



STUDY OF VARIOUS ORAL CAVITY MUCOSAL LESIONS TERTIARY CARE CENTER: A RETROSPECTIVE OBSERVATIONAL STUDY

Otorhinolaryngology

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ABSTRACT

Background: Oral cavity lesions are usually asymptomatic. Although the oral cavity lesions constitute only a small minority of pathological conditions, they are of great significance, as they have a potential to jeopardize the health and longevity of the patient. Accurate diagnosis of the lesion is the first step for the proper management of patients and histopathology is considered as gold standard. **Aims:** The objective is to study the different patterns of benign oral cavity lesions seen in a tertiary care hospital. **Study Design :** A Retrospective study. **Setting:** ENT Department Gmers Medical College And Hospital Sola, Ahmedabad. **Materials And Methods:** It Was A Retrospective Study Carried Out In A Tertiary Care Centre ENT Department Sola, Ahmedabad for a period of one year from APRIL 2022 To 50 cases of oral cavity lesions were included in this study. The parameters included in the study were age, gender, site of the lesion and histopathological diagnosis. Data were analysed. **RESULT -** Out of 50 patients presenting to ENT OPD of which 19 patients are diagnosed with oral aphthous stomatitis, 12 patients with leukoplakia, 10 patients with oral submucous fibrosis, 5 with erythroplakia, 4 patients with lichen planus. **CONCLUSIONS:** Most of the patients come to OPD with oral aphthous stomatitis due to change in life styles. The possibility of an oral cavity malignancy should always be considered, particularly with the presentation of a nonhealing ulcer, a bleeding lesion or an area of mucosa that persistently appears red or white lesions. Referral for biopsy is mandatory as a significant proportion of these lesions will be dysplastic or malignant.

KEYWORDS

Oral submucous fibrosis, Leukoplakia, Aphthous ulcer, Histopathology

INTRODUCTION

Oral cavity lesions are usually asymptomatic. Accurate diagnosis of the lesion is the first step for the proper management of patients and histopathology is considered as gold standard.

It is essential to establish an accurate diagnosis, to initiate optimal therapy for oral cavity lesions. The association between tobacco chewing in the form of gutka and cigarette smoking with pathological lesions, both pre-cancerous and cancerous has already been proven. Most of the lesions are benign with the commonest being lymphoid hyperplasia, retention cyst, inflammation, haemangioma, fibroma etc. At times early stages of malignancy may mimic benign lesions. This leads to incorrect treatment and thus potentially fatal consequences for the patient. Proper management of the patient begins with an accurate diagnosis. Histopathology is still the gold standard. Different sites in the oral cavity show propensity for different types of lesions. The present retrospective study was carried out to assess the pattern of various oral cavity lesions. An adequate incision biopsy taken from an area representative of the lesion can provide over 98% diagnostic accuracy as to whether the lesion is malignant or not, when routine pathological techniques are used.

AIMS AND OBJECTIVE

The objective is to study the different patterns of oral cavity lesions seen in a tertiary care hospital.

MATERIALS AND METHODS

It was a retrospective study carried out in a tertiary care centre ENT DEPARTMENT SOLA, AHMEDABAD for a period of one year from APRIL 2022 To 50 cases of oral cavity lesions were included in this study. The parameters included in the study were age, gender, site of the lesion and histopathological diagnosis. Data were analysed.

INCLUSION CRITERIA

patients with chief complaint of oral ulcer irrespective of age and gender.

EXCLUSION CRITERIA

Patients diagnosed with malignant lesion of oral cavity and oropharynx.

DISCUSSION

Out of 50 oral ulcer patients who presented to ENT OPD, GMERS sola, Ahmedabad, 17 were diagnosed with oral aphthous stomatitis, 12

patients with leukoplakia, 10 patients with oral submucous fibrosis, 5 with erythroplakia and 4 patients with lichen planus, 2 patients with mucous retention cyst.

Aphthous stomatitis

It is one of the most common oral mucosal lesions in younger patients. The etiology is unknown and often multifactorial implicating underlying genetic susceptibility with possible contributing factors including viral or bacterial microbial agents, topical agents, foods, medications, hormones, stress, nutritional deficiencies, and systemic disease. AS occurs in three forms (minor, major, and herpetiform) which vary by number of lesions, duration and frequency of lesion recurrence, location involved, and severity. Complex AS presents with frequent or constant oral lesions and possible genital lesions in the absence of systemic disease. The individual ulcerations in all forms are painful and show a central yellow necrotic area surrounded by a distinctive red halo.



LEUKOPLAKIA

- Oral leukoplakia is generally localized or widespread on the buccal mucosa, lip vermillion, and gingivae. Suggested management includes the elimination of predisposing factors, use of beta-carotene, lycopene, ascorbic acid, α -Tocopherol (Vitamin E), topical and systemic retinoic acid (Vitamin A), topical bleomycin, cold-knife surgical excision, laser surgery. White or

- grayish in patches that can't be wiped away
- Irregular or flat-textured
- Thickened or hardened in areas
- Along with raised, red lesions (speckled leukoplakia or erythroplakia), which are more likely to show precancerous changes

Hairy leukoplakia

Hairy leukoplakia causes fuzzy, white patches that resemble folds or ridges, usually on the sides of your tongue. It's often mistaken for oral thrush, an infection marked by creamy white patches that can be wiped away, which is also common in people with a weakened immune system.



ORAL SUBMUCOUS FIBROSIS

Oral submucous fibrosis is a chronic debilitating disease of the oral cavity characterized by inflammation and progressive fibrosis of the submucosal tissues (lamina propria and deeper connective tissues). Oral submucous fibrosis results in marked rigidity and an eventual inability to open the mouth. It is chronic disease that produces scars, tissue fibrosis, and precancerous lesions. It frequently occurs in the buccal mucosa. Pathological characteristics include chronic inflammation, excessive collagen deposition in the connective tissues below the oral mucosal epithelium, local inflammation in the lamina propria or deep connective tissues, and degenerative changes in the muscles. OSF patients experience a severe burning sensation in the mouth after ingesting spicy foods. Other symptoms of OSF include dry mouth, pain, taste disorders, restricted tongue mobility, trismus, dysphagia, and altered tone. This disease contributes significantly to mortality because of its high malignant transformation rate



LICHEN PLANUS

Lichen planus (LP) is defined as a common chronic mucocutaneous disease with unknown etiology. Oral lichen planus (OLP) involves 0.1–2.2% of general population and mostly arises after middle age with a mean age of 55 years. Women are affected more frequently than men with a female to male ratio of 3:2. The mostly affected extra oral

mucosal site is the genitalia. Cutaneous lesions can be detected in approximately 15% of patients. Although the etiology is multifactorial, imbalanced immune system with the presence of autoreactive T lymphocytes plays a principal role in the evolution of this disease [4]. Small white papules are usually combined together to form the reticular pattern. Fine white lines or striae (also mentioned as Wickham's striae) comprise the reticular feature of OLP, which might form a network or annular (circular) form.



ERYTHROPLAKIA

Erythroplakia is a clinical term to describe any erythematous (red) area on a mucous membrane, [2] that cannot be attributed to any other pathology. [3]: □ 805 □ It is a clinical term to describe any erythematous (red) area on a mucous membrane, [2] that cannot be attributed to any other pathology. [3]: □ 805 □ Erythroplakia usually involves the floor of the mouth, the ventrum of the tongue or the soft palate. This is one of the most important oral lesions because 75–90% of lesions prove to be carcinoma or carcinoma in situ, or are severely dysplastic. The incidence of malignant change is 17 times higher in erythroplasia than in leukoplakia. Erythroplasia should be excised and sent for histological examination. Prevention is by avoidance of lifestyle habits of tobacco, betel and alcohol use. [24]



CONCLUSIONS

Most of the patients come to opd with oral aphthous stomatitis due to change in life styles. The possibility of an oral cavity malignancy should always be considered, particularly with the presentation of a non-healing ulcer, a bleeding lesion or an area of mucosa that persistently appears red or white. Leukoplakia and erythroplakia are clinical terms used to describe oral white and red patches respectively that cannot be scraped off and cannot be ascribed to any disease or condition. Referral for biopsy is mandatory as a significant proportion of these lesions will be dysplastic or malignant.

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