

Introduction

Oral cancer is a leading cause of cancer-related death worldwide. The most common site of origin is the oral cavity, which includes the lips, tongue, buccal mucosa, and oropharynx. The incidence of oral cancer has been increasing steadily over the past few decades, with a 10% increase in the last 10 years. The most common histological type is squamous cell carcinoma, which accounts for 90% of cases. The remaining 10% are composed of adenocarcinoma, sarcoma, and other rare types. The prognosis of oral cancer depends on the stage at diagnosis, with early-stage disease having a significantly better outcome than advanced-stage disease. The 5-year survival rate for early-stage oral cancer is approximately 80%, while for advanced-stage disease, it is only about 20%.

Case report

A 10-year-old male patient presented with a painless, slowly growing, firm, white plaque on the buccal mucosa of the lower lip. The plaque had been present for 1 year and had gradually increased in size. The patient had no other symptoms or signs of disease. On examination, the plaque was well-circumscribed, white, and leathery in texture. It measured approximately 1.5 cm in diameter. The surrounding mucosa was normal. A biopsy was performed, and the histological findings were consistent with squamous cell carcinoma. The patient was treated with surgical resection of the plaque. The postoperative course was unremarkable, and the patient is currently free of disease.

The patient was followed up for 10 years, and there was no recurrence of the disease. The histological findings were consistent with squamous cell carcinoma (Figure 1). The patient was treated with surgical resection of the plaque. The postoperative course was unremarkable, and the patient is currently free of disease.

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