

ORAL CANCER
Incidence, Etiopatogeny, Diagnosis,
Precancerous Lesions, Treatment and Prognosis

CÂNCER BUCAL *
Incidência, Etiopatogenia, Diagnóstico,
Lesões Pré-cancerosas, Tratamento e Prognóstico

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ABSTRACT

In the last years, the profile epidemiologist of mortality of the Brazilian population has been modified, being that the cancer assumed as place enters the causes of death for illness. This change is associated with the occurred transformations in the partner-economic structure of the country. For being about a work where the risk of life of our patient is eminent, we considered to verify it its incidence, mortality, supervened, the concept of neoplasia, its etiopatogeny, the influence of the age, the sex, the race, as well as the radical and genetic factors, virus, beyond those predisposes as the tobacco, alcoholism, syphilis, chronic irritation, and other factors as: diet, radiations, and occupation, justifying itself thus, the importance of exactly. Moreover, the precancerous injuries are presented to facilitate the distinguishing diagnosis, as: leucoplasias, liquem plain, candidacy pseudo-membranous, candidacy chronic hyperplasia, ceratoses actinic, irritative ceratoses, nicotinic estomatite; the eritroplasias, candidacy chronic, liquem plain erosive, lupus eritematous. For the diagnosis, a detailed analysis of the clinical examination, the cytology and the biopsy becomes, arriving itself finally at the treatment and prognostic.

RESUMO

Nos últimos anos, o perfil epidemiológico de mortalidade da população brasileira tem-se modificado, sendo que o câncer assumiu o segundo lugar entre as causas de óbito por doença. Essa mudança está associada à transformações ocorridas na estrutura sócio-econômica do país. Por tratar-se de um trabalho onde o risco de vida de nosso paciente é eminente, propusemo-nos a verificar a sua incidência, mortalidade, sobrevida, o conceito de neoplasia, sua etiopatogenia, a influência da idade, do sexo, da raça, bem como os fatores radicais e genéticos, virus, além daqueles predisponentes como o tabaco, alcoolismo, sífilis, irritação crônica, e outros fatores como: dieta, radiações, e ocupação, justificando-se assim, a importância do mesmo. Além disso, são apresentadas as lesões pré-cancerosas para facilitar o diagnóstico diferencial, como: leucoplasias, líquem plano, candidíase pseudo-membranosa, candidíase crônica hiperplásica, ceratose actínica, ceratose irritativa, estomatite nicotínica; as eritroplasias, candidíase crônica, líquem plano erosivo, lúpus eritematoso. Para o diagnóstico, faz-se uma análise detalhada do exame clínico, da citologia e da biópsia, chegando-se finalmente ao tratamento e prognóstico.

UNITERMS: Cancer; Oral Cancer; Etiopatogeny; Incidence oral cancer; Precancerous lesions; Incidence of oral cancer; Diagnosis and Treatment.

UNITERMOS: Câncer; Câncer bucal; Etiopatogenia; Lesões pré-cancerosas; Incidência de câncer bucal; Diagnóstico e Tratamento.

INTRODUCTION

In the last years, the profile epidemiologist of mortality of the Brazilian population if modified, being that the cancer assumed as place enters the

causes of death for illness. This change is associated with the occurred transformations in the partner-economic structure of the country.

Currently, with the available resources of a exfoliate cytology, biopsy, x-ray and other methods, when adequately used, it can be possible to clarify nine in ten of the cases where one suspicion of cancer exists.

Comparing itself with the too much types of cancer, the mouth cancer reaches the fifth place enters the cancer diagnostic in the man and the seventh place in cancer in the woman. Most frequent it is the epidermoid carcinoma that reaches 90% 95% of the precocious diagnostics considering mainly its easy anatomical localization (**Health department, 1987, 1988 and 1989**).

As other malignant neoplasias, the mouth cancer has its development stimulated for the interaction of ambient factors and factors of the host, being both variable, and not being completely clarified, despite the influence of factors as genetic inheritance, sex, age, race, and of external factors, between them the aggression for mechanical, physical, biological and chemical agents. However, the external factors seem to exert a preponderant paper (**BARBOSA, 1956 and BARBOSA, 1968**).

To Dental Surgeon the initial responsibility fits to carry through the distinguishing diagnosis between benign and malignant injuries, as much in the routine patient, as in that it brings a definitive complaint. After to materialize the malign diagnosis, must be guided its patient, directing it a specialized job in treatment of cancer. The precocious diagnosis of the injury still located, combining with the adjusted treatment, represents measured effective of cancer control (**BARBOSA, 1968**).

For being about a work where the risk of life of our patient is eminent, we considered to verify it its incidence, mortality, supervened, the neoplasia concept, its etiopatogenie, the influence of the age, the sex, of the race, as well as the radical and genetic factors, virus, beyond those predisposes as the tobacco, alcoholism, syphilis, chronic irritation, and others as: diet, radiations, and occupation, justifying itself thus, the importance of exactly (**ROWE, 1968**).

Moreover, the precancerous injuries are presented to facilitate the distinguishing diagnosis, as: leucoplasias, liquen plain, candidacy pseudo-membranous, candidacy chronic hyperplasic, ceratoses actinic, ceratose irritative, nicotinic estomatite; the eritroplasias, candidacy chronic, liquen plain erosive, lupus eritematoso (**DECKERS; MAISIN, 1961; CAHN; SLAUGHTER, 1962; GOYANES; FRAZELL, 1971 e LUCAS, 1972**).

For the diagnosis, a detailed analysis of the clinical examination, the cytology and the biopsy becomes, arriving itself finally at the treatment and prognostic.

INCIDENCE

Representing about 95%, the carcinoma to spinocelular is most frequent of the oral cancers, and being a neoplasia of the epithelium of covering of the oral mucosa, is an illness of half age, occurring in great majority in the individuals above of 45 years (**LILIENFELD; PEDERSEN; DOWD, 1965**;

BARBOSA, 1968; ROWE, 1968; SPOUGE, 1973; PINDBORG, 1980 and FRANCO *et al.*, 1989). Its distribution in the oral cavity is the following one:

Inferior lip	26%
Tongue	25%
Wooden floor of mouth	12%
Mucous of cheek	11,5%
Palatina vault	10%
Inferior gengiva	10%
Superior gengiva	10%
Superior lip	2,5%

(Health department, 1992).

Information on the occurrence of the mouth cancer could be gotten in different ways, and one them used more common methods is of relative frequency, where the number of cases of oral cancer in determined population is express as percentage to the total number of cancers of all the small farms of the body. Such value can be deduced in some ways, when affirming that the oral cancer in some parts of India is responsible for approximately 40% of all the cancers in contrast to 35% of the occidental countries (**OMS, 1977 and MEHTA, 1982**).

Value 40% frequently is based on data proceeding from hospitals or departments of oncology. The some used methods to deduce values of relative frequency of the oral cancer, become impossible the refined comparison given them of different countries. One only becomes possible, will be used methods similar epidemiologists in the populations in inquiry (**ROWE, 1968; BINNIE, 1976; BAUMINI, 1982; MEHTA, 1982 and OLIVEIRA *et al.*, 1989**).

The incidence of the oral cancer in Warsaw, for example, is two times higher in the agricultural zones of that in the city, being this fact perfectly explained by the high number of cancers of the lip observed in the agricultural workers, for being more displayed to the solar rays. In the Europe, differences notables can be observed: Malta presents 7 times almost more cancer that the South region Metropolitan of United Kingdom (**SULTANE; PORTELLI, 1974**).

The province of Newfoundland (Canada) presents the highest tax of incidence of oral cancer of the part Occidental person of the world, with 29,9 annual cases for 100.000 inhabitants (**SPITZER *et al.*, 1975**).

In the United States of the North America, the incidence tax varies inside in the different states and of the same area. Moreover, the tax is bigger in the whites of that in the blacks, this being able to be explained by the incidence extremely low of cancer of the lip in blacks (**SILVERMAN Jr; GALANTE, 1968**).

In Brazil, the registered in cadastre laboratories of pathology in the National Register of Pathologic Tumoral (RNPT) of the Coordination of Programs of Control of Cancer (Pro-Onco), of the National Institute of Cancer (Inca) of the Health department, had sent to the register 369,769 fichas of cancer diagnostic notification, in the period of 1976 the 1980, and 530,910 of these fichas in the period of 1981 the 1985.

It verified that the data of the RNPT are given of relative frequency that states positive percentages for cancer, on the total number of carried through examinations.

However, the sexes to long of these the 10 years allow an evaluation of the rank of the mouth cancer enter 8 more frequent neoplasias for both.

Thus, the presence of malignant injuries in the oral wooden floor was more significant between the men, and the gingival tumors had shown a bigger frequency for the feminine sex.

MORTALITY

Since 1966, the International Agency of Inquiry on Cancer (International Agency will be Research on Cancer), of Lyon, in contribution with the International Union against the Cancer (*UICC - Union Internationale Contre le Cancer*) and the International Association of Registers of Cancer (International Association of Cancer Registries), published values of incidence of the Cancer in global base in the series Incidence of the Cancer in 5 continents (*Cancer Incidence in five Continents*).

The extracted values of the last edition of this document (**Vol. III. WATERHOUSE *et al.*, 1976**), illustrates the geographic variations of incidence of the oral cancer between the men. It is verified that in all the countries, the men present a higher tax of oral cancer of that the women.

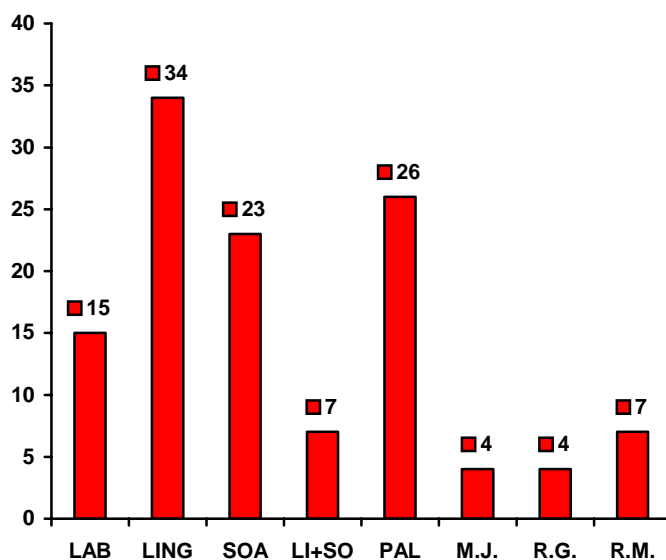
The Statistics of World-wide Health (World Health Statistic), published for the OMS (1976), it presents tax of annual death for 100.000 malignant inhabitants for "Neoplasias of the Oral Cavity of Orofaringe". The cancer appears as the second bigger cause of death in general, and the carcinoma to espinocelular is the responsible one for 99% of the deaths for mouth cancer (**Graphical 1**).

In the last decades, the profile of mortality of the Brazilian population was modified, and the cancer appeared as the second bigger cause of death in general.

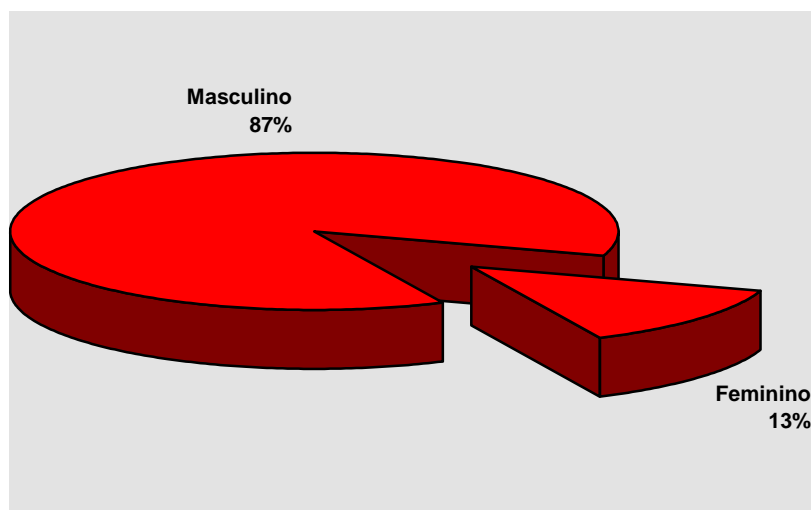
In 1987 it had in Brazil, 76,435 deaths for cancer, 41,771 for masculine sex and 34,664 for the feminine sex, for cancer of 1,210 mouth representing 1.6% of the total of these deaths, thus distributed: 966 men and 244 women.

This difference can be attributed to the fact of that the men if submit more intensely to the factors of risk of that the women (**Graphical 2**).

Graphical 1 - Incidence of oral cancer in 120 cases analyzed in the period of 1992-1994, noticing the high appearance of cancer of tongue and palate, beyond the wooden floor and lip cancer mouth.

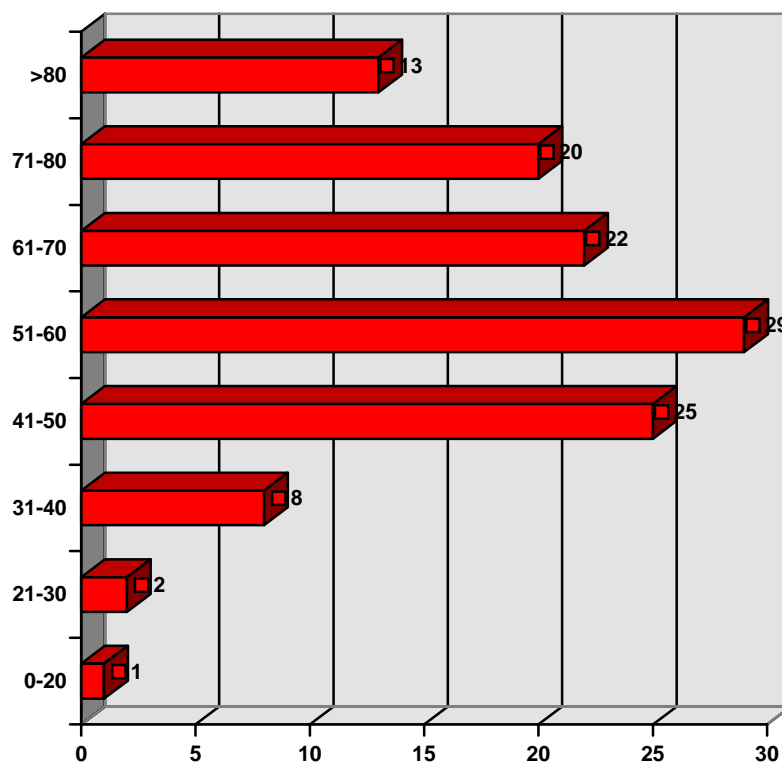


Graphical 2 - Incidence of oral cancer in the 120 cases examined in the period of 1992-1994, in accordance with the sex, noticing itself the raised number of cases in the masculine sex (87 %), with relation to the feminine one (13 %).



The average of considered age is of 60 years and more than 90% of the individuals were above of the 45 years, very representative eatery band (**Graphical 3**).

Graphical 3 - The incidence of oral cancer in the 120 cases analyzed in the period of 1992-1994, with relation to the age, noticing itself that the periods of bigger incidence are those with more advanced ages: 51-60: 29; 41-50: 25; 61-70: 22 and 71-80:20.



In Espirito Santo State, the implantation of the Program of Prevention of the Cancer of Boca (PPCCB) had beginning in the month of June of 1992, in function of the necessity to extend the knowledge of the population and the professionals, data the high diagnostic number of advanced injuries.

Of this form, from the implantation of the PPCCB, it had expressive increase in the precocious diagnostic number. Comparative data as the shown graphs prove the importance of the work, with surprising results to each year, thus reducing the morbidity and mortality for the mouth cancer and also the incidence of this illness (Research carried through for technician of the State Secretariat of Health of the Hospital Saint Rita de Cassia and Federal University of the Espirito Santo).

SUPERVENED

The supervened one of the patients with mouth cancer directly is related with the extension of the illness when the specialized treatment is applied. Analyzing itself given retrospective referring to the statement of patients with cancer of mouth taken care of in the two bigger hospitals of cancer of the country, one evidenced that, when being taken care of for the first time, more than 80% of those individuals met in advanced phase of the illness. Brought up to date surveys have confirmed that these indices remain unchanged.

The supervened one per five years for the mouth cancer is of approximately 39%. However when one abstains the cases of inferior lip the ratio if reduces for 27%. However, if the ratio will be calculated for patients with lesser injuries that 2 cm have a rise for 59%, that it increases for 69% when they are grouped patient with located tumors beyond, that they do not present clinical nor histological evidence of lymphatic involvement (**HEALTH DEPARTMENT, 1989**).

NEOPLASIA CONCEPT

The neoplasia can be benign or malignant, as its behavior and its influence in the supervened one of its carrier. One can be defined as fabric abnormal, constituted by transformed, divided cells of normal cells, and for one stoma vascularized not obligator (**SARNAT; SHOUR, 1956; ROWE, 1968; LUCAS, 1972; SPOUGE, 1973 and PINDBORG, 1980**).

The neoplasias cells, irreversibly transformed, differ from the normal ones for a series of new properties, as the capacity to invade and to destroy neighboring tissues and of metastasis, the reduction or loss of the specialization characteristics and accentuation of some of its properties of vegetative life as of the multiplication. When modifying itself, the cell always transmits the new properties to the descending cells that proliferate automatically, without useful purpose for the organism transmitting the same characteristics.

ETIOPATHOGENY

Many hypotheses had been eventides in the attempt and the interest to clarify genesis tumoral, and thus to guide the prevention and the treatment of the cancer. Its cause is unknown. As other malignant neoplasias, the mouth cancer has its development stimulated for the irritation of ambient factors and factors of the host. On the basis of given experimental, one admits that carcinogenesis if processes in two make: the "initiation" and the "promotion". In the first phase, under the action of the cancerigens calls, it is had transformation of the normal cell in a latent cell, while that into the second which had phase, the action of a latent agent, the cell is changed definitively into neoplastic cell (**LILIENFELD; PEDERSEN; DOWD, 1965; BINNIE, 1976 and MASHBERG, 1981**).

The admittedly cancerigenos agents are many, and the man if she displays continuously to a wide specter of physical, chemical and biological, pertaining elements to this group. Despite the influence of factors as genetic inheritance, sex, race and many others each individual reacts different, a time that the reactions are conditional in genesis of the malignant tumors that comates the mouth. However, the external factors seem to exert a preponderant paper. If some are more suggestive of the one than the others, are reason probably, exist multiple causes for each type of cancer.

Comment:

In the Espirito Santo, as carried through research evidenced that the factors vary geographically. In Campaign of Prevention carried through in 403

adult patients, 34.3% of masculine sex and 65.7% of the feminine sex were detected bigger percentage of cancer in the masculine sex. Here also a very high percentage in the lip cancer was verified high incidence of the skin cancer and (mainly in the palmeranas colonies). In the people of dark skin the percentage biggest is in the cancer of language and wooden floor of the mouth.

AGE

It is also known that the cancer in a general way is an illness of average and advanced age, not running away to the rule the cancer from mouth. The age most advanced of the patients with oral cancer suggests a factor time, possibly related, with alterations biochemists of the cells in aging and with the reply to irritating chronic (**SILVERMAN Jr; GALANTE, 1968; SPOUGE, 1973 and BRAZIL, HEALTH DEPARTMENT, 1989**).

SORT

The influence of hormones in the growth of certain tumors is known and, also it is admitted possibility of hormones to be related with the cancer. Possibly the hormonal difference in the sexes can explain the occurrence of certain cancers in determined areas. However, perhaps, the sex represents a secondary factor that conditions the influence of other factors as certain acquired habits (**BRAZIL, HEALTH DEPARTMENT, 1989**).

RACE

He is extraordinary that in certain ethnic groups, people who possess dark skin have an incidence very low of lip cancer. Indubitable, the melanin acts as protective factor, as a physical barrier that hinders the ticket them ultraviolet rays, or still through the chemical absorpction them cancerígenos toxins or agents who can produce. The cancer of the lip also is rare enters the population groups of yellow skin (**BRAZIL, HEALTH DEPARTMENT, 1989**).

RADICAL AND GENETIC FACTORS

The predisposition of leucodermas for the oral cancer suggests a factor genetic even so to the differences in the life way, certain habits between ethnic groups can have important paper. Some does not have evidence of that the oral cancer is familiar. In study carried through in the University of California on 570 patients, 27% had presented at least one case of oral cancer in 3 generations. However, the majority of the cases of familiar cancer are explicated as pure coincidence. A predisposition for multiple oral cancers also was demonstrated in the study of the University of California and in other studies, what it indicates that a person who has had an oral cancer runs bigger risk to develop another cancer of that another one of the same sex and age that never have had cancer. Many human tumors show chromosome durations indicating cytogenesis abnormality that, generally are proportional to the malignidade degree, but that they vary of tumor for

tumor and case for case, and that they could as much being cause as effect of the cancer (**SILVERMAN Jr & GALANTE, 1968 and SPOUGE, 1973**).

VIRUS

The mouth cancer as other malignant neoplasias scientifically is not proven, being that as much can be stimulated by ambient factors or capsizes. It is important to consider that it has virus responsible for cancer of many animal species, and the current knowledge of the behavior of these oncogenics viruses, does not supply base to contradict the possibility of that they can be etiologic factor of the human cancer.

PREDISPONENTS FACTORS

It is known for the clinical comment that the carcinoma of the oral mucosa is developed, frequently, in association or subsequently to the determined abnormal conditions of the mucosa. These injuries caused for the carcinoma in the oral mucosa, can microscopically be demonstrated as much macro as, being that its localization could be internal or external. As other neoplasias, the mouth cancer has its development stimulated for the interaction of factors related with the chronic irritation, or same resultant modifications of general or exactly genetic problems, that explain the variation in degree and way to react and to answer to the irritation. The conjunction of these aspects as external factors seems to exert preponderant paper.

TOBACCO

The majority of the studies carried through on the use of the tobacco and its meaning in the development of the oral cancer was effected in the USA. But 3% of the 543 men with mouth cancer never had smoked, contrasting with 10% of the group it has controlled, while that 29% were great smokers. Exactly for the little use of the tobacco, it has a considerable risk for those great smokers, or either, those that smoke 1 cigarette mallet more than, 5 or more daily cigars, that 6 times have a bigger risk to develop the oral cancer.

In the Southeast of Asia the habit was told to chew nut beetle and tobacco, raising the risk of oral cancer in 23 times in the men and 35 times in the women. It according to have a considerable variation in the incidence in the some countries, depending on the way which beetle or the tobacco is prepared.

The carcinoma of the palate has great incidence in some areas of Panama, Venezuela and India, where the lower economic groups smoke coils of tobacco levels, small cigars or also cigarettes with the lighted extremity inside of the mouth.

People who had been cured of the oral cancer and followed per 6 or 7 years, and that they had continued smoking, between 30% and 40%, had developed other types of cancers.

Studies carried through in 3 regions Brazilian metropolitans, had come to prove that the relative risk to the development of the oral cancer between smokers of industrialized cigarettes, and cigarettes made with the hands, was of 6,3, 13,9, and

7,0 times bigger compared with the not tabagist (CAHN; SLAUGHTER, 1962; GAYFORD; HASKELL, 1971; DEPARTMENT OF HEALTH EDUCATION AND WELFARE, 1979; BRAZIL, FRANK HEALTH DEPARTMENT, 1987 and FRANCO *et al.*, 1989). The oral ulcers, that exactly transitory, are great risk for the tabagists, had to the direct contact with substances and contained aggressive elements in the tobacco, mainly in the regions most vulnerable of the mouth.

ALCOHOLISM

Research effected in the USA and France had come to demonstrate to a positive correlation between the oral cancer and the consumption of the alcohol. In Great-Britain the increase of the consumption of the alcohol corresponds to a reduction of the mouth cancer. This can have to the fact of that in Great-Britain, it has a prohibition to the alcohol not aged, distilled in still, contends some toxic products. Perhaps this is a writ of prevention in carcinogenesis of the oral cancer, that occasion's effect (WYNDER *et al.*, 1957; BINNIE, 1976 and MASHBERG, 1981).

In Brazil, therapists have observed in the carrying patients of oral cancer one raised daily the alcoholic beverage consumption varying still enter 120 ml to 200 ml, having proven that the wine is more important that cachucha in the tongue cancer, exactly in moderate consumers. Chronic consumers who make use of all the types of alcoholic beverages, the risk of the oral cancer reached indices 8,5 and 9,2 times bigger of the one than the not consuming ones.

Comment:

The majority of the tabagists makes use of the alcohol. Varied studies have confirmed the synergism of the two habits in carcinogenesis of mouth tumors, faring and esophagus. Also he was evidenced that alcoholism creates a predisposition related with the hepatica cirrhosis, malignant injuries of the language and wooden floor of the mouth.

SYPHILIS

Throughout many years, one thought that the syphilis would be a predispose factor to the oral cancer, and in carried through research, it was found 3% of the frequency of the syphilis in patients with leucoplasia, and 10% of frequency in the patients where the leucoplasia if became malignant subsequently (BÁNÓCZY; CSIBA, 1976).

The syphilitic infection causes interstitial glossies with endarteritis that leads to an atrophy of the epithelium with loss of papillae of the tongue. The atrophic epithelium is, possibly, more vulnerable to the action of the etiologic factors, that can initiate the development of a leucoplasia and carcinoma (HOBÁEK, 1946).

CHRONIC IRRITATION

The use drawn out of badly suitable dental prosthesis, of chambers of suction and cutting tooth edges on the oral mucosa for long time, can cause hyperplasic injuries. These irritations phenomena are pointed as factors that contribute for the development of the carcinoma of the mouth, are even so not found studies that can demonstrate in conclusive way if the fact is coincident or if it really has a relation cause-effect.

This action can induce to the development of the mouth cancer, for the potencialization of other carcinogens agents who act in the mucosa, particularly in individuals with habits as alcoholism and the tobaccos. Still it can be applied to the situations of bad oral hygiene, feeding habits (condiments and temperature), as irritating factors.

DIET

Although the alimentary deficiencies are told as contributing etiologic factors in the development of the oral cancer, scarce studies have investigated these factors systematically. Also if it can verify the protective paper offered by the habitual consumption of fruits and cool vegetables, as citric and the rich ones in beta-carotene (MS, SNAS, 1992).

RADIATIONS

The risk of cancer development also depends on the intensity and the time of exposition of the skin and the mucosa to the solar light and of the amount of pigmentation contained in the tissue. The extreme exposition to the solar rays, for periods of 15 the 30 years, provokes alteration in the lips, capable to produce injuries of significant biological importance, being that one of the more frequent malignant neoplasias of the mouth is the cancer of inferior lip (RAHN; DRONE, 1967 and GOMES; PIG, 1986).

OCCUPATION

In the truth, the occupational factor is not the cancerigenen agent, being that it only compels the people if to display the agents of risk in function of the profession.

PRECANCEROUS INJURIES

The exposition of the oral mucosa the cancerigenens agents, results initially in generally reversible inflammatory injuries, case the aggression is suspended. However, if the cancerigenens agents continue attacking the mucosa of the mouth, them they will provoke reactions that can lead to the development of displasias called cellular alterations, that as the intensity of exposition to the cancerígenos agents evolve eventually and, changed into leucoplasia and eritroplasia, two forms of precancerous injuries, that occur in the oral mucosa.

It must be pointed out that the displasias very call little attention the patient, not to be for the heat sensation, mainly to the use of very salty foods or

candies, not presenting another type of sintomatologi. It is necessary to emphasize that, exactly in the absence of harmful habits, alterations can occur.

It is of extreme importance to diagnosis the displasia, therefore besides making possible the cure, in the majority of the cases the treatment is carried through with low cost. In case that this possibility is wasted, the tumorals cells will continue to be multiplied, provoking the disruption of the basal layer, introducing in the fabric conjunctive and sanguine vases, resulting in an invasive carcinoma.

LEUCOPLASIAS

A type of considered injury precancerous, being based on the fact of that a significant number of oral carcinomas seems to have been associated to the leucoplasics areas (**SILVERMAN *et al.*, 1963**), and of some leucoplasias to have suffered malignant transformations. Moreover, the ethnic differences and especially those basing on different habits can influence the tax of malignant transformation. Another reason would be the different types of treatments of the leucoplasia. The leucoplasia is identified as a white spot that if presents in the oral mucosa, not being able to be removed by scraping, nor identified as injury or specific illness. The leucoplasia is homogeneous plain and benign, being an majority of the times discovered by occasion do routine examination of the oral cavity, or by the proper patient to still feel a rugosity in the tongue mucous, in the cheek or us lips (**SANTOS PINTO; MARZOLA, 1961**).

The leucoplasia is considered precancerous injury, and as oral cancer is more frequent after the 40 years of age, occurring in any region of the mouth, and those of potential greater of malignization are of warty aspect, having to be the selected ones for the biopsy. The womb of the tongue and the wooden floor of the mouth are the places of bigger probability of malignization. In case of adenopatis associates to the leucoplasias, particularly of wooden floor, the possibility of metastases must be considered. In view of the transformation possibility, as well as the simultaneous occurrence of leucoplasia and carcinoma, all the white injuries diagnoses as leucoplasias must be removed by surgical, electrosurgical methods or irradiation, or then, duly evaluated and followed carefully with cytological examination in regular intervals (**BÁNÓCZY; CSIBA, 1976**).

It can be multiple or only, being located or dispersed, being that in the oral mucosa, its clinical aspect varies of homogeneous for mosqueado. She is homogeneous, when white, with definite limits and smooth or lightly irregular surface. It represents the type most common of leucoplasia, being able to degrader continually will have left the factors that can have provoked it. The masquerade leucoplasia posses a varied coloration, being able themselves to present has led intensely or masquerade, showing still erosions in its surface, and having bigger potential of malignization that the homogeneous form. As its localization can be observed the malignization risk is bigger in the oral wooden floor and the lingual womb. The distinguishing diagnosis can be made with the following injuries:

LIQUEN PLAN

They are frequently multiple, of "rendilhado" aspect, also called of "entries of Wickham", being able to be painful or not, and with low potential of cancerization. They can clinically be diagnoses, however in doubt case it must be appealed to the biopsy, over all in forms most erosive (**MACDONALD; RENNIE, 1975**).

CANDIDIASE PSEUDO-MEMBRANOSIS

More common micotic infection of the mouth that can be presented in diverse clinical forms, being caused for the intrabucal proliferation of "*Candida albicans*". It is associated with the local or systematic alterations, and its pathological development only occurs from a facilitated condition as: dehydration, drawn out antibioticotherapy, xerostomie, imunossupression, AIDS, diabetes, prosthesis, the loss of vertical dimension (angular queilit) and to the bad oral hygiene.

CHRONIC CANDIDACY HYPERPLASIC

They are more difficult to be differentiated of the leucoplasias, not being able to be removed by the scraping of the mucosa. Comument human being is detected in carrying individuals of virus of the immunodeficiency (HIV +).

ACTINIC CERATOSIS

Of raised potential of malignant degeneration, generally it appears in the inferior lip of individuals with clear skin.

IRRITATIVE CERATOSIS

It is more frequent in the mucosa of the cheek, the tip of the tongue and the lips, being its clinical characteristic, of whiteness aspect and with irregular contours.

NICOTINIC STOMATITE

Generally located in the palate, presenting itself in plates cut for ridges or fictions.

ERITROPLASIAS

Clinical term used to assign the plates of red-dark color, and being generally homogeneous, is injuries rare, of unknown etiology, and very discrete initially. The eritroplasias are generally asymptomatic, and when intercalated with some areas of leucoplasias, they are called nodulars. They more frequently occur in individuals of the masculine sex with more than 50 years of age, being able to appear in any place of the mouth, but they are found more frequently in the wooden floor of

the mouth, the palate and the edges of the tongue. In 90 % of the cases, the eritroplasia is diagnoses as a serious displasia or carcinoma, and the distinguishing diagnosis can be made with candidacy chronic, erosive plain lichen and eritematous lupus (**GOYANES; FRAZELL, 1971; MACDONALD; RENNIE, 1975 and BÁNÓCZY; CSIBA, 1976**).

CHRONIC CANDIDACY

They occur more frequently in individuals with total prosthesis, being also found in imunodeprimids individuals, also those with the test of HIV +.

LÍQUEN EROSIVE PLAN

Of easy diagnosis, being able to be found in any region of the buccal mucosa, being its more common form the erosive one.

ERITEMATOUS LUPUS

It is presented under two characteristic forms: the chronic discoid and systematic. In any one of them eritematous lupus compromises the buccal socket. They can bleed or associate it the whiteness areas.

DIAGNOSIS CLINICAL EXAMINATION

It must be carried through in all patients, over all in those considered of risk. Asymmetry of the head, the face and the neck. Exactly previously to the opening of the mouth, the habit must be created to examine the mucosa in first place, being verified the whiteness presence of crostosis wounds, areas, located fictions, ulcers and tumefactions. The teeth will have to be examined finally, not to be that it has some much more urgent reason. Before being initiated the examination, must be verified the use of removable prosthesis and be removed them (**SARNAT; SHOUR, 1956; GAYFORD; HASKELL, 1971; LUCAS, 1972 and SPOUGE, 1973**).

Remaining mouth slightly opened to facilitate to the removal of the cheeks of both the sides to it, thus allowing a global and comparative vision, as well as if using displacement of cheek, must be requested the patient who slightly moves the language for low e for top, as well as that has touched the palate with the tip of the same one. These maneuvers will allow examining the back and the womb lingual, besides making possible the comment of reduction and or asymmetry of the movements. The comment of white injuries in the internal face of the cheeks is common, having itself to notice its configuration, standard and localization, as well as if they still occur bilaterally or, if it has erosion or ulceration. Moreover, the internal part of the lips must be verified, noticing its coloration, growth and trend to the bleed.

After that, it is requested the patient who returns the tongue to the position from rest and that she reclines the head stops backwards opening the mouth total, to offer an excellent vision of the palatine vault, of the hard palate, and palatine

face of the gingival rim of both the sides. The use of buccal mirror sends regards, keeping the language in rest, and with the aid of a spatula, it can yourself be observed the previous remain of the soft palate, uvula and pillars of faring.

Soon after, with the aid of gauze or handkerchief of paper, to tracioner the tongue for it are putting into motion for the left and the right, in order to expose its edges and its general, if smooth, rugs aspect or fissured, and still in its edges, to verify the posterior, together portion well to the previous pillar, one of the places of bigger preference of the tongue cancer.

When finishing themselves it inspection them lips and from the buccal socket, proceeds it the palpation, that could be simultaneous, being one of the parts most important of the physical examination. Protected for glove or a deader, the indicating finger will have to cover with delicate pressure the lips in its faces internal and external, as well as the jugal mucosa of both the sides, looking for to feel irregularities, hardening or deeply situated injuries. It must after that, to tracioner the tongue, involved again in gauze or handkerchief of paper, to palpar it in all its extension, especially in its base.

In one it bidigital maneuvers, the indicating fingers will have after that, to search abnormalities in soft tissues of the buccal wooden floor, in the salivates and submandibulars glands, as well as in the contour of the jaw. The palpation of the cervical area must be a procedure of routine in the examination of each patient. Concrete nodules mainly in the lateral portions, demand ready attention and urgent diagnosis therefore they can represent secondary manifestations of a neoplastic injury, mainly when hard, painless and more or less with mobility.

The doubt of the physician in diagnosis one definitive alteration, addend of the amount of injuries badly defined, especially in the initial phases. In accordance with the diagnosis of the professional in relation to the precocious control of the cancer, gradually will be reduced the time interval enters the beginning of the sintommatology and the concretion of the diagnosis. Being the enabled professional, some procedures special can be carried through in the proper doctor's office, to save time, being the guiding of the possible fastest patient to a cancer center.

EXFOLIATION CYTOLOGY AND BIOPSY

The use of exfoliation cytology in the diagnosis of buccal cancer was, and still it is, a controversial procedure. After a wave of enthusiasm in the decade of 1960 (**SANTOS PINTO; MARZOLA, 1961**), where the method was used mainly in the USA, one another thought at the moment is predominant.

An evaluation of the use of the buccal exfoliation cytology was carried through together with a revision of literature, as well as of the results observed after 3 years in the Service of Public Health (**FOLSON *et al.*, 1972**). In this study, of 158.996 examined patients, 4 % presented apparent injuries clinically. All the visible injuries had been examined cytological, and those malignant or possibly malignant judging had been submitted to the biopsy. Of these, 148 injuries had proved to be malignant for the biopsy. The tax of false negative for the cytological examination of the 148 injuries was of 31 %.

Was express similar point of view (**BÁNÓCZY; CSIBA, 1976**), emphasizing that the exfoliation cytology could act as important to assist of buccal

carcinomas in initial periods of training and with ulcerate surface. The injuries are crostosas, ceratotics or extremely necrotics, providing poor samples and they do not have to be submitted to the cytological examination (**BOSZIS, 1972**).

The exfoliation cytology for being one simple technique must be useful to support the clinical judgment to differentiate a benign injury and an incipient malignant neoplasia. The cytology is an associate method that can guide, but not to substitute the biopsy, that is the only definitive procedure for the cancer diagnosis. It consists of the microscopically examination of the material that is gotten of spread tissue on a blade, settled immediately in ether-alcohol, having to be conditioned in packing adequate and sent to the next center of pathology, with identification of the patient and place of where it was removed.

By being about a surgical act, all cares of asepsis, antisepsis and sterilization, must be taken. Not to harm the tissue, the anesthesia must be practiced the certain distance of the injury to be investigated. The tissue will have to be removed with cutting instrument, scalpel or shears, without lineament of the injury, and with tissue withdrawal is together with the injury, not having never to be used the electric bistoury.

TREATMENT AND PROGNOSTIC

The treatment dressing of the cancer of the mouth and its destruction, either by the surgery or the irradiation, could only be assumed by professionals especially trained for this end. Nor Dental Surgeon nor the doctor without enough training will be able to execute it. He has indications and contraindications defined for the job of this or that method, or still for the use he accomplishes of both.

The diagnosis of the confirmed cancer being, the patient will have to be directed for a specialist or specialized job for the treatment of each case.

The mouth cancer could be cured if be treated in initial phase, or either, in the phase of displasia, carcinoma "*in situ*" or carcinoma with microscopically invasions. It will depend on the joint decision of the surgeon, radiotherapist, the pathologist and Dental Surgeon, how much to the extension of the surgery or how much the irradiation technique.

The prognostic how much to the supervened one it depends on the conditions of the patient, period of training of the injury and the adequacy of the initial treatment.

COMMENT

The Program of Prevention and Control of the Cancer of Boca (PPCCB) in the State of the Espirito Santo directly acts in the Hospital Saint Rita de Cássia, with team to multidiscipline composed of Dental Surgeons, Surgeons of Head and Neck, oncologists, psychologists and social assistant, besides counting on the support of quimiotherapists and radiotherapists.

The carried through treatment is in accordance with the indication for each in case that individualized, being able to be surgical, radiotherapy or quimiotherapy, or still in association.

The team to multidiscipline of this program (PPCCB), I concluded that in accordance with the current scientific knowledge and with the existing technology, must be developed a professional behavior of form that all the patients, indistinctly criterions are evaluated and programmed, under the stomatologic point of view, before the beginning of any oncology treatment of the region of the head and neck.

CONCLUSIONS

It can be concluded after all these comments that a correct planning is most important preventively to detect a CA in the buccal cavity, thus eliminating any possibility of a devastators surgery.

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* According of the ABNT norms.

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