

A-19: Clinicopathological study of oral white and red lesions

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In Sri Lanka, oral cancer is one of the commonest malignancies. Oral cancer is sometimes preceded by clinically visible lesions which are non-cancerous to begin with. Leucoplakia and Erythroplakia are such lesions which are clinically recognizable and they provide an important opportunity for intervention in the prevention of oral cancer. The most widely used method of evaluating the malignant potential of oral precancerous lesions is by conventional microscopy study. This is a study of pathological features of 50 cases of leucoplakia and 18 cases of erythroplakia.

The biopsies were fixed in 10% formol saline and routine processing and staining with haematoxylin and eosin were performed. The clinical appearance of the lesions was noted and photographs of the lesions were taken at the Outpatient Dept. of the Dental Institute, Colombo.

Out of 850 biopsies received between 1990 and 1995, 50 were leucoplakia and 18 were erythroplakia. In patients with leucoplakia, females outnumbered males and the ages ranged from 41 to 78 years. In patients with erythroplakia males outnumbered females and the ages ranged from 48 to 79 years. Clinically 87% of the leucoplakia occurred in the buccal mucosa and others in the alveolar ridge and in the tongue, and the majority (89%) were homogeneous leucoplakia.

Out of 18 erythroplakias, 10 occurred in the anterior part of the buccal mucosa, 5 in the retromolar area and 3 in the floor of the mouth.

Microscopically, in homogeneous leucoplakia there was marked hyperkeratosis and thinning and atrophy of the squamous epithelium. In speckled leucoplakia the characteristic changes were hyperkeratosis, epithelial hyperplasia and moderate degree of epithelial dysplasia. The inflammatory reaction in the subepithelium was more in speckled leucoplakia in this study.

Out of 18 erythroplakias, 5 showed early invasive carcinoma, 11 showed thinning of the squamous epithelium and moderate to severe degree of epithelial dysplasia and 2 showed thickening of the squamous epithelium and mild dysplasia.

11% of the lesions with oral leucoplakia and 100% of the erythroplakias showed some form of epithelial dysplasia. Therefore all white and red lesions of the oral mucosa must be biopsied and on the basis of severity of epithelial dysplasia or the histological diagnosis of cancer, the lesions should be treated definitively and the patients should be followed up regularly.