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Case presentation: A hole in the mouth

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A hole in the mouth: A presentation of a case of a 32-year-old male who first presented to the Emergency Department at Southampton General Hospital, United Kingdom with a 'hole' in his mouth. The patient underwent various investigations during his clinic visits and multiple biopsies were required to confirm a diagnosis. Results initially suggested a benign self-lifting condition, necrotizing sialomaetaplasia, for which the management would have been conservative only. However, due to clinical instinct, further biopsies revealed the presence of a Squamous Cell Carcinoma (SCC). This case is of significance for several reasons; firstly, the literature suggests that necrotizing sialometaplasia is a benign condition that can often mimic features of SCC, however there are fewer instances in which an SCC mimics a necrotizing sialometaplasia. Above all, this case highlights the importance of a clinical examination and a clinician's 'gut' instinct and how this remains the most important aspect of an examination. Far too often do we rely on biopsy results for a diagnosis, however in this instance it was clinical judgement that was fundamental to differentiating an SCC from necrotizing sialometaplasia. This case can act as learning point for all clinicians in all fields of dentistry from junior trainee level up to consultant level.



Fig. A hole in the mouth

Biography

Ashish Patel is in his second year of dental core training in an Oral & Maxillofacial department, having graduated from King's College London and has interest in oral surgery.

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