Case Scenario

Forty seven years old Sudanese male came to an oral and maxillofacial surgery clinic complaining from a heavy firm swollen tongue with an inability to elevate and move it a sides and difficulty to sleep due to partial airway obstruction.

General information: The patient was fit with no significant medical history.

Social history: Smoking for 14 years and snuff dipping for more than 7 years.

Thorough clinical examinations revealed a hard indurated fixed swollen tongue with significant indentations (Figures 1 and 2). Submental and bilateral, sub-mandibular and cervical lymphadenopathy was exited. Histo-pathological examination showed poorly differentiated squamous cell carcinoma. Patient was refereed for concurrent chemo radiation therapy.