Lip Metastasis: An Overview of the Last 30 Years

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Abstract

Metastasis to the oral cavity is a rare event and constitutes 1% of all oral cavity malignancies. 412 oral soft tissue metastasis were documented in scientific literature, in a period between 1937 and 2015; gum was the site most involved. We had found only 8 cases of oral metastasis on the lips searching on PubMed with the keywords “oral metastasis in lips”, “lip metastasis”. The primary malignant tumor that most frequently metastases at the labial level is certainly the renal tumor with 5 cases out of 8 [3-7]. The most frequent primary tumor site of oral metastasis is lung, breast, prostate [1]. A case of endometrial carcinoma [8,9], a case of lung cancer and a case of ciliary body melanoma [10] were reported in the literature. In 5 cases patients were male, and in 2 cases were female, in one case the gender and the age of the patient was not reported. The average age of the patient involved is 61, 14 years old. In most cases the upper lip was affected (in 5 cases, in which metastasis was present in both lips), and this is a very interesting data because the other malignant disease are more frequent in the lower lip.

Introduction

Metastasis to the oral cavity is a rare event and constitutes 1% of all oral cavity malignancies [1]. Oral cavity metastases are mostly observed in the jaws compared to the soft tissues, particularly in the posterior area of the mandible. The most recent review on the oral soft tissue metastasis reported that only 33% of oral metastatic lesions are seated in the soft tissues [1]. In a period between 1937 and 2015, 412 oral soft tissue metastasis were documented in the literature, gum was the site most involved [1]. Oral squamous cell carcinoma and Actinic Cheilitis are the main malignant disease that can develop in the lips [2]. Actinic Cheilitis involves overall the lower lip and male patients of middle age [2]. The percentage of malignant transformation is more than 17%. Also chronic discoid lupus erythematosus can develop in the lips with a percentage of cancerization of 3.3% [2]. We had found only 8 cases of oral metastasis on the lips searching on PubMed with the keywords “oral metastasis in lips”, “lip metastasis”.

Results and Discussion

The primary malignant tumor that most frequently metastases at the labial level is certainly the renal tumor with 5 cases out of 8 [3-7]. The most frequent primary tumor site of oral metastasis is lung, breast, prostate [1]. A case of endometrial carcinoma [8,9], a case of lung cancer and a case of ciliary body melanoma [10] were reported in the literature. In 5 cases patients were male, and in 2 cases were female, in one case the gender and the age of the patient was not reported. The average age of the patient involved is 61, 14 years old. In most cases the upper lip was affected (in 5 cases, in which metastasis was present in both lips), and this is a very interesting data because the other malignant disease are more frequent in the lower lip [2]. In the last case reported the lesion was very big, 1.8 x 2 cm [3]. Comparing these data with the average size of metastatic lesions on the oral soft tissues, which is about 28.5 mm, we can conclude that the only data we have on the lip is that we suggest that the lesion is intercepted earlier than the other oral metastasis [11-18]. In fact, the lip is definitely the most visible district of the oral cavity. However, a maximum diameter of 20 mm suggests some diagnostic delay, by oncologists, dermatologists and dentists. The metastasis of ciliary body appeared after 6 years from the primary neoplastic lesion [10]. Sometimes other oral sites could be interested such as the case reported in 1994 by Corsi et al. in which at the first there was a metastasis on the cheek, after 46 months of nephrectomy and then on the upper lip at 51 months later [7].

Conclusion

The association with renal tumor and the increased involvement of the upper lip should be investigated, so that patients with kidney’s tumor can be more closely followed by dermatologists, oral pathologists and oncologists for an early diagnosis of the oral metastasis, in this way the lesion does not have a size of about 2 cm when it is discovered.
References