Introduction

In oral cancers, more than 90% are Oral Squamous Cell Carcinoma (OSCC) while the remaining 10% are mainly melanomas, sarcomas, minor salivary gland carcinomas and metastatic cancers. Oral cancer is cancer that develops in the tissues of the mouth or throat. It belongs to a larger group of cancers called head and neck cancers. Most develop in the squamous cells found in your mouth, tongue, and lips. Cancer occurring in the tissues of oral cavity (begins at the lips and extends backwards to the front part of the tonsils) or oropharynx (part of the throat) is termed as oral cancer. Even though the frequent clinical presentation of OSCC is a painless rapidly increasing growth or a non-healing ulcer it may occur in various clinical forms. This article focuses mainly on clinical presentation and diagnostic delay in OSCCs [1]. OSCC is asymptomatic in early stage but it is known to produce high morbidity and mortality because of either the tumor itself or of the treatment in advanced stage. The common causes of oral cancer include, Tobacco use of any kind, Heavy alcohol use, Excessive sun and radiation exposure [2].

Case Presentation

A 71 year old male patient who is a known case of Diabetes Mellitus visited the Government hospital, Chennai central with the chief complaints of sore and lesions in the jaw, breathlessness, and pain and unable to eat. On further patient investigation, it was found that, the patient already had this lesion before 4 months and they were carefree to consult the doctor as they thought it...
is just a dry wound, due to the teeth plaque Figure 1. The wound which remained tied for the past 4 months began to pain at the site than normal which made him to visit the nearby hospital after long time. On examination the lesion was hollow, yellowish (fat deposit), erythematous with deep peelings of the various skin layers absorbed. Physical examination was made and the patient was not advisable for radiotherapy as it was a cancer at a palliative stage. The cancer had a metastasis and the TNM stating was T2N 0M3. He was treated with methotrexate (50 mg), cisplatin (50 mg).

**Discussion**

Mortality due to tobacco use in India is estimated at upwards of 3500 persons every day. Tobacco (smoked and smokeless) use accounted for 3, 17,928 deaths (approx) in men and women in 2018. According to the statistics, in 2012 the incidence of oral cancer in India is 53842 in males and 23161 in females. Oral cancer is considered to be a disease which occurs in elderly people, usually at the age above 70 also the incidence rates have been peak increased after 20’s. Oral cancer is the sixth most common cancer globally with a wide geographic variation. The patient was advised for the surgery in order to remove the cancer and necrosis tissues.

**Conclusion**

Role of clinical pharmacist in making the patient understand the importance in cessation of use of snuffs and tobacco chewing and important measures to be taken must be done. Management of cancer and quick identification for its risk of prevalence is also to be done with drugs and proper care by making the patient aware, thus reducing the rate of morbidity. Extra effort is to be taken in rural sectors in making the patients understand the consequences of open wound which could also lead to cancer.

**References**