# World Journal of Clinical Cases

## Contents

### REVIEW

9970  
**COVID-19 and the heart**  

9985  
**Role of short chain fatty acids in gut health and possible therapeutic approaches in inflammatory bowel diseases**  
Caetano MAF, Castelucci P

### MINIREVIEWS

10004  
**Review of the pharmacological effects of astragaloside IV and its autophagic mechanism in association with inflammation**  
Yang Y, Hong M, Lian WW, Chen Z

### ORIGINAL ARTICLE

#### Clinical and Translational Research

10017  
**Effects of targeted-edited oncogenic insulin-like growth factor-1 receptor with specific-sgRNA on biological behaviors of HepG2 cells**  

#### Retrospective Study

10031  
**Analysis of the successful clinical treatment of 140 patients with parathyroid adenoma: A retrospective study**  
Peng ZX, Qin Y, Bai J, Yin JS, Wei BJ

10042  
**Efficacy of digital breast tomosynthesis combined with magnetic resonance imaging in the diagnosis of early breast cancer**  
Ren Y, Zhang J, Zhang JD, Xu JZ

10053  
**Prevention and management of adverse events following COVID-19 vaccination using traditional Korean medicine: An online survey of public health doctors**  
Kang B, Chu H, Youn BY, Leem J

10066  
**Clinical outcomes of targeted therapies in elderly patients aged ≥ 80 years with metastatic colorectal cancer**  
Jang HR, Lee HY, Song SY, Lim KH

10077  
**Endovascular treatment vs drug therapy alone in patients with mild ischemic stroke and large infarct cores**  
Kou WH, Wang XQ, Yang JS, Qiao N, Nie XH, Yu AM, Song AX, Xue Q
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10097</td>
<td>Dementia-related contact experience, attitudes, and the level of knowledge in medical vocational college students</td>
<td>Liu DM, Yan L, Wang L, Lin HH, Jiang XY</td>
</tr>
<tr>
<td>10109</td>
<td>Link between COVID-19 vaccines and myocardial infarction</td>
<td>Zafar U, Zafar H, Ahmed MS, Khattak M</td>
</tr>
<tr>
<td>10120</td>
<td>Successful treatment of disseminated nocardiosis diagnosed by metagenomic next-generation sequencing: A case report and review of literature</td>
<td>Li T, Chen YX, Lin JJ, Lin WX, Zhang WZ, Dong HM, Cai SX, Meng Y</td>
</tr>
<tr>
<td>10130</td>
<td>Multiple primary malignancies – hepatocellular carcinoma combined with splenic lymphoma: A case report</td>
<td>Wu FZ, Chen XX, Chen WY, Wu QH, Mao JT, Zhao ZW</td>
</tr>
<tr>
<td>10146</td>
<td>Cavernous hemangioma of the ileum in a young man: A case report and review of literature</td>
<td>Yao L, Li LW, Yu B, Meng XD, Liu SQ, Xie LH, Wei RF, Liang J, Ruan HQ, Zou J, Huang JA</td>
</tr>
<tr>
<td>10155</td>
<td>Successful management of a breastfeeding mother with severe eczema of the nipple beginning from puberty: A case report</td>
<td>Li R, Zhang LX, Tian C, Ma LK, Li Y</td>
</tr>
<tr>
<td>10162</td>
<td>Short benign ileocolonic anastomotic strictures - management with bi-flanged metal stents: Six case reports and review of literature</td>
<td>Kasapidis P, Mavrogenis G, Mandrekas D, Bazerbachi F</td>
</tr>
<tr>
<td>10172</td>
<td>Simultaneous bilateral floating knee: A case report</td>
<td>Wu CM, Liao HE, Lan SJ</td>
</tr>
<tr>
<td>10186</td>
<td>Tislelizumab-related enteritis successfully treated with adalimumab: A case report</td>
<td>Chen N, Qian MJ, Zhang RH, Gao QQ, He CC, Yao YK, Zhou JY, Zhou H</td>
</tr>
</tbody>
</table>
## Contents

**Thrice Monthly Volume 10 Number 28 October 6, 2022**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10193</td>
<td>Treatment of refractory/relapsed extranodal NK/T cell lymphoma with decitabine plus anti-PD-1: A case report</td>
<td>Li LJ, Zhang JY</td>
</tr>
<tr>
<td>10201</td>
<td>Clinical analysis of pipeline dredging agent poisoning: A case report</td>
<td>Li YQ, Yu GC, Shi LK, Zhao LW, Wen ZX, Kan BT, Jian XD</td>
</tr>
<tr>
<td>10214</td>
<td>Twin reversed arterial perfusion sequence-a rare and dangerous complication form of monochorionic twins: A case report</td>
<td>Anh ND, Thu Ha NT, Sim NT, Toan NK, Thuong PTH, Duc NM</td>
</tr>
<tr>
<td>10220</td>
<td>Potential otogenic complications caused by cholesteatoma of the contralateral ear in patients with otogenic abscess secondary to middle ear cholesteatoma of one ear: A case report</td>
<td>Zhang L, Niu X, Zhang K, He T, Sun Y</td>
</tr>
<tr>
<td>10236</td>
<td>Alpha-fetoprotein-producing hepatoid adenocarcinoma of the lung responsive to sorafenib after multiline treatment: A case report</td>
<td>Xu SZ, Zhang XC, Jiang Q, Chen M, He MY, Shen P</td>
</tr>
<tr>
<td>10252</td>
<td>Persistent diarrhea with petechial rash - unusual pattern of light chain amyloidosis deposition on skin and gastrointestinal biopsies: A case report</td>
<td>Bilton SE, Shah N, Dougherty D, Simpson S, Holliday A, Sahebjam F, Grider DJ</td>
</tr>
<tr>
<td>10260</td>
<td>Solitary splenic tuberculosis: A case report</td>
<td>Guo HW, Liu XQ, Cheng YL</td>
</tr>
<tr>
<td>10266</td>
<td>Coronary artery aneurysms caused by Kawasaki disease in an adult: A case report and literature review</td>
<td>He Y, Ji H, Xie JC, Zhou L</td>
</tr>
<tr>
<td>10273</td>
<td>Double filtration plasmapheresis for pregnancy with hyperlipidemia in glycogen storage disease type Ia: A case report</td>
<td>Wang J, Zhao Y, Chang P, Liu B, Yao R</td>
</tr>
<tr>
<td>10279</td>
<td>Treatment of primary tracheal schwannoma with endoscopic resection: A case report</td>
<td>Shen YS, Tian XD, Pan Y, Li H</td>
</tr>
<tr>
<td>10286</td>
<td>Concrescence of maxillary second molar and impacted third molar: A case report</td>
<td>Su J, Shao LM, Wang LC, He LJ, Pu YL, Li YB, Zhang WY</td>
</tr>
</tbody>
</table>

**World Journal of Clinical Cases**

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## Contents

**World Journal of Clinical Cases**

**Thrice Monthly**

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**Number 28**

October 6, 2022

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10293</td>
<td>Rare leptin in non-alcoholic fatty liver cirrhosis: A case report</td>
<td>Nong YB, Huang HN, Huang JJ, Du YQ, Song WX, Mao DW, Zhong YX, Zhu RH, Xiao XY, Zhong RX</td>
</tr>
<tr>
<td>10310</td>
<td>Ectopic pregnancy and failed oocyte retrieval during <em>in vitro</em> fertilization stimulation: Two case reports</td>
<td>Zhou WJ, Xu BF, Niu ZH</td>
</tr>
<tr>
<td>10317</td>
<td>Malignant peritoneal mesothelioma with massive ascites as the first symptom: A case report</td>
<td>Huang X, Hong Y, Xie SY, Liao HL, Huang HM, Liu JH, Long WJ</td>
</tr>
<tr>
<td>10326</td>
<td>Subperiosteal orbital hematoma concomitant with abscess in a patient with sinusitis: A case report</td>
<td>Hu XH, Zhang C, Dong YK, Cong TC</td>
</tr>
<tr>
<td>10332</td>
<td>Postpartum posterior reversible encephalopathy syndrome secondary to preeclampsia and cerebrospinal fluid leakage: A case report and literature review</td>
<td>Wang Y, Zhang Q</td>
</tr>
<tr>
<td>10366</td>
<td>Thalidomide combined with endoscopy in the treatment of Cronkhite-Canada syndrome: A case report</td>
<td>Rong JM, Shi ML, Niu JK, Luo J, Miao YL</td>
</tr>
<tr>
<td>10375</td>
<td>Thoracolumbar surgery for degenerative spine diseases complicated with tethered cord syndrome: A case report</td>
<td>Wang YT, Mu GZ, Sun HL</td>
</tr>
</tbody>
</table>

**LETTER TO THE EDITOR**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10384</td>
<td>Are pregnancy-associated hypertensive disorders so sweet?</td>
<td>Thomopoulos C, Ilias I</td>
</tr>
<tr>
<td>10387</td>
<td>Tumor invasion front in oral squamous cell carcinoma</td>
<td>Cuevas-González JC, Cuevas-González MV, Espinosa-Cristobal LF, Donohue Cornejo A</td>
</tr>
</tbody>
</table>
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The primary aim of World Journal of Clinical Cases (WJCC, World J Clin Cases) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

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Tumor invasion front in oral squamous cell carcinoma

Juan Carlos Cuevas-González, Maria Veronica Cuevas-González, Leon Francisco Espinosa-Cristobal, Alejandro Donohue Cornejo

Abstract

Oral squamous cell carcinoma is a neoplasm that originates from the epithelial mucosa. It is usually more frequent between the fifth and sixth decades of life, and more than 90% of carcinomas of the oral cavity are squamous cell carcinoma. It is an invasive neoplasia with a significant recurrence rate; 40% of patients present with metastases in the cervical lymph nodes at the time of diagnosis. The tumor invasion front is a characteristic of tumor growth, which can be infiltrative or noninvasive. The histopathological parameters examined include the number of mitoses, depth of the tumor, invasion pattern, degree of keratinization, and nuclear pleomorphism. For the pathologist, these parameters are routinely evaluated but are not reported to the treating physician in all cases, which we consider to be useful information when determining the therapeutic route.

Key Words: Oral squamous cell carcinoma; Invasive neoplasia; Therapeutic route; Life; Tumor growth; Pleomorphism

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ORAL SQUAMOUS CELL CARCINOMA (SCC) IS A NEOPLASM THAT ORIGINATES FROM THE EPITHELIAL MUCOSA. IT IS USUALLY MORE FREQUENT BETWEEN THE FIFTH AND SIXTH DECADES OF LIFE, AND MORE THAN 90% OF CARCINOMAS OF THE ORAL CAVITY ARE SCC\(^1\). ITS REPORTED INCIDENCE WORLDWIDE IS 300,400 CASES, AND IT IS RESPONSIBLE FOR 145,400 DEATHS PER YEAR WITH A 5-YEAR SURVIVAL RATE OF 50% TO 60%. WHEN THE ORIGIN OF THE PRIMARY TUMOR IS UNKNOWN IN HEAD AND NECK SCC, THE 5-YEAR SURVIVAL RATE IS ONLY 5% TO 15%\(^2\).

With regard to localization, approximately 32% of SCCs affect the oral mucosa, compared with 22% for the tongue, 11% for the lower lip, 11% for the palate, 8% for the vestibule, 5% for the alveolus, 5% for the floor of the mouth, and 3% for the gingiva\(^3\).

SCC IS AN INVASIVE NEOPLASMA WITH A SIGNIFICANT RECURRENT RATE; 40% OF PATIENTS PRESENT WITH METASTASES IN THE CERVICAL LYMPH NODES AT THE TIME OF DIAGNOSIS\(^4\). Thus, early detection and histopathological analysis are essential for the patient to be treated in an appropriate and timely manner.

The tumor invasion front (TIF) is a characteristic of tumor growth, which can be infiltrative or noninvasive. The histopathological parameters examined include the number of mitoses, depth of the tumor, invasion pattern, degree of keratinization, and nuclear pleomorphism (Figure 1)\(^5,6\). For the pathologist, these parameters are routinely evaluated but are not reported to the treating physician in all cases, which we consider to be useful information when determining the therapeutic route. Thus, these parameters were evaluated by our working group. We analyzed 10 cases diagnosed in the Oral Pathology Laboratory of the Stomatology Department of the Universidad Autonoma de Ciudad Juarez in Mexico; 9 corresponded to well-differentiated SCC and 1 was poorly differentiated. The mean age was 57 years, and the most frequent location was the lip (6/10). Regarding the TIF, mitosis was moderate (2-5) in 50% of cases; 3 cases had one mitosis and 2 cases had more than five mitoses in the 400 x field.

We noted a relationship among neoplastic cells, vascularity, and depth. In 4 cases, there was infiltration into the blood vessels; in 3 cases, the neoplasm surrounded the blood vessels; and in 3 cases, it was close to the blood vessels. The tumor depth reached the muscular and glandular levels in 6/10 neoplastic cells vs 4 in the lamina propria. These two characteristics are important to consider and should be reported to the clinician as support when establishing treatment and determining the prognosis of the carcinoma (Figure 2). Seven carcinomas presented with a keratin pearl and individual keratinization of at least 50%. Notably, although 90% of carcinomas were well differentiated, the tumor depth in most cases was infiltrating, which is a relevant histopathological finding. We consider that in cases of poorly differentiated carcinomas, complementary immunohistochemical studies (cytokeratins) would be very useful to confirm the epithelial origin of the neoplasm.

Currently, there are other efforts focused on elucidating the prognosis in oral SCC. Some of these have been reported by Nocini et al\(^7\) and Girolami et al\(^8\), who studied the expression of programmed death-ligand 1 (PD-L1) both in precancerous lesions of the head and neck, and in oral SCC. There are contrasting results for PD-L1 in the literature; the authors suggest that if an adequate standardization is carried out both in the performance and the evaluation of the marker, more reliable results can be obtained\(^7,8\). As shown here, this work is aimed at standardizing both histopathological characteristics and molecular biology techniques, with the sole purpose of facilitating the clinical management of oral SCC patients in a correct, precise, and timely manner.

In conclusion, although the histopathological parameters of TIF are evaluated by the pathologist at the diagnosis of SCC, this information is not part of the microscopic description that the treating physician receives in all cases. Thus, we propose the evaluation and reporting of the TIF, thus providing the medical doctor with more objective criteria when establishing the therapeutic route for each patient.
Figure 1 Histopathological parameters of the tumor invasion front.

Figure 2 Hematoxylin and eosin staining. A: Well-differentiated squamous cell carcinoma (hematoxylin and eosin staining, magnification 100 ×); B: Epithelial islands formed by tumor cells (hematoxylin and eosin staining, magnification 100 ×); C: Neoplastic cells infiltrating glandular tissue (hematoxylin and eosin staining, magnification 100 ×); D: Neoplastic cells with an infiltrating pattern in blood vessels (hematoxylin and eosin staining, magnification 400 ×).

FOOTNOTES

**Author contributions:** Cuevas-Gonzalez MV wrote the letter; Cuevas-Gonzalez JC and Donohue Cornejo A performed the histopathological analyses; Espinosa Cristóbal LF revised the letter; All authors have read and approved the final manuscript.

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REFERENCES


