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Case Report

Ulceroproliferative Growth: A Case Report

Dr. Parasa Rohith¹, Dr. Mary Moses², Dr. G. Nissi Miriyam³, Dr. Gera Sneha Shalini⁴, Dr. D. Shashank⁵, Dr. Yamini Gelli⁶

¹Post Graduate, Department of Oral Medicine and Radiology, St. Joseph Dental College, Duggirala, Eluru District, Andhra Pradesh, India

²Senior Lecturer, Department of Oral Medicine and Radiology, St. Joseph Dental College, Duggirala, Eluru District, Andhra Pradesh, India

^{3,4,5,6}Intern, St. Joseph Dental College, Duggirala, Eluru District, Andhra Pradesh, India

Corresponding Author

Dr. Parasa Rohith

Post Graduate, Department of Oral Medicine and Radiology, St. Joseph Dental College, Duggirala, Eluru District, Andhra Pradesh, India

Email: omrdsjdc@gmail.com

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Abstract:

Background: Ulceroproliferative lesions of the oral cavity are clinically significant because they may mimic or represent early stages of oral squamous cell carcinoma (OSCC). Chronic non-healing ulcers associated with tobacco and alcohol use require prompt diagnosis and management to prevent malignant transformation.

Case Report: A 60-year-old male presented with complaints of itching and burning sensation of the tongue for 20 days. The patient had a history of tobacco chewing, chutta smoking, alcohol consumption, and topical application of ayurvedic medication.

Discussion: Chronic oral ulcers persisting beyond two weeks warrant thorough evaluation due to their potential association with oral malignancies. Long-term tobacco and alcohol exposure are major risk factors contributing to epithelial dysplasia and carcinogenesis. Early recognition, biopsy, and histopathological assessment are essential for accurate diagnosis and timely intervention.

Conclusion: Chronic ulceroproliferative lesions should be considered potentially malignant until proven otherwise. Early diagnosis, elimination of risk factors, and appropriate management are crucial for improving prognosis, reducing morbidity, and enhancing patient survival.

Introduction

A century ago, malignant tumors were considered as wounds that do not heal. An ulceroproliferative growth in the oral cavity represents a lesion that combines persistent ulceration with abnormal tissue overgrowth. These lesions are characterized by a combination of non-healing ulceration and abnormal tissue proliferation. ¹Non-healing ulcers associated with persistent inflammatory factors have been previously correlated with the development of Oral

Squamous Cell Carcinoma (OSCC).²⁻⁴ Oral ulcers are lesions that can be very painful and may considerably compromise the quality of life of an individual, thus being associated with a multitude of etiological factors. The tongue, lips, and buccal mucosa are where the ulcers most frequently occur. Men are more likely than women to develop traumatic ulcers with the ratio is 2.7:1. These lesions can occur for several days but can also persist for several weeks, especially if they occur on the lateral side of the tongue because

the movement of the tongue traumatizes the area repeatedly.⁴ The causes of traumatic ulcers are mechanical, chemical, electrical, and thermal trauma, and can also occur due to factors in the oral cavity such as fillings, malposition or malformation of teeth, or fractured teeth.⁵ It has slightly raised reddish borders covered with a yellowish-white necrotic pseudo membrane that can be wiped off. Diagnosis of oral ulceration can be challenging and requires careful clinical examination and history taking. It is important to understand that oral manifestations may represent part of a larger problem.⁶ A biopsy is also required of those oral mucosal surfaces that show important and persistent color changes that become very white, red, or pigmented, or changes in appearance like cracking, proliferation, or ulceration, with deep-lying hard masses detected upon palpation.

Pathophysiology

Ulcers usually begin with a triggering factor such as local trauma, stress, nutritional deficiency, or microbial imbalance. The immune system plays a central role in the pathogenesis of ulcers. Activated CD8+ cytotoxic T lymphocytes infiltrate the oral mucosa, releasing pro inflammatory cytokines such as tumor necrosis factor-alpha (TNF- α), interleukin-2 (IL-2), and interferon-gamma (IFN- γ). These cytokines induce apoptosis of epithelial cells, leading to ulcer formation. If the ulcers are not healed within 2 weeks it may lead to the dysregulation of some micro RNAs at the cellular level, which are mainly involved in oral carcinogenesis. On a clinical basis, a timely diagnosis of malignancy is significant because it relates to ulcers, which might be precancerous. DNA damage results from lifetime exposure to known carcinogens

in the oral cavity, and as a result of the accumulation of genetic events, carcinoma develops eventually.⁷

Case Report

A male patient named J. Koteswar Rao aged 60 yrs came to the department of oral medicine and radiology with chief complaint of itching and burning sensation of tongue since 20 days. Pt gives history of itching and burning which aggravates during morning and evening times for approximately 2 hours duration. Patient had habit of tobacco chewing, smoking chutta, alcohol drinking since 30 years. Pt gives history of using ayurvedic medicine directly applied to tongue. Pt also gives history of placing tobacco leaf powder in the lower buccal vestibule for 5 minutes more frequently on left side. An ill defined diffused ulceroproliferative growth is seen on the left half of the tongue which is seen of size approx 4.5 x 3.5 cm extending antero-posteriorly from tip of the tongue to tip of the tongue on the right side to base of the tongue on left side and medio-laterally extending 1cm away from midline of ventral surface of tongue involving entire left lateral border. Surface of mucosa on dorsum is normal in color but ventral mucosal surface is erythematous with ill defined margins dorsal surface is irregular in shape. Floor of ulcero proliferative growth shows whitish yellow pseudo membranous slough scattered throughout the lesion. Edges are everted with indurated base on palpation. Lesion does not involve lingual frenum. Tongue is deviated towards right side. a solitary submandibular lymph nodes is palpable which is tender, firm in consistency, non mobile. According to above findings the lesion is provisionally diagnosed as chronic ulceroproliferative growth



Figure 1 showing ulceroproliferative growth



Figure 2 showing left lateral surface of tongue with non healing ulcer



Figure 3 showing non healing ulcer on ventral surface of tongue

Discussion

Ulcer is a break in the skin or mucous membrane with loss of surface tissue, disintegration, and necrosis of the epithelial tissue. The simple definition of an ulcer is the existence of a painful or sore wound. Oral ulcers are lesions that damage the epithelium and the connective tissue underneath. They are characterized by a loss of texture. However, once the ulcer takes the chronic stage its healing capacity decreases thereby causing various complications. Oral squamous cell carcinoma (OSCC) is a well-known malignancy that accounts for more than 90% of all oral cancers. Pain is a common symptom in oral cancer patients, representing 30–40% of their main complaints. Persistent inflammatory factors that cause non-healing ulcers have a relationship with the development of OSCC. Suspicion of lesions other than traumatic ulcers and the ability to diagnose is very important in the proper management. With a male-to-female ratio of 1.7:1.2, oral cancer ranks as the seventh most frequent malignancy.⁸ Abuse of alcohol and tobacco products is the main risk factor for this condition. The lateral edge of the tongue's anterior two-thirds is the Figure 2 (a) Traumatic ulcer on lateral left of the tongue. There were 36 retained roots located next to the ulcer. Over 90% of oral cancers are caused by OSCC.⁹ Most often; it affects elderly males in their fifth to ninth decades. Clinical diagnosis of oral squamous cell carcinoma is impossible. The histological architecture of the tissue is typically preserved more effectively by punch and scalpel biopsies than by laser or electrosurgical techniques.

Thermal injury to the tissue brought on by laser and electrosurgical equipment may produce artifacts like coagulation, charring, or heat-induced necrosis. Early diagnosis of oral lesions, all patients should focus on controlling oral hygiene and eliminating the cause of irritation to the oral mucosa. Dentists and oral medicine specialists have the ability to greatly enhance and maybe improve a patient's life. It is crucial to know early identification of mucosal lesions and oral health care.

Conclusion

The findings in the present study reveal a high prevalence of oral cancer in patients presenting with chronic oral non-healing ulcers. Early diagnosis of these non-healing ulcers is the most important factor for improving patient's survival rates and minimizing the extent of surgical requirements. Tobacco either in chewing or smoking form has a high chance of converting non-healing oral ulcers into malignancy. Careful examinations are carried out in order to establish the diagnosis and management of the lesion to be precise so that the better prognosis is achieved.

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