

Conclusion

The two cases presented highlight the need for vigilance and prompt referral of lesions that are suspicious for oral cancer. There are potentially serious consequences for patients if there are significant delays between the initial presentation of the lesion and referral for specialist opinion.

The key learning points for dental practitioners from our paper are:

- The most common site for SCCs is the tongue,³ but they can occur on any mucosal area including the maxilla
- Delay in referral can considerably decrease patient survival, particularly when referral is made at a late tumour stage
- The best possible scenario is referral when the tumour diameter is less than 2 cm
- Thorough and systematic clinical examination of the soft tissues and examination of regional lymph nodes at each appointment helps early detection
- Once the initial management for a presumed benign local cause is unsuccessful and mucosal areas show no resolution, there should be an increased level of suspicion and reconsideration of possible diagnoses
- GDPs should refer cases of concern to their local oral and maxillofacial team early to

help avoid the additional morbidities associated with the management of late-presenting tumours.

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Competing interests

The authors declare no competing interests.

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When this article was initially published the second author's name was not included. The author list should have read:

'Sagar Dahiya & Rajat Mitra'

The journal apologises for any inconvenience caused.