SUMMARY AND CONCLUSIONS
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Oral cancer is a significant health problem accounting for approximately 5 percent of all malignant tumours involving the body. "Death enters by mouth" is an old saying that is frequently true when speaking of infections or intoxications, but is especially applicable while considering the subject of oral malignancies and the lesions which are more liable to convert into malignancies in later stages, so called pre-malignant or pre-cancerous lesions like leukoplakia, melanoplakia, erythroplakia, sub mucous fibrosis, Lichen planus, stomatitis-necrotic palati, non healing ulcers etc. Either due to the ignorance or poor guidance to the sufferer the disease advances much and when the problem becomes social liability then patient runs up to consult the medical man but upto that time expectancy of life becomes less. Kaldau, P.K. (1971) reported that effective treatment can be given to the patients in stages but early diagnosis is the crux of the problem. The fight against cancer can not be won only by improving the therapeutic techniques and the armamentarium but by catching the disease at an early stage.

The present study was conducted with a view to ascertain diagnostic accuracy of endoscopic study in all types of oral lesions and to correlate its observations.
with that of histopathology, having a look over the
habits of the patients, distribution regarding age,
sex, religion and site of the lesions etc.

Our observations have been discussed under
the light of modern literature.

The following conclusions were drawn:

The present study included 74 cases aged 11 years
and above 70 years of age. There were 60 males and 14 females
with a male-female ratio of 4.28 : 1. Mostly cases were
Hindus (91.9%) and remaining were Muslims (8.1%).

Socio-economically 41 cases (55.4%) belong to
poor status and 31 cases (41.5%) belong to middle class.

Out of 74 cases, there were 11 (14.86%) benign
lesions, 40 cases (54.06%) precancerous lesions and oral
cancers were 23 (31.09%).

Eleven cases of benign oral lesions included
7 males and 4 females. Mostly (63.6%) cases gave no
history of addiction to any addictant, 2 cases (18.2%)
gave history of smoking and one case (9.1%) had a habit
of smoking, tobacco chewing with pan and alcohol intake.
Site wise anterior 2/3 of tongue was mostly involved i.e.,
in 7 cases (63.6%), buccal mucosa in 3 cases (27.3%) and
multiple site involvement in 1 case (9.1%). In 2 cases,
biopsy confirmed the cytological diagnosis were given.
an overall accuracy of 100% as regard benign lesions.
For the bulk of benign conditions that involve the mouth,
cytology has not reported of much diagnostic aid (Silverman

Out of 40 precancerous lesions, 38 cases (95%) were of leukoplakia and only 2 cases (5%) of oral sub-
mucous-fibrosis. Simple leukoplakia as well as leukoplakia with mild dysplastic changes were observed in approximately
equal number (40%) whereas 6 cases (15%) of leukoplakia showed moderate degree of dysplastic changes.

Leukoplakia was found to be higher in the age
range 41-50 year group.

Most of the leukoplakia cases (90%) presented clinically as white patches and buccal mucosa (72.5%)
was the commonest site of involvement followed by lip
(12.5%).

Habit of smoking and tobacco chewing either alone or with pan play a major role (40%) in production of leukoplakia patches.

Mostly oral carcinomas were of epithelial origin
(100%). Out of 23 cancerous lesions, 11 cases (47.8%) were
well differentiated (Grade I), 9 cases (39.1%) were moder-
ately differentiated (Grade II), 9 cases (39.1%) were
poorly differentiated.
Maximum number of oral carcinomas were observed in age group 41-50 year range.

Habit of smoking and tobacco chewing either alone or with pan play a major role (39.44%) in production of oral cancer. Habit of taking alcohol along with smoking and tobacco chewing was second major (31.76%) factor in causation of oral carcinoma.

Mostly carcinoma presented as oral growths (69.56%) and as non-healing ulcers (30.43%) in some cases.

Site wise mostly cases of oral carcinoma were of tonsillar region (39.14%) followed by buccal mucosa (30.43%) involvement.

The risk of cancer was found to be higher with increasing frequency of smoking, pan and chewing tobacco in good quantity and for a longer duration. Most cases of oral carcinoma (39%) were found to have smoking and tobacco chewing habit for 11-20 year and 21-30 years duration period.

It was concluded from our study that the earlier the habit of tobacco chewing along with smoking started, the higher the risk of developing pre-cancerous and cancerous lesions.

It was found that both cytology and biopsy were almost equally reliable in so far as the diagnosis of oral
lesions. As regard leukoplakia in oral cavity, out of 38 cases, biopsies were performed in 12 cases which confirmed the cytological diagnosis giving an overall diagnostic accuracy of 100%.

Simple leukoplakia can be very easily differentiated from leukoplakia with dysplastic changes by cytology.

Oral carcinomas are very easily diagnosed by cytology smears. So much so that they can be graded accordingly.

There were 16 histologically proved cases of oral carcinomas out of 23 cases. The 100% diagnostic accuracy was achieved.

Cytodiagnosis of oral cancers is a simple, bloodless and rapid diagnostic method. Collection of material with wooden spatula is quite convenient and trustworthy.

Oral cytology is an excellent adjunct to follow up studies of treated and untreated oral cancers and may be an effective tool in the early detection of cancer and precancerous lesions of the mouth.