



# DIAGNOSTIC DILEMMA IN A NON-HEALING ULCER OF THE TONGUE



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## Introduction

A mouth ulcer is the loss or erosion of part of the delicate tissue that lines the inside of the mouth (mucous membrane). There are many things that cause mouth ulcers. The most common cause is injury (such as accidentally biting the inside of your cheek). Other causes include aphthous ulceration, certain medications, skin rashes in the mouth, viral, bacterial and fungal infections, chemicals and some medical conditions.

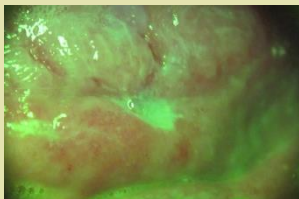


## Case presentation:

A 63-year-old female patient had presented with a non-healing (more than a month) and extremely painful ulcer on the lateral border of the tongue.



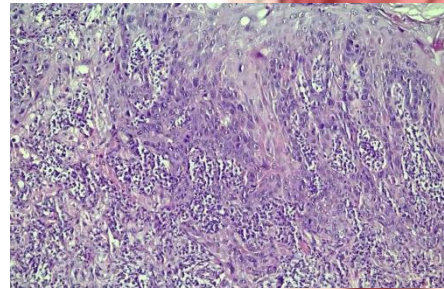
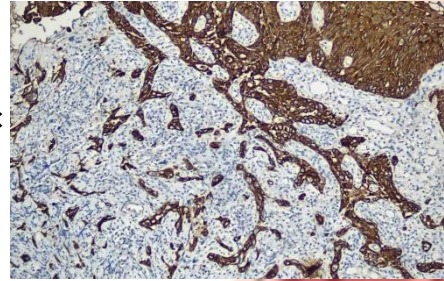
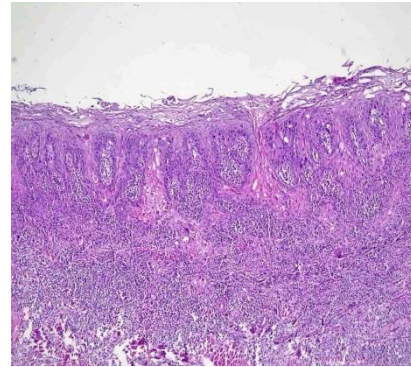
Velscope -



Toluidine Blue +



An incisional biopsy was performed and showed the following microscopic pictures:

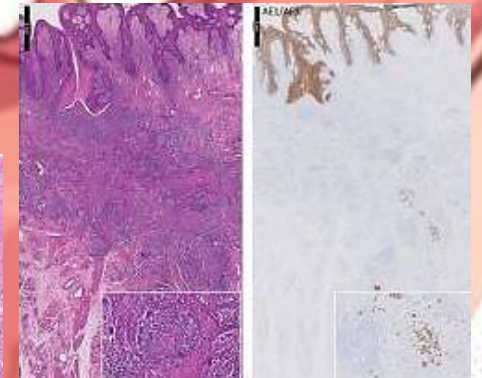
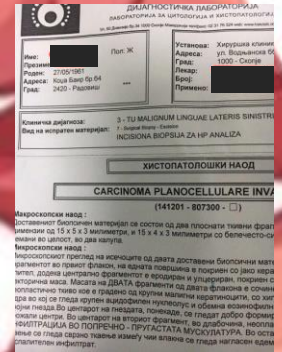


Severe dysplasia was present and at first glance, it was evident that it was a carcinoma.

## TAKE-HOME MESSAGES:

1. NOT ALL MALIGNANT ULCERS PRESENT IN THE SAME CLASSICAL FASHION (THE MOST IMPORTANT CRITERION IS THAT IT'S NON-HEALING).
2. IN DIFFICULT CASES IT'S ALWAYS BETTER TO DO CONFIRMATORY TESTING SO THAT YOU DON'T OVER OR UNDER-DIAGNOSE
3. SQUAMOUS CELLS SOMETIMES UNDERGO EPITHELIAL-TO-MESENCHYMAL TRANSITION AND THUS RESEMBLE STROMAL COMPONENTS. SO IF WE DEPEND ON THE H&E ONLY IN THESE ATYPICAL CASES, TO DETERMINE THE DEPTH OF INVASION (A VERY IMPORTANT PROGNOSTIC MARKER) IT WOULD GIVE A FALSELY LOW READING.

Because of the intense stromal inflammation, further investigations were welcome, so we did a Pan-cytokeratin test (AE/AE3) to assess the condition of the basal membrane and confirm the diagnosis (T300MD classified)



Photomicrographs from the resection specimen, hematoxylin and eosin stain, and immunohistochemically stained sections: pan-cytokeratin (AE/AE3)