



## PATIENT SPOTLIGHT

### Recurrent Squamous Cell Carcinoma of the Oral Cavity



*Intraoral view of the floor of the mouth*

Oral cavity squamous cell carcinoma (SCC) continues to be a life threatening disease with significant functional morbidity associated with treatment. Oral and oropharyngeal carcinomas are the sixth most common cancer in the world. In contrast to recent advances in the treatment of HPV related oropharyngeal SCC, oral cavity SCC continues to exhibit poor survival rates. This is especially true in the case of recurrent lesions.

Most patients who die from locoregional recurrence and distant metastasis have been shown to have recurrence after the primary tumor resection. In summary, squamous cell carcinoma of the oral cavity has a poor overall prognosis with a high tendency to recur at the primary site and extend to involve the cervical lymph nodes.



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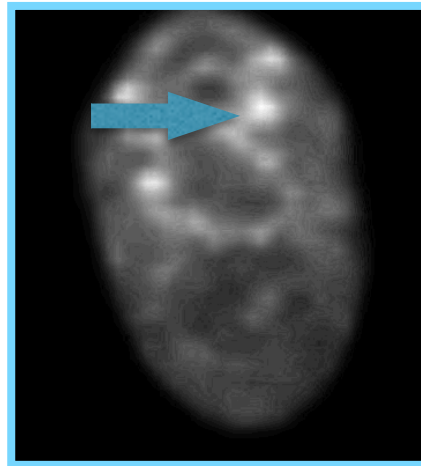
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Floor of Mouth	
Stage	5 Yr Survival
I	73.00%
II	60.00%
III	36.00%
IV	30.00%



### SURGICAL MANAGEMENT

Surgical salvage of recurrent oral cavity SCC is the standard management option. Prognosis remains guarded. In addition, complications due to previous surgery, radiation and chemotherapy are common. This patient population also suffers from significant functional morbidity and multidisciplinary management is necessary to achieve the optimal outcomes while preserving quality of life. The above patient underwent surgical resection with fibular free tissue transfer and healed uneventfully.

### NON-SURGICAL MANAGEMENT

Occasionally re-irradiation is indicated for recurrent SCC and chemotherapy strategies may be entertained depending on the situation. Several investigational drug protocols are available at Mount Sinai for this challenging patient population. Multidisciplinary Tumor Board presentation is necessary to optimize therapy.

### SURVEILLANCE

Post salvage surveillance continues to challenge surgeons. Frequent physical examination, CT scan, and PET/CT scans are warranted. As shown in the figure above the patient had some PET/CT avidity post-operatively which was artifactual due to his retained hardware. The Department of Radiology is working closely with the Department of Otolaryngology to develop new PET/MRI protocols for patient with retained hardware/multiple operations to reduce false positive studies and prevent unnecessary procedures. This patient is currently without disease but his prognosis is guarded.



By Brett A. Miles, MD, DDS

Dr. Miles is part of the Multidisciplinary Head and Neck Surgery Center as a staff surgeon and oncologist. His clinical interests include oncologic head and neck surgery, reconstructive surgery and oral/maxillofacial surgery/trauma.

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