

1. INTRODUCTION.

The tongue is a complex organ and can be divided into the oral tongue and base or oropharyngeal portion; it is believed to behave as two clinically distinct anatomic areas. Squamous cell carcinoma of the tongue (ICD 141) was one of the commonest intra oral malignancies in western country (Moore SR et al 2000). About 40% of disease arises in anterior 2/3 of tongue and 85% of that from lateral border. (Stell & Maran's, Fourth Edition .2000).

In Malaysia, the prevalence of oral cancer was reported as 0.04%(Zain et al 1997). Tongue cancer was the 2nd commonest oral squamous cell carcinoma after buccal mucosa and Chinese male and female has the highest number while in Malay , it was common in male.(Ng et al 1985).

The primary cancer of the tongue was squamous cell carcinoma and it was usually associated with pain and speech difficulties. The outcome of the disease was not excellent even multimodality of treatment rendered especially in advanced stage of disease. Lymphatic metastasis from tongue cancer were most frequently seen and occurred in about 15- 75 % of cases (G. Aksu et al 2006).Although surgical has been the mainstay of treatment, combination surgery and radiotherapy to include primary site and regional nodes is commonly used for more advanced cancers.

In spite of advances in cancer therapy, the world wide trend in 5 year survival rates for tongue cancer since 1970s has remained relatively constant. The 5 year survival

for oral cancer has not improved significantly over the past several decades and it remains at about 50 to 55 percent (Neville and Damm 2002).

Survival rate was much higher in patient with early stage of disease rather than those whom the cancer had spread to regional lymph nodes or to more distant site at time of diagnosis. 5 year survival for base of tongue cancer around 33- 40% compared with 53% for oral tongue cancer (Zhen W et al 2004).

This retrospective study is to review the outcome of 48 tongue cancer patients with multiple disease characteristic and treated with varies treatment modalities (surgery, radiotherapy, chemotherapy or combination). The sample will confined to all patients whom treated in University Malaya Medical Centre by ENT or Oral Maxillofacial Surgery Department.

The outcomes that will analyze in this study will be the disease free period and survival period of patient after treatment. The relation between the treatment outcome and prognostic factors will be examined and reviewed.