CONCLUSIONS
CONCLUSION

The present work consists of study of ABC (H) isoantigens in cases of benign and malignant lesions of oral cavity of inflammatory lesions served as a control group. Most of the cases were from the rural areas.

The peak incidence of benign lesions was 10-19 years and 40-49 years of age and premalignant lesions was equally distributed in age range of 30-39 years, 40-49 years, 50-59 years and 70-79 years. Malignant lesions was observed predominantly in 70-79 years age range.

The sections were prepared from old and new paraffin blocks of the cases, selected for the study, were subjected to specific red cell agglutination reaction.

In all the cases of inflammatory lesions and also in all the benign tumours, isoantigens were normally found, suggesting that there was no loss of tissue isoantigens.

In cases of premalignant lesions, SRCA reavealed loss of isoantigen due to dysplastic changes in the squamous epithelium. Degree of loss of antigen directly related with severity of dysplastic changes.

In cases of carcinoma, SRCA revealed complete loss of isoantigens in 2 cases whereas 2 cases showed
equivocal reaction for SRCA, 5 cases showed weakly positive SRCA reaction and single case showed no loss of isoantigen.

These finding suggest that the isoantigens are preserved in normal, and benign lesions showing almost normal structure and function. These antigens are gradually lost during the cancerous transformation and are interpreted as structural and functional de-differentiation of cancer cells i.e. loss of ability to produce the antigens or to store them, if produced elsewhere or the antigens are masked by the cancerous changes.

Some histologically proved cases of malignant lesions also give weakly positive reaction, this suggest that the loss of antigen is an gradual phenomenon and not an all or none phenomenon. But in these cases SRCA reaction is not significant.

So, it is concluded that negative SRCA reaction is more important than the positive reaction because positive reaction does not exclude malignancy while negative SRCA reaction favours the diagnosis of malignancy and suggest the possibility or probability or even presence of metastasis.

The study of isoantigens in oral lesions may serve as a tribute to improve early detection of oral cancer in its precancerous stages.