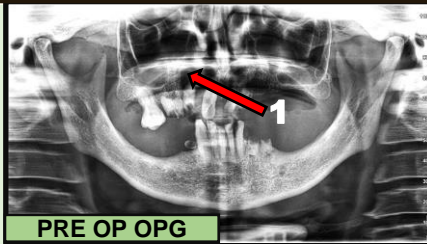


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**Introduction:** Primary malignancies of anterior maxillary alveolus accounts for only 0.5-5% of all oral cancers.

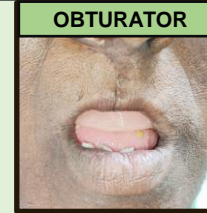
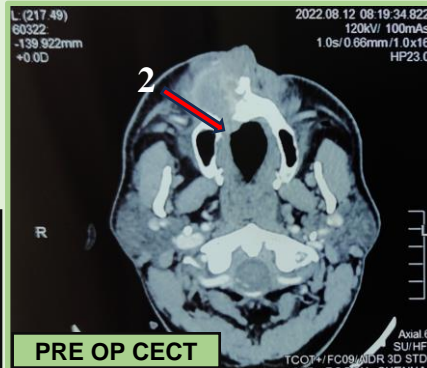


**Management:**

- Right inferior maxillectomy
- Neck dissection level I to III nodes
- Obturator
- Adjuvant radiotherapy 50Gy

**H/P:**

- Depth of invasion 3cm
- Metastatic deposits

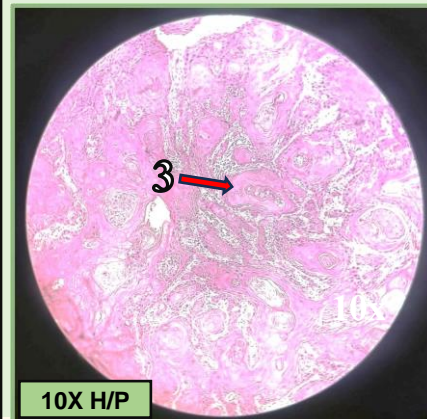


**Case report:**

- 60 year male - diabetic - no habits
- Ulceroproliferative lesion
- Anterior maxillary alveolar process
- 2 months
- CECT
- floor of maxillary sinus (1)
- hard palate (2)
- enhanced necrotic right 1b node
- TNM Stage IVa (T4aN1Mx)
- H/P – Islands (3) of well differentiated malignant squamous epithelial cells - keratin connective tissue stroma

**Recurrence:**

- At 3<sup>rd</sup> month review - level IV node
- CECT - enhancing lesion - bilateral nasal cavity - mucosal opacification maxillary, ethmoid sinus - right IV and left lb nodes
- PET - metabolically active postoperative region
- FNAC - metastatic carcinomatous deposits



**Palliative chemotherapy:**

- 30mg Cisplatin and 1g 5FU

**Discussion:** Though malignancies of anterior maxillary alveolus are rare, early diagnosis, precise investigation and prompt intervention is the key to increase the survival rate.

**Reference:**

MacDonald D, Martin M, Nguyen C. Malignant lesions in the anterior maxilla. Clin Radiol. 2020 Jul;75(7):497-506. doi:10.1016/j.crad.2019.09.133.