography scans suggested primary lung cancer. Early detection of lung cancer should be the clinician's concern. The appearance of an oral mass already represents a late stage of lung cancer and very poor patient prognosis.