



## Research Article

# Recurrence Pattern of Early Stage- Node Negative Oral Tongue Carcinoma Post Operative - A Retrospective Study

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## Abstract

**Aim:** To evaluate the recurrence pattern in early stage cancers of oral tongue, after surgery and the contributing factors for such recurrence.

**Methods & Materials:** This is a retrospective analysis of patients with carcinoma tongue recurrence presented during the study period Jan 2016- December 2017. Total number of patients included in this study was 267. These patients treatment records were analyzed and 58 patients who presented with early stage (T1T2N0) initially were identified. Among them the pattern of recurrence and the risk factors were studied

**Result:** Recurrence occurred in the age group of 35-55 years, male: female ratio is 3-4: 1, and interval of recurrence ranges from - 6 months to 7 years. All quit the habit of smoking, alcohol immediately. 68% restarted consuming alcohol after 1-2 YEARS, 35% restarted smoking again after a gap of 2-3 years, and 12% restarted taking pan and tobacco after 4-5 years. Stage at recurrence was T3N1-3MO stage. All of them had undergone single modality of approach 96% of them had WLE + SONO, and their pathological report were T1T2N0.

**Conclusion:** Continuation of the risk factors and lack of counseling and follow up are the prime reasons for recurrence in early stage of CA tongue. The role of adjuvant therapy in early stage warrants randomized study in the future.

**Keywords:** Carcinoma Tongue, Recurrence, Risk factors.

## Introduction

The incidence of oral cavity cancer is highest in India. It is predicted that India's incidence of cancer will increase from 1 million in 2012 to 1.7 million in 2035. A case control study in India demonstrates that oral cancer is inter-related with low income status, poor nutrition, poor personal health care, living conditions and risk behavior of smoking, alcoholism, pan chewing, and HPV infection. We should focus equally on *early diagnosis and prevention of recurrence.*

## Aim

To evaluate the recurrence pattern in early stage cancers of oral tongue-post surgery and finding out the contributing factors for such recurrence.

## Objectives

To evaluate the recurrence pattern and percentage of recurrence in early stage cancers of oral tongue, after surgery and to find out the contributing factors for such recurrence.

**Materials & Methods**

This is a retrospective analysis in Department of Radiation Oncology, RGGGH, and Chennai. It is done for a period of two years, from January 2016 to December 2017. The case records of patients with carcinoma oral cavity were evaluated for recurrence incidence. The total number of patients with oral cavity carcinoma was 267 in this study period. These patients’ treatment records were analyzed and 58 patients were found to be recurrent cancer patients. Their earlier presentations were with early stage (T1T2N0) during previous few years. The pattern of recurrence and the risk factors were studied among them. All of them were patients of biopsy proven squamous cell carcinoma, node negative, proven to be R0 by post operative imaging and HPE reports.

Among the 267 patients, only 58 cases were found to be recurrent tumors, arising from already operated site of tongue. These cases suffered from early stage carcinoma tongue some years ago, they were treated by single modality approach (surgery alone). As they were found to be margin negative and node negative early cases, they were deferred for adjuvant radiation or adjuvant chemotherapy.

The prime aim of the treatment was more towards eradicating the presenting tumor, rather than focusing equally on future relapse. Patients were under regular follow up for a few time. Soon they were lost for follow up also. They started their personal riskful habits like smoking and alcoholism.

Their de-addiction was inadequate. They didn’t attend any de-addiction treatment or counseling by psychiatrist- They were not reported to treatment in appropriate time also. Nearby organs were invaded by tumor infiltration. They presented in late stages for treatment. They contribute 35% of total locally advanced cases and 22% of total metastatic cases of ca tongue 2016-17.

**Results**

Recurrence occurred in -

The age group of 35-55 years,

Male: female ratio is 3-4: 1,

Interval of recurrence ranges from – 6 months (minimum) to 7 years (maximum).

All of these recurrent patients quit the habit of smoking, alcohol *immediately* after treatment.

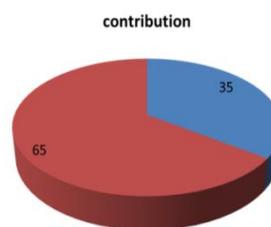
68% restarted consuming alcohol after 1-2 years, 35% restarted smoking again after a gap of 2-3 years,

12% restarted pan and tobacco after 4-5 years.

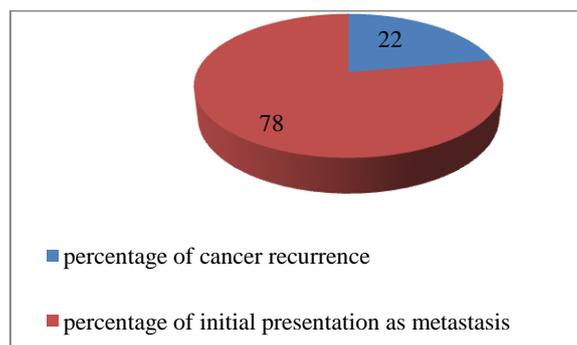
Majority of Stage at recurrence was T3N1-3M0 stage.

All of them had undergone surgical modality of approach 96% of them had WLE + Supra Omohyoid Neck Dissection, and their pathological report were T1T2N0. Few undergone hemiglossectomy and Modified Radical Neck Dissection.

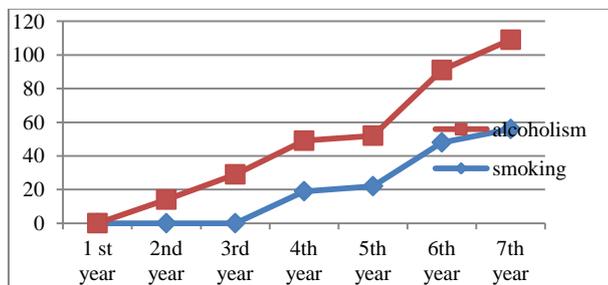
Total number of oral cancer patients	267
Early stage oral cancer	92
Locally advanced cancers	148 ( 96 – initial presentation, 52 – already treated now presented as recurrence)
Matastatic cancers	27 ( 21 – initial presentation, 6 – already treated now presented as recurrence)
Recurrent cancers	58 ( 52- locally advanced stage, 6 – with metastatis)



■ percentage of recurrent cancers  
■ percentage of initial presentation as locally advanced oral cancers



■ percentage of cancer recurrence  
■ percentage of initial presentation as metastasis



## Discussion

Early stage- Node negative Oral tongue carcinoma are treated usually with Wide Local Excision + Supra Omohyoid Neck Dissection or hemi glossectomy with MRND. Majority of them lost follow up after 5- 6 visits, mostly they restarted their addiction habits, and they contribute 35% of locally advanced oral cavity cancers and 6% of metastatic cancers. Point of debate about reason is, either? Inadequate treatment strategy or? Inadequate de-addiction and inadequate awareness about recurrence.

## Recommendations

Early stage node negative oral tongue cancers can be tried adjuvant treatment either chemotherapy or local site radiotherapy.

Treatment for de addiction must be made integral part of cancer treatment.

Awareness creation about risk factors must be done in more attractive way.

## Conclusion

- Continuation of the risk factors,
- lack of counselling and
- Lack of follow up -- are the prime reasons for recurrence in early stage of CA tongue.

The role of adjuvant therapy in early stage warrants randomized study in the future.

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