

SURGICAL MANAGEMENT OF ORAL COMMISSURE TUMOUR IN A DOG

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Introduction

Oral tumours encompass those neoplasms that arise from the gingival, buccal mucosa, labial mucosa, tongue, tonsils or dental elements. Malignant tumors of the oral cavity are the fourth most common of all cancer types in the dog and cat, representing 5.4% of all malignant neoplasms (Dorn *et al.*, 1968). Malignant melanomas are the most common oral tumor in dogs, representing approximately one-third of the oral neoplasms. Squamous cell carcinoma and melanomas are the most frequently diagnosed malignant neoplasms of the canine oral cavity whereas, epulis is the most common type of benign or non-cancerous oral tumor where in gingiva is affected most frequently (Todoroff and Brodey, 1979). The most frequently affected sites are the skin and



Fig.1 pre-operative photograph showing oral commissure tumor

Dog was prepared for aseptic surgery and premedicated with Atropine sulphate @ 0.045 mg/kg body weight subcutaneous, preemptive analgesia with pentazocin @ 1 mg/kg intramuscular, sedation with triflupromazine Hcl @ 1 mg/kg intravenous. After 10 minutes, anaesthesia was induced with 2.5% thiopental intravenously and maintained under halothane oxygen mixture. The animal was positioned in left lateral recumbency; an elliptical incision was made over the tumour involving the oral commissure. Mass was gently separated by blunt dissection, as the mass was huge involving the commissure, part of the oral

the oral mucosa (Gardner, 1992). The more common odontogenic tumours in dogs are peripheral odontogenic fibroma and canine acanthomatous ameloblastoma (Head *et al.*, 2002). The present case reports oral commissure's tumour and its successful surgical management.

Material and Methods

Eleven years old non descript dog was presented with history of dysphagia since 15 days. On physical examination of the oral cavity revealed ulcerated hard mass adherent on right side of the oral commissure (Fig.1). The body temperature, pulse and respiration rate were within the normal range. The case was diagnosed to be an tumour and decided for surgical excision under general anaesthesia.



Fig. 2 After Excision

commissure was excised along with the tumour. The bleeding points were ligated with No.1 chromic catgut. Subcutaneous tissue was opposed in simple interrupted pattern opposing the oral commissar properly. Skin and oral commissar were opposed with no. 1 polyamide by simple interrupted pattern (Fig.2). Post-operatively, ceftriaxone (20mg/kg) was administered for 7 days systemically. The animal was maintained on parental alimentionation of ringers lactate 250 ml and Dextrose 5%, 250 ml daily twice. Skin sutures were removed on 10th post-operative day and all the symptoms subsided gradually within a week after surgery

and the healing was uneventful by 10th post-operative day. there was no reoccurrence for a study period of one year.

Result and Discussion

Histopathologically, the growth was found to be a squamous Cell carcinoma (Fig. 3), wherein the occurrence of squamous cell carcinoma was reported to be the most common oral neoplasms than any other malignant growth of oral cavity. Older dogs are at risk (average age is 10.4 years), although

amelanotic tumors tend to occur in young dogs (Brodey, 1960). Squamous cell carcinoma (SCC) is the second most frequent oral neoplasm in the dog, accounting for approximately 20% of oral tumors. Risk factors that can influence the development of tumours include increased exposure to environmental factors -particularly in urban areas – chronic inflammatory conditions within the dental and periodontal areas, and chronic irritation of oral mucosa (Grundboeck, 1993).

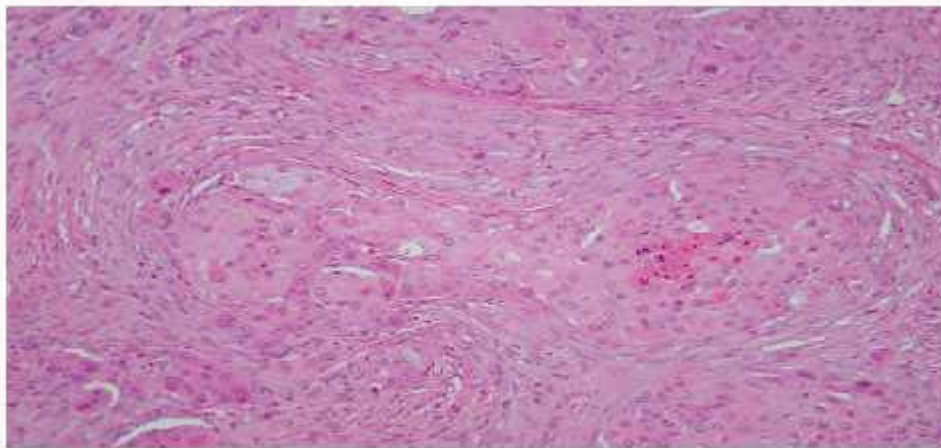


Fig. 3 Histopathology showing squamous cell carcinoma

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