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Malignant lesion's of Oral Cavity

Hosein Eslami

Associate Professor of Oral and Maxillofacial Medicine

Tabriz University of Medical Science

Oral Cancer

Squamous Cell Carcinoma
constitutes 95% of oral cancers

- **Ages & sex :**

- ❖ Old Men (50-60 years)

- **Site :**

1. Lip (**lower lip**)
2. Tongue (**anterior $\frac{2}{3}$**)
3. Mouth floor
4. Tonsil and Fauces

Oral Cancer

Aetiology:

1- *Tobacco and alcohol* are the most common associations

2- *Leukoplakia and Erythroplakia*

3- *Human papilloma virus (HPV) (type16)*

4- *Genetic factors* may also play a role

5- *Exposure to ultra-violet light* (cancer of the lip).

Clinical Presentation

- Early, usually a white or red-white focal surface alteration
- Later stages with ulceration, induration, elevated margins
- Advanced-stage disease has associated limitation of movement, trismus, cervical lymph node metastases

Diagnosis

- • Microscopic analysis of tissue specimen (biopsy)

- **Differential Diagnosis**

- • Chronic traumatic ulcer
- • Primary syphilis
- • Deep fungal infection
- • Palatal necrotizing sialometaplasia
- • Keratoacanthoma (labial)

Treatment

- • Surgical excision is the treatment of choice.
- • Combined surgery and radiation therapy for more advanced stage
- Lesions
- • Adjuvant chemotherapy plays a role in advanced disease.

Squamous Cell carcinoma of the Tongue



Perform incisional Bx in any oral lesion persist for more than 2wks



Mucosal Malignant Melanoma

Etiology :

- Unknown
- Cutaneous malignant melanoma with relation to sun exposure

Clinical Presentation:

- Rare in oral cavity (< 1% of all melanomas)
- Usually arises on maxillary gingiva and hard palate
- May exhibit early in situ phase: a macular, pigmented patch with irregular borders
- Progression to deeply pigmented, nodular quality with ulceration

Mucosal Malignant Melanoma

- **Diagnosis:**

- **Biopsy**

Differential Diagnosis

- **Mucosal nevus**
- **Extrinsic pigmentation**
- **Melanoacanthoma**
 - **Kaposi's sarcoma**
- **Vascular malformation**
- **Amalgam tattoo**



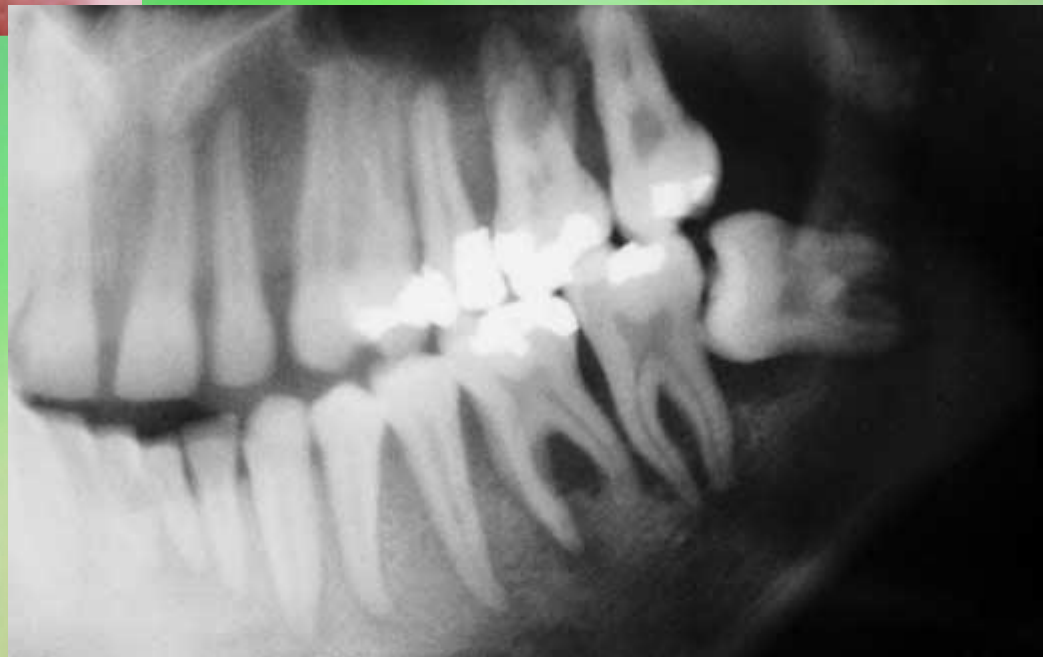


Lymphoma

- **Etiology**
 - • Idiopathic
 - • Long-term immunosuppression
 - • ?Post radiation

Clinical Presentation

- Relatively common in head and neck region
- Mass of reddish blue tissue with ulceration, pain
- Paresthesia of lip when occurring in mandible
- Predominant oral sites: palate, gingiva, buccal mucosa, mandible
- May arise within lymph nodes or extranodally in soft tissue
- Ill-defined radiolucency in bone
- Hodgkin's lymphoma rare in oral cavity
- Burkitt's lymphoma arises in children.



Malignant Salivary Gland Tumors

- WHO in 2005 recognized 24 different malignant salivary gland cancers
- mucoepidermoid carcinoma (MEC)
- acinic cell carcinoma (ACC)
- adenoid cystic carcinoma (AdCC)
- carcinoma ex-pleomorphic adenoma (CExPA)
- adenocarcinoma.



