



# RARE TUMOR LESIONS IN ORAL PATHOLOGY CLINIC: EPIDEMIOLOGIC STUDY

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## AIM.

To report an epidemiologic study based on rare cancer lesions found in oral pathology clinic.

## INTRODUCTION.

Oral squamous cell carcinoma (OSCC) is considered the most common type of head and neck squamous cell carcinoma (HNSCC) as it represents 90 % of HNSCC cases<sup>[1]</sup>. OSCC is identified as a heterogeneous cancer that initiates from the oral cavity mucosa lining. Smoking and drinking habits are the prominent factors for OSCC<sup>[2]</sup>.

Other malignant tumors can arise from the epithelium, connective tissue, minor salivary glands, lymphoid tissue, and melanocytes or metastasis from a distant tumor. A variety of premalignant lesions (leukoplakia, erythroplakia, oral lichen planus and oral submucous fibrosis ) have been associated with development of OSCC<sup>[3]</sup>. Non-ulcerated masses rather than indurate ulcers were the most common clinical presentations of oral mucosal malignancies. Furthermore one third of the oral mucosal malignancies were not suspected to be malignant prior to biopsy<sup>[4]</sup>.

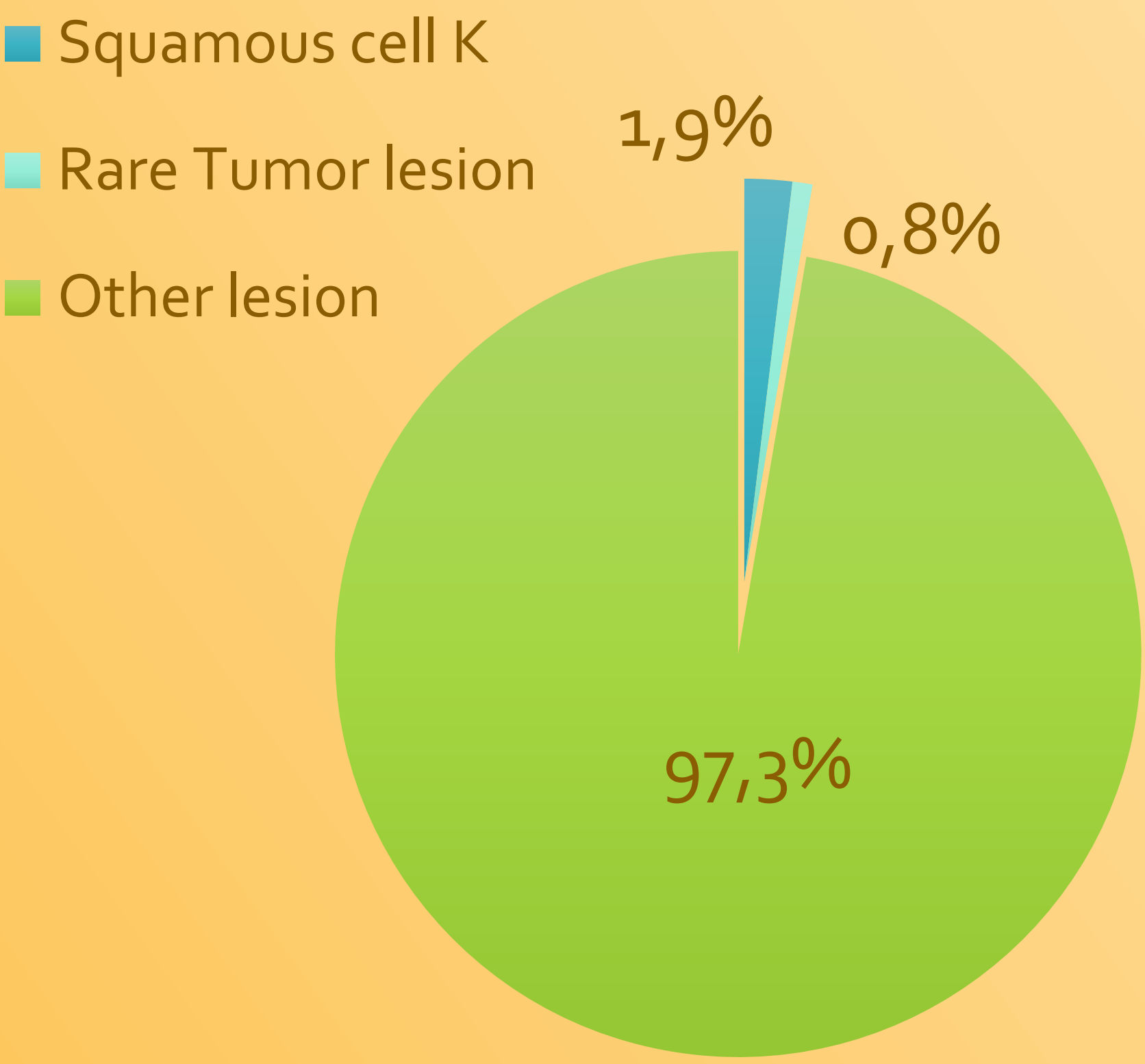
Benign tumors of the oral mucosa, as with any other location, present slow, progressive and limited growth. They are not invasive, histologically benign, with scant mitosis and high cellular differentiation. They include lipoma variants, salivary gland tumors, hemangiomas, neural and other soft tissue mucosal tumors<sup>[5]</sup>.

## METHODS AND MATERIALS.

This retrospective study considered clinical charts of patients that come in oral pathology clinic to analize lesion or oral mucosa alteration. Total number of charts, patients with oral squamous cell carcinoma and with rare benign and malignant lesions were considered. Among these some parameters were evaluated: age and patient sex, oral location and type of tumor.

## RESULTS.

On 996 charts analized by 2 revisors, 19 cases of oral squamous cell carcinoma were found and 8 rare cancer lesions, among these 5 malignant (3 cases of oral metastasis (fig. 1,fig. 2), Ewing sarcoma case (fig. 3) and mixofibrosarcoma (fig. 4)) and 3 benign (schwannoma, miofibroma and lipoma) that represent 0,8% of cases.



| TUMOR                         | Sex | Age | Oral location                    |
|-------------------------------|-----|-----|----------------------------------|
| METASTASIS (Breast carcinoma) | F   | 56  | Right mandibolar bone            |
| METASTASIS (Breast carcinoma) | F   | 86  | Attached gingiva/mandibolar bone |
| METASTASIS (Lung carcinoma)   | F   | 76  | Left retromolar trigone          |
| EWING SARCOMA                 | M   | 14  | Upper attached gingiva           |
| MIXOFIBROSARCOMA              | F   | 91  | Right upper attached gingiva     |
| SCHWANNOMA                    | M   | 17  | Lower lip                        |
| LIPOMA                        | M   | 64  | Tongue dorsum                    |
| MIOFIBROMA                    | M   | 10  | Right retromolar trigon          |

## DISCUSSION AND CONCLUSION.

Oral malignancies are localized in upper gingiva (Ewing sarcoma and mixofibrosarcoma) and mandibular bone (metastasis), principally in female patients; Patient age is over 55 years, with the exception of 3 pediatric cases. Benign tumor are localized in male patients.



Fig.1: Oral metastasis from lung carcinoma.

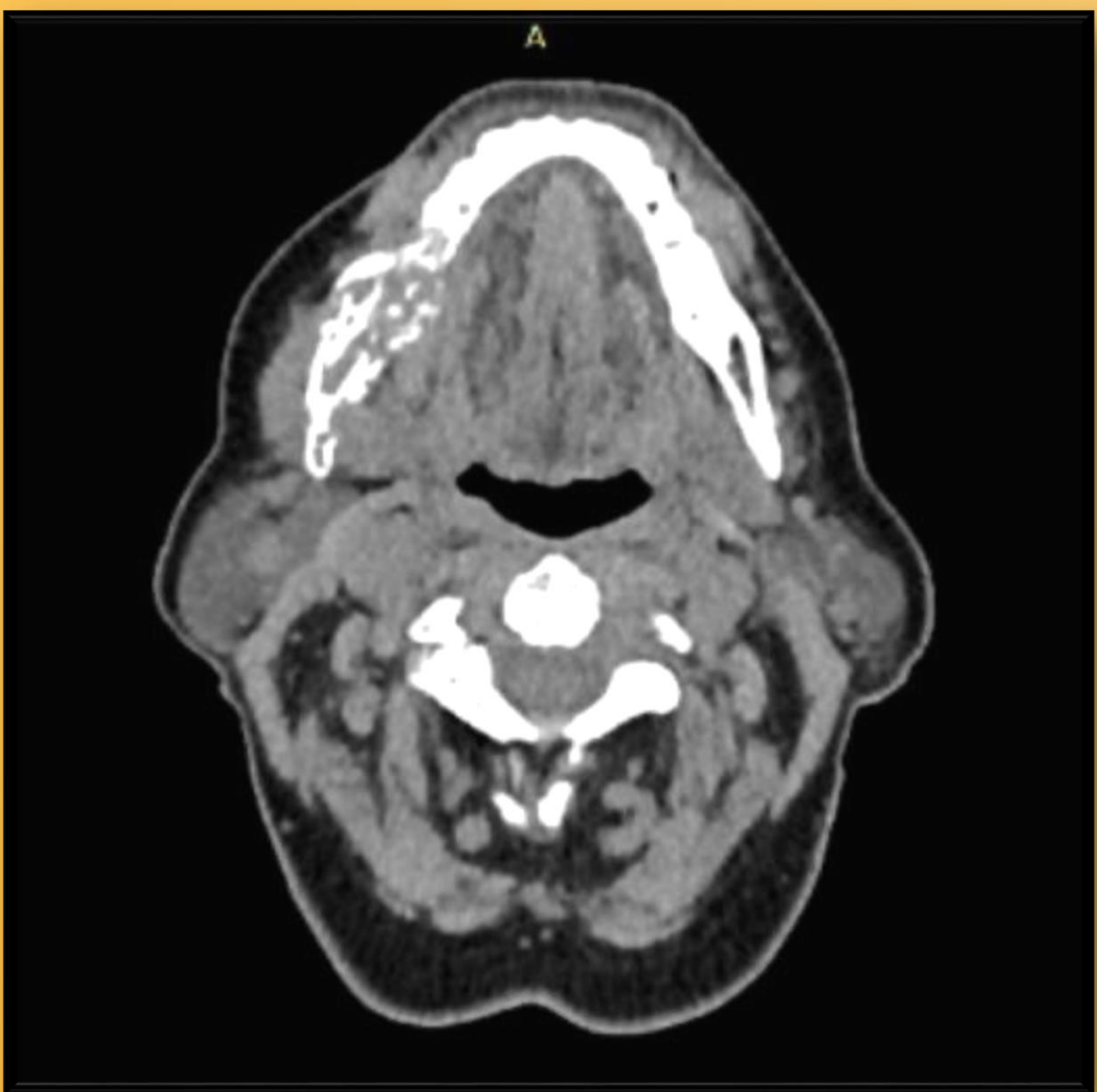


Fig.2: Oral metastasis from breast carcinoma.



Fig. 3: Ewing sarcoma.



Fig. 4: Mixofibrosarcoma.

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