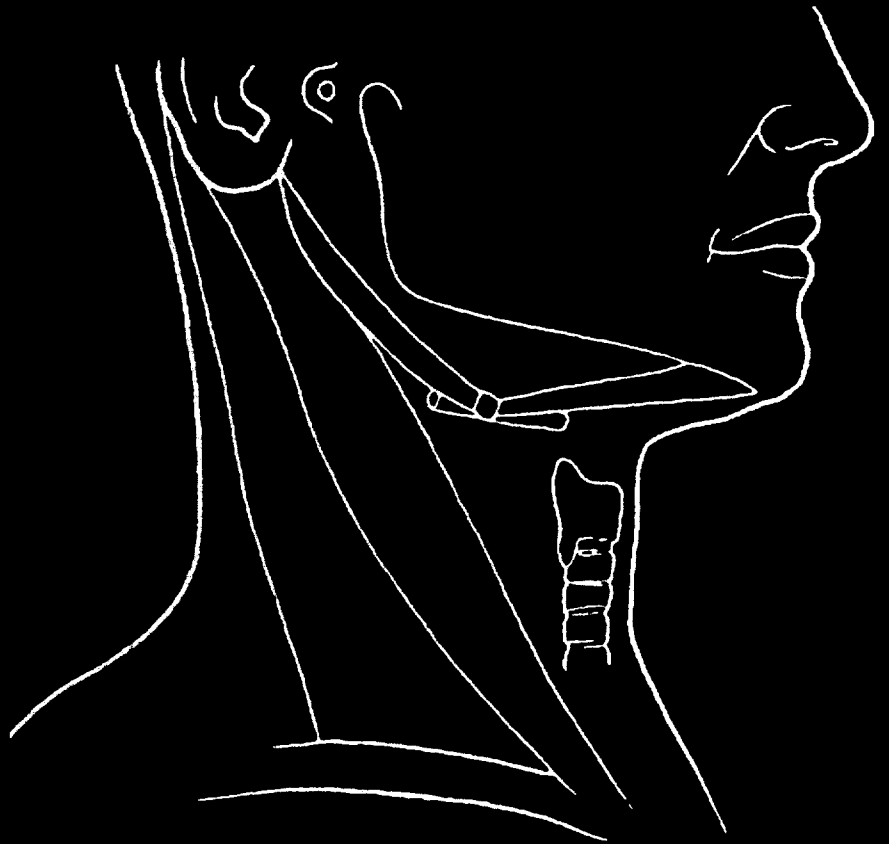


Oral Cancer

a synopsis of pathology and management



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Leukoplakia

A white patch (>5 mm) which cannot be wiped off and for which there is no obvious cause. A clinical term with no histological meaning. A sign or a manifestation of a number of diseases which present as white patches.

Clinical features

Leukoplakia is found in 1–4% of unselected populations. There is a variable presentation, from thin white patches to thick plaques, colour from white to grey, appearance smooth with cracks or fissures, or a wrinkled appearance.

Histopathology

This ranges from simple hyperkeratosis +/- epithelial hyperplasia to atrophic parakeratotic epithelium with severe dysplasia.

Benign

There is no tendency for the condition to become malignant, i.e. frictional keratosis, smoker's white patch.

Premalignant

There is an increasing tendency to malignant change, i.e. smoker's leukoplakia, candidal leukoplakia, idiopathic leukoplakia, sublingual keratosis.

Prognosis

The risk for cancer is 100 times greater than in normal tissues. The malignant transformation rate is 4–5% over 5–10 years in western populations.

The tendency to undergo malignant change varies according to:

1. Aetiological factors – tobacco and alcohol are high risk.
2. Nutritional status – iron, folate and vitamin B₁₂ deficiencies may contribute to premalignant states.
3. Site of lesion – palate is low risk, floor of mouth is high risk.

4. Clinical appearance:
 - (a) homogeneous = 5% malignant transformation
 - (b) speckled = 30% malignant transformation (i.e. areas of keratosis and atrophy).
5. Histopathology – those which show dysplasia are high risk.

Erythroplakia

This is a raised velvety red plaque with irregular margins that cannot be characterized clinically or pathologically as being due to any other condition. Severe dysplasia, carcinoma in-situ or invasive carcinoma are seen in 90% of cases.

Epithelial atrophy

Atrophy of the epithelium renders the mucosa more susceptible to environmental carcinogens.

Plummer-Vinson (Kelly-Patterson) syndrome

This condition consists of the classic triad of iron deficiency anaemia, atrophic glossitis, and dysphagia (web-like deformities at the pharyngeal-oesophageal junction).

It is seen in elderly (80 years) non-smoking/non-drinking females. There is an increased risk of postcricoid carcinoma.

Oral submucous fibrosis

Clinical features

The aetiology is unknown, but it is found in India, especially amongst betel nut chewers. There is a chronic, insidious trismus and binding down of the tongue. The oral mucosa becomes increasingly firm, pale and stiff. The oral mucosa is blanched, thin and cannot be indented with a finger.

Histopathology

The epithelium is atrophic, with dysplasia in 13% of cases. There is fibrosis of the submucosa which is poorly vascularized. Hyalinization occurs in advanced stages.