Abstract: Increase in the prevalence of subsequent malignancy after cancer treatment reflects improvements in early detection, supportive care and treatment. 67 yrs old female presented with proliferative lesion 2cms left upper alveolus in 2016. Biopsy proved as squamous cell carcinoma. She is a known case of advanced carcinoma of left lower alveolus underwent composite resection and adjuvant Radiation seven years back (2009). She underwent partial maxillectomy now. She is alive without disease and on regular follow up. Interestingly second oral cancer is not much reported in the literature.

Key words: oral cancer, tobacco, alcohol, nicotine, second primary cancer (SPC), Squamous cell carcinoma.

Introduction: The incidence of cancer is increasing in our country mainly due to increase in life expectancy at birth. Squamous cell carcinoma of head and neck (HNSCC) is one of the common cancers. Tobacco use and alcohol are two main causative agent for HNPCC. Many cancer patients develop second, third and higher order primary cancers. SPC could be due to shared etiology, Tobacco, alcohol; other environmental determinants host factors and genetic factors. Human papilloma virus is causing more of oropharyngeal cancer than oral cancer.

Case report: The patient now (2018) 69 years was diagnosed as advanced carcinoma left lower alveolus nine years back. She was a tobacco chewer for the past 20 years. She underwent composite resection, Radical Neck dissection and Pectoralis Major Myocutaneous reconstruction (fig-1). Her post operative histopathology was squamous cell carcinoma and margins are free of tumour. The pathological stage was T4aN0Mo. She quit tobacco chewing. She received adjuvant Radiation. She was on regular follow up. She developed proliferating lesion in the left upper alveolus two years back. Clinically, no neck node palpable CT scan revealed maxillary sinus free of tumour. X-Ray chest was normal. Biopsy was done and reported as infiltrating squamous cell carcinoma. She underwent partial maxillectomy. She needed temporary trachostomy due to tongue fall,a serious sequelae of previous hemimandibulectomy. Post operative histopathology report came as squamous cell carcinoma and margins are free of tumour. The pathological stage was PT1. A temporary obturator was provided in the immediate postoperative period and permanent obturator was provided after wound healing. She was kept on observation.
One ultimate goal will be the development of biomarker that might eventually help identify those patients who will develop SPC and other late effects permitting opportunities for prevention. HPV positive head and neck cancers are attributed to orogenital sex. Behavioral changes and HPV vaccine may reduce the incidence of HNSCC.

Reference: