






XVII. Diseases of the Digestive System

Haemangioma (capillary)*The mass at lip:*

Is moderate in size
 Oval and rather elongated
 Reddish-bluish in colour
 Somewhat soft in parts, cystic in parts

**Figure** 103**Nature** Haemangioma (lip)**Specimen No.** III-1,1.531**Reference** P. 215**Hemangioma & hare lip****N.B.:***Histologically*, it is proved to be a **capillary Haemangioma**.

Carcinoma					
The lip:		Is distorted			
Lower lip:		<ul style="list-style-type: none"> • Is enlarged and swollen • Shows distortion • Is deformed • Is infiltrated by a tumour 			
The tumour:		<ul style="list-style-type: none"> • Appears in the lower lip • Has infiltrated the right angle of mouth (malignancy) • Is large in size • Irregular in shape • Is destructive and ulcerating • Has everted raised elevated edges (indurated margins) • Floor shows opaque greyish necrotic tumour tissue • Firm-hard in consistence (hard fixed base) 			
Lymph nodes (regional):		Enlarged			
					
Figure 104 Nature Carcinoma (lip) Specimen No III-1,1.551 Reference P. 215		Figure 105 Nature Hare-Lip & Cleft-Palate Specimen No. III-1,1.87 Reference P. 216		Figure 106 Nature Leucoplakia (tongue) Specimen No. III-1,2.321 Reference P. 216	
					
N.B. 1					
<ul style="list-style-type: none"> • This is the commonest type of carcinoma of the lip (i.e. the squamous cell carcinoma): • The rarest tumour is the basal cell carcinoma. 					

N.B. 2

Tumours of the lip

Benign:

1. **Angioma** (congenital or occurring during childhood).
 - (a) **Haemangioma** (*bluish*).
 - (b) **Lymphangioma** (*colorless*) → *diffuse enlargement (macrocheilia)*.
2. **Fibroma** (*rare*).
3. **Papilloma** (*squamous cell-type; rare*).

II. Malignant:

1. Carcinoma (squamous cell-type).

- **Age:** 50—60 years.
- **Sex:** M: F = 9: 1.
- **Site:** Mostly at the lower lip (muco-cutaneous junction).

Factors:

- (a) Chronic irritation for a very long time.
- (b) Leucoplakia and keratosis.
- (c) Hot-clay pipes; excess sun-light or/and rays.
- (d) Chronic fissures; badly-carious jagged teeth; repeated trauma.
- (e) Continued application of tar (fish-net menders).

Features:

- Salivation and halitoses (bad odor or smelly breath).
- Appearance of a small nodule → painless ulceration.

Types:

Well-or non-differentiated:

1. Papillary (extends slowly).
2. *Ulcerative* (*grows quickly*).

Spread:

Mostly local:

- (a) *Direct continuity* → *destroying gums, cheek and lips*.
- (b) Regional lymph nodes → submental; submandibular; cervical.

Rarely distant: Blood stream (late).

2. Carcinoma (basal cell-type).

Site: Chiefly at the upper lip.