INTRODUCTION
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Multitier investigations in oncopathology is increasing day by day as clinician and cytopathologist are encountering varied picture in cancer pathology.

Advanced countries have assimilated sophistication heavily in oncopathology (like tumour marker, tumour antibodies etc). But we are still in search of an efficient screening method by which the cytopathologist can point accurately towards the nature of disease within a few hours.

Oral cancer is a significant health problem accounting for approximately 5 per cent of all malignant tumours involving the body (Shklar, Meyer, Cataldo and Taylor, 1968). Oral cancer though not so common in the western countries, is quite prevalent in this part of the world. In 1902, Kiblock first reported the high incidence of oral cancer particularly that of buccal mucosa in India. Bentall in 1908, reported the frequency of oral cancer in this part of the globe to be 18% among all cases of cancer. Since then, innumerable studies by authors like Kini and Rao (1937), Khanolkar et al (1950), Barua (1964), Paymaster (1964), Wahi et al (1965), Chitkara et al (1966), Reddy et al (1967) and many
others uniformly indicated the preponderance of oral cancers throughout the country. International Union against Cancer (I.U.C.C.) 1970, in its publication reported higher incidence of cancer of mouth, tongue and pharynx in India in relation to other countries.

Oral malignancies and pre-malignant or pre-cancerous lesions like leukoplakia, melanoplakia, erythroleukia, sub-epithelial fibrosis, lichen planus, stomatitisicotic palata, non-healing ulcers etc., are very common in our country, mainly due to heavy consumption of tobacco in varied form and the contributory factors like alcohol, poor oral hygiene, syphilis etc. Thus a reliable method for early diagnosis of these diseases is extremely desirable in order that correct treatment can be instituted at a stage when the chances for cure are infinitely greater. "Cytological study" is hoped to achieve that goal. In the past decade or so the technique of cytodiagnosis has been used in evaluating oral disease. Umiker et al (1960), Sandler (1964), Hayes et al (1969), and King (1971) are among some of those who have generally supported the thesis that oral exfoliative cytology is a reliable and sensitive diagnostic tool.
Numerous reports (Allegra, 1973; Falsom 1972; Hayes 1969; Sandler 1964) substantiate that the use of oral cytology has accelerated biopsy of lesions which clinically did not appear to be oral cancer and has led to early diagnosis of cancer which would otherwise have remained temporarily unsuspected.

Cytological study is simple, bloodless, painless, rapid and easily acceptable to patient and hence, can be repeated number of times as compared to biopsy which is tedious and not acceptable to everyone. The introduction of fluorescent microscopy, phase contrast microscopy and automatic cytoscanner has brought newer advances to this diagnostic field. However, even in absence of those sophisticated instruments, the technique holds its ground as a rapid diagnostic procedure. Hence its value in the diagnosis of oral lesions needs further study.

"AIMS OF THE STUDY"

The present study was conducted with a view to:

1. To assess the incidence of pre-cancerous and cancerous lesion of oral cavity in this part of country.
2. To facilitate the confirmation of the clinical diagnosis of oral lesions.

3. To correlate cytopathological findings with histopathological observation and to assess the efficacy of cytology as an early diagnostic tool.