

Improving the Strategy and Tactics of Early Diagnosis and Treatment of Precancerous Diseases of the Oral Mucosa

Zoirov Tulkin Elnazarovich

Samarkand State Medical University, Department of Therapeutic Stomatology, professor, Doctor
of Medical Sciences

Rakhmonova Bakhora Kakhorovna

Assistant of the Department of Therapeutic Stomatology, Samarkand State Medical University

Shonazarov Shaxzod Sayfiddin o'g'li

Xamrayeva Nigina Absalomovna

Xolboyev Sherali Botir o'g'li

Students of Samarkand State Medical University

Abstract: The incidence of cancer in the oral cavity is growing rapidly every year, and the percentage of undiagnosed and advanced onco-dental diseases has already reached 60%. Before the appearance of precancerous diseases and malignant neoplasms of the oral cavity, it is caused by non-observance of a set of sanitary and hygiene measures, which is the abandonment of bad household habits, proper nutrition, oral cancer includes oral hygiene and high-quality sanitation of the oral cavity. space. The importance of this problem indicates the need to improve diagnostic and preventive methods, increase the level of "oncological vigilance" of both dentists and patients.

Due to their proximity to vital organs, tumors of the face, jaws, oral cavity and neck are very dangerous diseases that cause cosmetic disorders and lead to death. They account for 13% of all other surgical dental diseases. In Russia, 78% of all cases of cancer of the oral cavity and lips are diagnosed in clinical stages III-IV, the survival rate among such patients does not exceed 5 years.

It is very difficult to detect the tumor process in the early stages. The appearance and development of tumors is usually not noticed against the background of satisfactory health. Swelling is detected when the functions of the organ are disturbed. Pain occurs when the size of the tumor increases significantly, as well as when it is located near any nerve.

Keywords: Limited precancerous hyperkeratosis, Abrasive cheilitis Manganotti, Verrucous leukoplakia

The success of cancer directly depends on the early recognition of the disease. It is very important for the dentist to be able to detect and treat precancerous diseases and underlying conditions.

Classification of precancerous diseases of the oral mucosa and diseases of the red border of the lips

With a high degree of malignant tumors (mandatory)
(optional)

With rare cases of malignant tumors

Diseases of the mucous membrane of the oral cavity

Bowen's disease

Leukoplakia (erosive and verrucous)

Papillomatosis

Erosive-ulcerative and hyperkeratotic forms of lupus erythematosus and lichen planus

Stomatitis after radiation

Diseases of the red border of the lips

Warts are precancerous

Limited precancerous hyperkeratosis

Abrasive cheilitis Manganotti

Verrucous leukoplakia

Keratoacanthoma

Skin horn

Keratinized papilloma

Erosive-ulcerative and hyperkeratotic forms of lupus erythematosus and lichen planus

Post-radiation cheilitis

Diseases of the mucous membrane of the oral cavity

Bowen's disease

Leukoplakia (erosive and verrucous);

Papillomatosis;

Erosive-ulcerative and hyperkeratotic forms of red erythematous and lichen planus;

Stomatitis after radiation.

Diseases of the red border of the lips

wart precancerous;

Limited precancerous hyperkeratosis;

Abrasive cheilitis Manganotti

Leukoplakia with verrucous;

Keratoacanthoma;

Skin horn

Keratinized papilloma;

Erosive-ulcerative and hyperkeratotic forms of red erythematous and lichen planus;

Post-radiation cheilitis

The most common dangerous precancerous diseases are usually called mandatory .

Non-compulsory diseases include diseases that last for a long time and have a low probability of malignant growth. This classification does not include such rare malignant diseases as flat leukoplakia, chronic lip cracks, as well as actinic and meteorological cheilitis, scars, which are considered as background processes. The most common precancers that can turn into cancer are leukoplakia, Bowen's disease, Manganotti cheilitis, and wart precancer. Leukoplakia - keratinization of the mucous membrane of the oral cavity or the red border of the lower lip.

The most common leukoplakia caused by biochemical processes of hyperkeratosis. There are flat and verrucous leukoplakias, and the erosive form of leukoplakia is also distinguished. Within the verrucous group, leukoplakia is divided into plaque and verrucous. The form of warts is lumpy, gray-white, dense formations with wart growths on the surface. Plaque-like form - limited, raised, milky-white plates with a smooth or rough surface. A malignant tumor appears in 20-25% of cases of warts and erosive leukoplakia. Smokers have flat leukoplakia on the hard palate - Tappeiner's leukoplakia.

Cases of parakeratosis occur on the mucous membrane of the hard palate, less so on the soft palate. The mucous membrane is gray-white, slightly compressed, there are reddish dots in the open mouths of the salivary glands. The prognosis is favorable. Treatment is complex and depends on the form of the disease. The irritant must be eliminated. Large doses of vitamin A, riboflavin and folic acid are used. Local - vitamin A applications, replaced by lubrication with 10% solution of borax in glycerin. Areas of verrucous and erosive leukoplakia undergo excision and cryodestruction]. Tappeiner's leukoplakia Bowen's disease, according to the international classification, belongs to intraepidermal cancer - cancer in situ.

Bowen's disease is associated with exposure to solar radiation. It is expressed in the form of one or more lesions on the mucous membranes or on the red border of the lips. Initially, it is a spotted-nodular rash up to 1 cm, sometimes resembling leukoplakia or lichen planus. It is often located in the back of the mouth. The surface of the injury is often hyperemic, smooth or velvety - with small papillary tumors; sometimes the rash forms a picture similar to lichen planus. There are no

subjective sensations. Clinical diagnosis should be confirmed by histological examination. Bowen's disease can remain a superficial cancer or develop into squamous cell carcinoma. The course of the disease is uncomfortable. Treatment consists in complete removal of the affected area. If widespread - excision, cryodestruction, electrocoagulation of areas suspected of invasive growth. Bowen's disease

Erosive-ulcerative and hyperkeratotic forms of lupus erythematosus and lichen planus In the erosive-ulcerative form of erythematosus, ulcers and erosions that are not prone to epithelization appear, hyperkeratosis is manifested mildly. The hyperkeratotic form of the red esophagus is characterized by hyperkeratosis on the background of a clearly limited erythematous point, which is significantly higher than the level of the red threshold: synthetic antimalarial drugs (chloroquine diphosphate, delagil, hingamine) in small doses. corticosteroids and B vitamins, nicotinic acid.

Cheilitis Manganotti is often found in people with a red border of the lower lip on the side of the midline. Do not apply to the skin or Klein's zone. A predisposing factor for its occurrence is solar radiation and other types of chronic damage. Clinic. Warty precancer, with a dense consistency, is presented in the form of a sharply limited formation of a hemispherical shape with a diameter of 0.4 to 1 cm. It rises above the red border by 0.3-0.5 cm. Its surface is grayish-pink, with a small number of densely packed white scales. Due to the large number of scales, the surface of the node has a gray color, and it is necessary to make a differential diagnosis with a common wart, papilloma or pyogenic granuloma. It quickly becomes malignant - within a few months of the onset of the disease. A symptom of a malignant tumor is the appearance of compression at the base of the tumor, pain, an increase in size and bleeding. Treatment is excision of the nodule within healthy tissue, followed by histological examination.

Warty precancer Limited precancerous hyperkeratosis on the red border of the lips, most often found in middle-aged and young men. Clinic. The lesion is localized in a red border, a limited area of irregular shape up to 1.5 cm in size, often covered with gray scales. The white ridge is located near the hearth and is below the red boundary level. Palpation is painless, there is no infiltration, there is no spontaneous bleeding. Treatment. Complete biopsy followed by histological examination.

Limited precancerous hyperkeratosis of the red border of the lips Precancerous changes can develop in four main directions: - progression - growth without progression - long-term existence without significant changes - regression The process of precancerous condition transition to cancer is called regression. In the worst case, compression is formed at the base of the lesion, its mobility is limited, keratinization increases, and erosion may appear on the surface. Factors contributing to malignant tumors: – bad habits (smoking, alcohol abuse); - harmful production conditions; - type of food; - chronic mechanical damage from a destroyed tooth crown, a sharp edge of a filling or a poorly made prosthesis; - one mechanical damage. Diagnosis of the disease in cancer patients.

Early detection of oral cancer is very important. At the initial contact with each patient, the dentist must warn against cancer. The doctor should actively collect the anamnesis. Knowing the patient's lifestyle, place of permanent residence, occupational risks and heredity allows to determine the predisposition to a certain neoplasm. Thus, precancerous lesions of the mucous membrane of the oral cavity often appear due to the exposure of the mucous membrane to hot and spicy foods and some chemicals. Substances accompanying the process of smoking together with the effects of alcohol are particularly harmful.

Objective examination of the patient is a very important stage. During the examination, changes in skin color, asymmetry of the face, the location and size of the tumor are determined. If a pathological process is detected in the oral cavity, the doctor is obliged to send the patient for additional examination: - scrapings or smears from eroded or ulcerated surfaces for cytological examination; - puncture of enlarged lymph nodes; - tumor biopsy; – Rg diagnosis of the lower jaw, upper jaw, including orthopantomography when the process is localized in these areas; – computer tomography (according to indications).

Cancer education among the population plays an important role in the detection of oral cancer. Low awareness of the population about the onset of the disease and hidden, insufficiently expressed signs of its course helps to contact a specialist doctor late. The blame for the delayed diagnosis is equal between the dentist and the patient. The fault of the patient is due to a late visit to the doctor before the appearance of a clear sign of pain or self-treatment for a long time and no positive result. Patients should not only visit the dentist regularly, but also independently examine the oral cavity in the mirror. Special attention should be paid when small white sores or sores appear - this can be leukoplakia, and red sores and spots can be erythroplakia.

Patients who wear dentures should visit the dentist 1-2 times every six months, regardless of discomfort and complaints, because chronic damage to the mucous membrane of the oral cavity due to wearing removable dentures may be a risk factor for cervical cancer. The fault of the doctor may lie in the lack of oncological vigilance, insufficient knowledge of the doctor and, as a result, long-term treatment without identifying and eliminating the cause of the disease. Doctors often hide the oncological diagnosis from the patient. Some believe that this is a white lie, and such a terrible conclusion can push the patient to urgent actions and lead to depression. However, this makes the situation worse, because dental illiteracy is widespread among the population. Doctors should give the patient as much information as possible about the disease, provide emotional support and inform about further treatment.

Cancer diagnosis algorithm

The tongue and lips are the tactics of the dentist who diagnosed the disease of the oral mucosa. If a patient is suspected of having a malignant neoplasm, he should be immediately referred for consultation with an oncologist. The tactics of the dentist in detecting precancerous diseases of the

oral mucosa depends on the nature of the pathological process, the degree of malignancy and consists of the following: - acute or chronic trauma of the oral mucosa When determining the wound process, it is necessary to determine the cause. first of all, it is eliminated and local therapy is prescribed. If there is no positive reaction after ten days of appropriate therapy, it is necessary to conduct additional examination methods in consultation with other doctors; A patient with a high precancerous disease of the oral mucosa should be referred for surgical treatment with further dispensary control; - a patient with a low incidence of pre-cancerous disease should undergo the necessary treatment and be convinced of the need for regular preventive examinations; - when identifying bad habits in a patient, the goal of the dentist is to encourage the patient to give up bad habits, to eliminate the foci of chronic odontogenic infection, as well as to inform about the need for regular preventive examinations for early detection and treatment of precancerous diseases.

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