



Self-Neglect Associated with a Patient having Oral Cancer

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Work Attributed to Subharti Dental College and Hospital, Subharti University, Meerut

ABSTRACT

The prevalence of oral cancer has increased in the last few decades with the advent of increased availability of tobacco and related products. This in turn has also given rise to the problems associated with it. One significant problem that needs to be understood scientifically is psychosocial effects of oral cancer. Though uncommon, self-neglect is an area which has not been investigated in patients with oral cancer. This article as a clinical case report describes a patient who was diagnosed with oral cancer, which in turn had psychological impact on him in the form of self-neglect. Various scientific factors have also been discussed.

Keywords-*Tongue, Carcinoma, Ulcer, Radiation, Chemotherapy*

INTRODUCTION

Self-neglect is an ill-defined syndrome characterized by the inability to meet one's basic needs to an extent that it poses a threat to personal health and safety.^{[1],[2]} The condition may manifest as not attending one's own nutritional requirements, hygiene, clothing, and medical necessities or may

be even associated with conditions like dementia, psychotic disorders, drug abuse, brain disorders, life threatening infections like AIDS and cancer. Amongst various types of cancer that occur in the body, oral cancer has different implications both socially and psychologically.^[3-5] Irrespective of the cause, self-neglect has been termed as a medical

emergency or a marker for extreme vulnerability because of mortality associated to it.

Amongst various cancers, oral cancer has more psychological and social implications because not only fear and anxiety associated with cancer in general are significant but functions like phonetics, taste, and sometimes aesthetics are also affected. Squamous cell carcinoma (SCC) represents about 90-95% of all malignant neoplasms of the oral cavity, being located mainly in the tongue, especially in the lateral posterior border and affects men aged more than 50 especially having history of high tobacco and alcohol. [6], [7], [8] Pain is associated with the lesion when secondarily infected. Tongue being a significant organ of taste and communication also plays a vital role in oral proprioception and maintenance of oral hygiene. The ability of the tongue to identify harmful objects present in the food or in between the teeth is non debatable. Though in very extreme cases, the tongue may not be able to perform these functions, it is interesting to find out that why patients suffering from oral cancer neglect oral hygiene. This article is aimed to find the relation between self-neglect and oral neglect and discuss the associated factors in a patient having squamous cell carcinoma of the tongue.

CLINICAL CASE REPORT

An elderly male patient aged 53 years had accompanied his wife to the department of prosthodontics for her prosthetic treatment. The authors observed him sitting with mouth always covered with a piece of cloth. Upon interviewing him, the patient disclosed that he was diagnosed

with oral cancer about 6 months back. For academic interest, the patient was offered counselling and gave his consent for the study. Medical history of the patient revealed that the patient was hypertensive since last 2 years and had recently developed pain in the joint of the extremities. Social history disclosed that since the diagnosis of cancer the patient had developed a tendency of social withdrawal. Drug history revealed that the patient was taking antihypertensive drugs regularly and after seeking many consultations from various hospitals was taking chemotherapeutic drugs. Habits of the patient included use of tobacco chewing since the age of 22 years and had stopped 3 months before the diagnosis of oral cancer. Dental history included extraction of maxillary and mandibular right side second molars about two years back within a gap of 2 months. No history of wearing any prosthesis was noted. Patient was habituated to brush his teeth once in a day along with scrubbing the tongue daily in the morning

The present condition was first noted by the patient as mild irregular swelling which was neglected by him. This was followed by small ulcer on the lateral surface of the tongue towards the right side. At that time the patient had sought consultation of a local medical practitioner who had given him antibiotics and anti-allergic drugs.

Intra oral examination revealed severe halitosis with excessive plaque accumulation even to the extent of occlusal surfaces (Fig. 1). Dorsal surface of the tongue was laden with food debris, stains and desquamated villi. Mandibular right sided second molar was missing with mesial migration of third molar.

The carcinoma presented as a lesion about 2.5 cm in diameter with irregular borders that was not clearly defined. The border extended at three places deep into the surface of the tongue. The floor of the ulcer was narrow as compared to the periphery and had dark colored dead tissue that emanated a particular odor. Protrusion of the tongue changed the shape of the ulcer and on palpation the ulcer was indurated and would move with the tongue. The edges of the lesion were hard on palpation and had raised edges.

DISCUSSION

Self-neglect is a medical problem in that it not only affects other treatments but in severe cases has high rate of mortality. [9], [10] Many coping strategies have been studied in patient with cancer [11-13] although they are predominantly designed to diminish the stress and improve the quality of life. Depression is 4 times more common in cancer patients than in the general population. [14-16]



Figure 1: Intra oral view of the cancerous lesion involving the right lateral side of the tongue

Detailed history and interview of the patient reveals the concerns of a cancer patient. These are represented in Fig 2. The cycle of self-neglect has been depicted and concerns raised by the patient

have been divided under four main headings and are related to cancer, social, end of life and religious beliefs. Issues related to cancer are no known cure, inevitable death, don't know the severity of suffering, becoming dependent on others, problem of repentance, non-fulfilled desires, inability to accept and a state of helplessness and hopelessness.

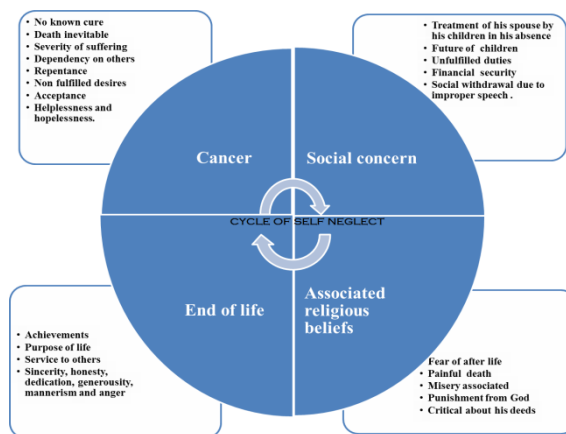


Figure 2: Self neglect with associated factors

As the patient predicted it could be his end of life certain issues like his achievements, purpose of life, service to others and his level of sincerity and dedication, his mannerism and behaviour with others come to his limelight. The patient do not only think of themselves, but concern of spouse and children with their future especially financial security contribute to the cause of becoming a self-neglect person.

CONCLUSION

Problems associated with oral cancer that contribute to self-neglect are complex and interrelated. Much needs to be done to solve these issues. A doctor needs to think beyond his treatment and medications to make his patients live with a smile. Indeed, research needs to be done further to find solutions to their problems.

ACKNOWLEDGEMENTS

The authors would like to thank the administration of Rajiv Gandhi cancer institute, New Delhi, who provided with necessary information regarding the patient.

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