



Clinical approach and bilateral lesion surgery on the oral mucosa

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Description of a clinical case

Clinical history	Intra and Extraoral examination	Diagnosis / Treatment Plan	Surgical procedure
<ul style="list-style-type: none"> patient referred by PIPCO; Male; Farmer; 48 year old; Social habits; A lack of systemic diseases rehabilitated with a removable bimaxillary prosthesis. Partial edentulous; 	<ul style="list-style-type: none"> changes in the jugal mucosa next to the labial commissure; star-shaped; red-white; whitish stretch marks; hard at palpation around the edges; without adenopathies; dimensions of 1,3x0,7x0,5cm and prosthesis mucositis in the palate; Changes in the right lower lip vermillion with actinic cheilitis and focal ulceration and crusting are visible. 	<ul style="list-style-type: none"> Panoramic Radiography (fig.1); Fotos of the lesions; Erythroleukoplakia lesions; Changes in the right lower lip vermillion with actinic- cheilitis and focal ulceration and crusting are visible; Bilateral excisional biopsy; Sun protection Monitoring ; Favorable prognosis; 	<ul style="list-style-type: none"> Elliptic incision with a scalpel ; Remove the lesion ; Part Commissioning Formaldehyde 10% Suture; Postoperative Recommendations Part shipment to anatomopathologic examination to IPATIMUP.

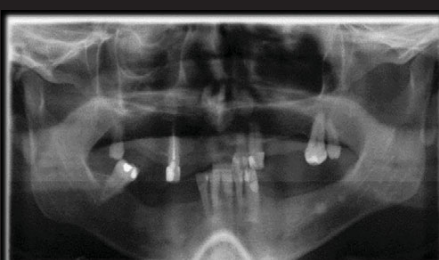


Figure 1 – Panoramic Radiography



Figure 2 e 3 – Jugal mucosa bilateral lesions



Figura 3 e 4 – Lips



Figure 5 – Incision

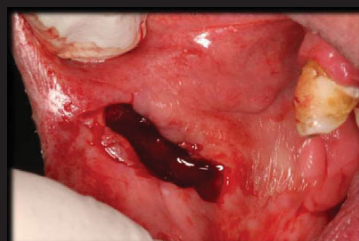


Figure 6 e 7 – Surgery loca

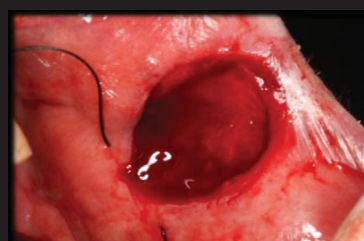


Figure 8 – Right and left lesions



Figura 9 e 10 – Follow up (8 days)

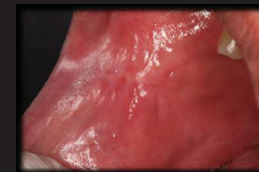
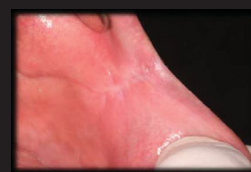


Figure 11 e 12 – Follow up (3 weeks)



Discussion

Figure 16 a 18 – Follow up (1 year)



ipatimup

Descrição Microscópica:
 O tecido histológico mostra fragmento revestido por epitélio estratificado pavimentoso, com acentuados aspectos reativos, indefinido para displasia.
 Não foram observadas infiltrado inflamatório polimórfico, de intensidade moderada, com exocitose de células inflamatórias.
 No material observado não se identificam sinais de malignidade.

Diagnóstico:
 Alterações do epitélio escamoso, indefinido para displasia.

Comentário:
 Este resultado será disponibilizado no software SISO-DGS.
 Sugere-se vigilância clínica.

Figure 15– Histology exam ;

- The patient shows several risk factors (social habits and an excessive exposure to the sun) ^{1a6};
- These erythroleukoplakia lesions clinically detected are potentially malignant lesions^{1a6};
- Serious pathologies can be prevented with early diagnosis and correct treatment^{1a6}
- The clinical characteristics recommend a bilateral excisional biopsy ^{1a6};
- This microscopic and macroscopic description is compatible with lichenoid lesion^{1a6};
- A lip protection as well as monitoring are recommended ^{1a6};
- If the changes and the crusting/ ulceration will not disappear and thus a squamous cell carcinoma is suspected;
- The pieces were sent for an histological examination so that a differential diagnostic with pathologies with similar macroscopic aspects could be carried out (chronic biting, keratoses, leukoplakia, erithroplakia, white sponge nevus, lichen planus, lupus erythematosus and candidiasis) ^{1a6};
- A lip protection as well as monitoring are recommended if the changes and the crusting/ ulceration ^{1a6};
- In follow up was visible improvement of the regions of the lip and jugal mucosa.

Conclusion

The early diagnosis, the correct treatment and the follow up of these potentially malignant lesions in this patient contribute to lip and mucosa jugal tissue normalization.

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