Introduction

Indian subcontinent shows the highest prevalence of oral cancer among all cancers in men, while it is the sixth most common cancer worldwide [1]. On an average possibly about 8-8.5% men and 4-8.1% women will develop oral cancer in their lifetime in developing countries [2]. Oral cancer is a multifactorial disease though most of the times it is preceded by some premalignant lesions or conditions for varying length of time. Interestingly they share some etiological factor with oral cancer, particularly the use of tobacco or other carcinogens addiction.

Infection has a considerable role in cancer development, causing approximately one in five malignancies worldwide [3,4]. Bacteria like Helicobacter pylori, viruses like Human Papilloma Virus (HPV), chronic hepatitis B and C infections, and herpesvirus, Epstein-Barr virus (EBV), causes cancer due to chronic infections [5]. The literature on etiological relationship between fungal infection and cancer are less, although for many years Candida species have been implicated in various epithelial cancers. Candidal infection does not appear to be a risk factor for dysplastic cervical lesions or cervical carcinoma [6] and most interest in Candida and carcinogenesis is related to oral and esophageal carcinoma [5]. The possible association between Candida species and oral neoplasia was first reported in the 1960s with later reports suggesting a link between the presence of Candida albicans in the oral cavity and the development of oral squamous cell carcinoma [7]. In actuality epithelial dysplasia improves after elimination of Candida species from infected tissue also supports this contributory association [8].

The aim of this case report is to add in the literature of a rare case presentation of chronic oral Candidiasis which converts into oral cancer on follow up.

Case Presentation

A 60 years female reported to department of oral medicine with a chief complaint of burning sensation in mouth since 4-5 years. On taking detailed case history she revealed she was alright 4-5 years back when she started experiencing burning sensation in mouth. Burning sensation was present when she uses to take spicy food which decreases on taking sweet food or sweets. Patient was advised to take capsule Becosule for burning sensation by their relatives, but burning sensation still persisted after taking medications once daily for few days. Now in last 15 days she visited to a dentist for extraction of her mobile teeth in upper front region of jaw. After extraction of her teeth, Dentist referred her to our institute for her complains regarding burning sensation in mouth and for white lesion on palate and tongue. No history of trauma, weakness, stress or weight loss. Patient was asthmatic and taking inhaler for the same since last 7 to 8 years (beclomethasone dipropionate). Patient was also hypertensive since last 3 years and on medication for the same (Tablet Amlodipine...
5 mg). In general physical examination she was normal with all vital parameters within normal limits.

On examination of her intraoral lesions, white slightly scrapable lesion noted involving complete palate which was also extending on maxillary alveolar ridge in some sites (Figure 1). White non scrapable lesion was also noted on right and left ventral surfaces of tongue (Figure 2). There was coating on dorsal surface of tongue. Based on her history and clinical presentation provisional diagnosis of Pseudomembranous Candidiasis on palate and chronic hyperplastic Candidiasis on right and left ventral surface on tongue was made.

Patient was subsequently started with topical antifungal, symptomatic treatment and kept on follow up. After 1 month follow up lesions was resolving on palate and ventral surfaces of tongue (Figure 3). Patient was again called after 15 days. Lesion was still better in follow up visits while non healing lesion was seen on maxillary anterior region of jaw (Figure 4). Patient was given symptomatic treatment for that but lesion was not healing so we had opted for incisional biopsy which was turned as well differentiated squamous cell carcinoma on histopathologic examination (Figure 5). Patient was advised CT scan (Figure 6) and surgical treatment was done. Patient is still on follow up and no recurrence noted till date.

**Discussion**

Cancer is Latinized from Greek word ‘Karkinos’, meaning a crab, representing how carcinoma extends its claws like a crab into the adjacent tissues. Cancer is the second most leading cause of mortality in economically developed countries and the third most leading cause of death in developing countries [2]. It is estimated that more than one million new cases are being detected annually in the Indian subcontinent. 92-95% of all oral malignancies are oral squamous cell carcinomas. Anyone can develop cancer; however the risk of being diagnosed with cancer increases with age & exposure to risk factors [9]. Longer people live the more possible it is for a sporadic mutation to occur in their genome, leading to genetic alterations that may lead to a malignant phenotype [9].

Oral cancer is a multifactorial disease and along with many potentially malignant disorders, chronic oral Candidiasis is rarely

References