

LECTURE

THEME PRECANCEROUS DISEASES OF THE LIPS AND MUCOUS MEMBRANES (MM)

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Factors predisposing to the development of precancerous diseases of the lips and mm.

- Heredity
- Sun radiation, radiation exposure and other weather conditions
- Trauma (friction, cigarette moxibustion)
- Smoking
- Shortage of vitamin A
- Alimentary factor
- Age, Sex
- Diseases of gastro-intestinal tract and others

Classification of precancer of the lips and MM

- **OBLIGATE:**

- A high degree of malignization.

- **OPTIONAL:**

- Low frequency of malignization

Precancerous diseases of MM

- **Obligate:**

- Bowen disease

- **Optional:**

- 1. Leukoplakia: verrucosa and erosive

- 2. Papillomatosis

- 3. Erosive-ulcer and hyperkeratotic forms of lupus erythematosus and LRP (lichen ruber planus)

- 4. Postradiation stomatitis

Precancerous diseases of the lips

● OBLIGATE

● 1. Warty precancer

● 2. Limited precancerous hyperkeratosis

● 3. Abrasive precancerous cheilitis Manganotti

● 4. Precancerous diseases of the red border of the lip:

Precancerous diseases of the lips

● **Obtional:**

● 1. Leukoplakia

● 2. Keratoacantoma.

● 3. Cutaneous horn.

● 4. Papilloma with keratonization

● 5. Erosive-ulcer and hyperkeratotic form of lupus erythematosus and LRP

● 6. Postradiation cheilitis

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Bowen disease

- Often the disease damages men of 40 to 70.

- It is cancer in situ.

- It has high potential malignization



Clinical picture of Bowen disease

- There is one focus,
- Seldom 2
- Not more to 1 cm in diameter
- A spot-nodular formation slowly increases or spreads to periphery.
- The surface has erosive patches and is covered with papillary growths.
- More seldom it is smooth, often it is stagnant (congestive) red, velvety.
- When being for a long time there can be light atrophy, the focus sinks.
- While merging plaques have irregular outlines
- Subjective feeling may be absent.



Bowen disease

- **Typical areas of location**

on mm:

- Soft palate

- Tongue

- Retrobulbarna area



Hystology of Bowen disease



- Hyperkeratosis or parakeratosis
- Always acanthosis
- Widened epithelial outgrowths
- Basal layer preserves
- There is no invasive growth
- There are ugly cells with numerous nuclei in the thorny layer,
- the picture in situ
- that is interepithelial cancer
- Keratinization of separate cells of the malpighiev layer — horny pearls.
- There are grains or round bodies in the horny layer
- In the upper layer of derma there is infiltrate of lymphocytes and plasma cells

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Bowen disease: DIAGNOSTICS AND treatment:

- Unfavorable
- On the MM - early invasive growth.
- Clinically the diagnosing on the MM is difficult. The diagnose is confirmed hystologically
- **TREATMENT:** removal of the focus within healthy tissue
- If removal is impossible — closefocus of Rg-therapy
- Forecast without treatment is poor

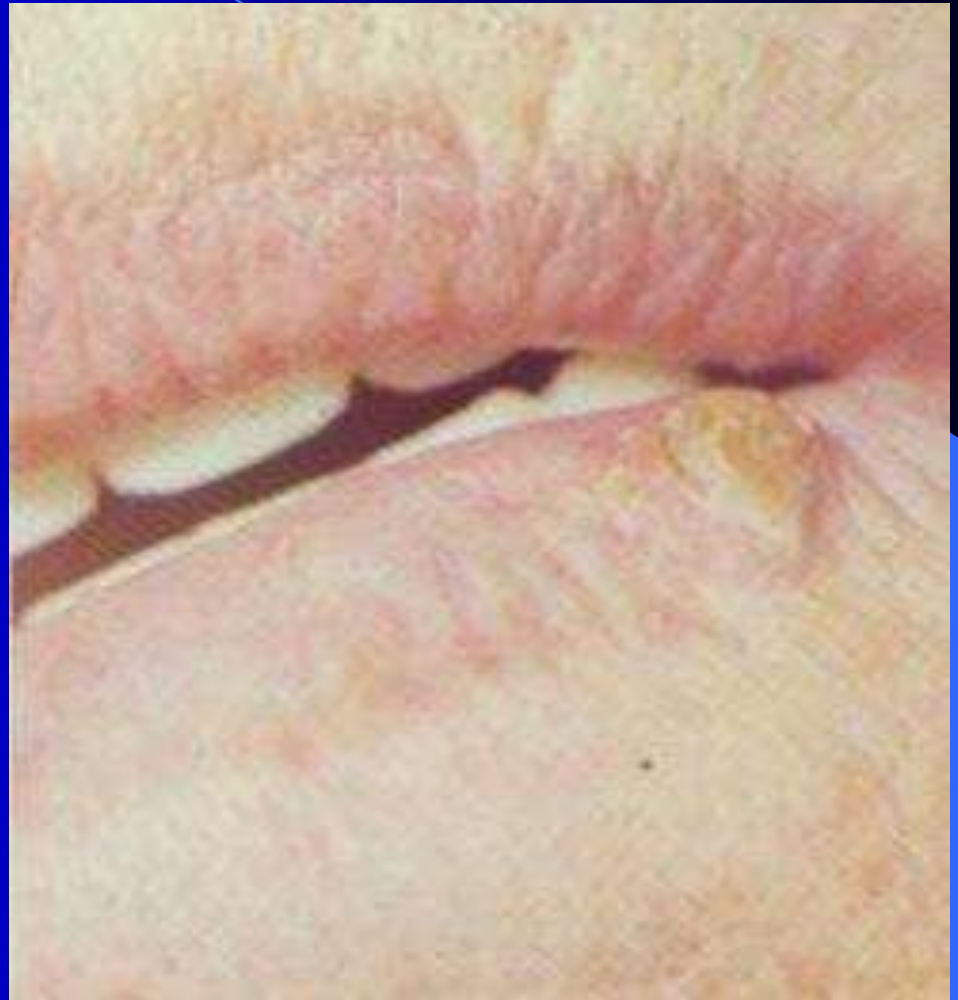
Warty or nodular precancer of the lips

- It emerges on the lower lip in men over 40
- It has a potential malignancy
- CLINICS: a nod with diameter from 4mm to 1 cm is located exactly on the red border
- The form is hemispherical.
- Dense (tight). It is 3-5mm above the skin the colour is normal or stagnant-red
- Palpation is painless
- It develops on the outwardly unchanged red border



Warty precancer.

- In some patients it is covered with densely located thin scales
- and looks like a wart or keratonising papilloma.
- **HYSTOLOGY:** Limited proliferation of epithelium up in the form of wide papillary formations and down deep over the usual epithelium layer.
- Proliferation is developed because of the widening of the thorny layer.
- Hyperkeratos alternate with parakeratos
- Decomplicate and polymorphism of thorny cells
- In the derma there is round cell infiltration with a great amount of lymphocytes, plasmic cells and lambrocytes.
- Homogenisation of elastic fibres in patches



The course of warty precancer:

- Malignisation can be during 1-2 months
- It is impossible to identify clinically malignancy.
- Attention should be paid to a sudden increase of the size of the focus.
- Strengthening of keratonization.
- Emerge of tightening in the base.
- Focus erosion or ulseration.

Diagnostics of warty precancer.

Differential diagnostics. Treatment

- 1. Clinical picture

- 2. The results of histological research

DIFFERENTIAL DIAGNOSTICS

- 1. A vulgar wart (presence of threadlike papillomas and hypertrophic horny layer on the periphery)

- 2. Soft fibroid (soft consistence, presence of pedicle)

- 3. Keratoakantoma (dense peripheral red roller with a crater filled with horn mass in the centre.

- 4. Pyogenic granuloma (soft consistence, bright-red colour, presence of a pedicle)

- TREATMENT — removal within healthy tissues

Limited precancerous of the lip

- Men older than 30 are affected more often.
- It is located on the lower lip exactly on the red border more often in the side of the centre



Limited precancerous of the lip



- The focus is sharply
- Limited and has a polygon shape,
- the surface is covered with thin toughly located
- scales.
- It has greyish colour, the focus sinks.
-

Hystology limited precancerous of the lip

Prolifiration of epihtelium deep inward.

Decompligate of prickly cells

- Powerful hyperkeratosis.
- Thee course is not so fast, however malignization can happen during 6 months
- Clinically malignization is keratonization strengthening and emergence of sealing
- at the base.
- Biopsy is the only reliable method.

Differential diagnostics and treatment:

- 1. Leukoplakia (no hyperkeratotic scales)
 - 2. LE (there is inflammation and atrophy)
 - 3. LRP (presence of infiltrate and inflammation in the focus)
- Treatment — surgical removal within healthy tissues with hystological research.

Discoid lupus erythematosus



- 1. Erythema
- 2. Hyperkeratosis
- 3. Scar atrophy
- Glow under the Wood lamp is snowy-blue
- Rash on other skin areas
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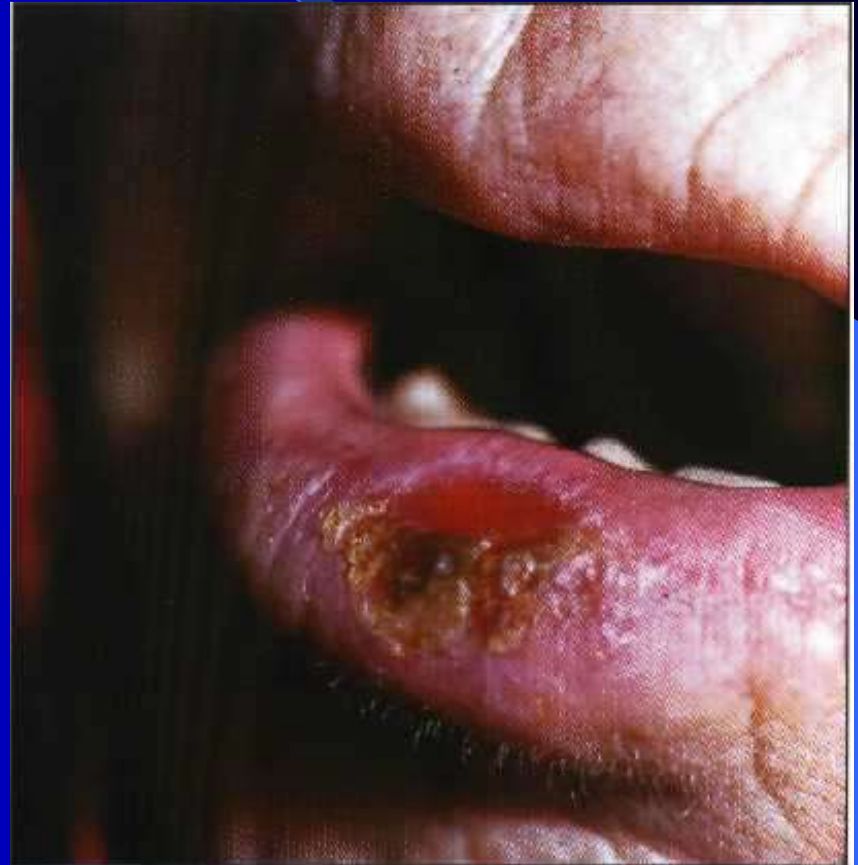
Abrasive precancerous cheilitis Manganotti

- Erosive changes of the red border of the lower lip tend to transform into planocellular cancer.
- It often affects men over 60.
- ETIOPATHOGENESIS of abrasive precancerous cheilitis Manganotti:
 1. Trophic changes of the lower lip.
 2. Secondary adentia or destruction of the front teeth.
 3. Chronic trauma
 4. Insolation
 5. Hypovitaminosis A
 6. Pathology of the gastro-intestine tract



The clinical picture of abrasive precancerous cheilitis Manganotti

- Erosions of oval and irregular form
- The surface is smooth and polished
- The colour is bright-red
- There can be crusts being removed they are bleeding
- Erosions themselves do not bleed
- Absence of density
- there can be a corolla of inflammation around the erosion



Abrasive precancerous cheilitis

Manganotti



- There is one erosion, seldom 2 or 3
- Erosions are epiyhelized
- Then they fast recur in this or that place.
- The course is chronical, it can be transformed into cancer (from 3 months to 30 years)
- The diagnostics is based on clinical data and hystological research

Hystology abrasive precancerous cheilitis Manganotti

- Defect of epithelium filled with serous infiltrate (lymphocytes, histiocytes, plasmatic cells)
- There is epithelium in the stage of proliferation or atrophy on the border of erosion.
- Epithelial rods of irregular form stretch from it.
- Prickly cells are in the state of decomplicate and atypia.
- In the derma there is growth of connective tissue, focus infiltrates consisting of lymphocytes, histiocytes, plasmatic cells, fibroblasts, macrofags located around widened vascular and lymphatic vessels
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Differential diagnostics

Disease

- 1. LE — Sagnant erythema, hyperkeratosis, scar atrophy
- 2. LRP- presence of papulas the colour whitish in the form of a pattern
- 3. Acantholytic pemphigus – (+) Nicolskiy sympton.
- Presence of acantholytic cells, damage is not only on the lips
- 4. MEE — a sharp beginning, painful.
- 5. Herpes- polycyclicity, swelling, short duration

Acantholytic pemphigus



Lupus erythematosus

- Stagnant erythema
Hyperkeratos
- Scar atrophy
- Rash on other areas
- Glow under Wood lamp is snowy-blue
-



Treatment of abrasive precancerous cheilitis

Manganotti

- Removal of irritating factors
- Sanitation of the mouth cavity, prosthetics
- **General treatment** : vitamin A, nicotine acid, anabolic steroids.
- **Topical**: vit. A. TGCS, solcoceril
- **Surgical excision** when there is no effect within healthy tissues with hystological research

Conclusions:

- **Obligate precancerous of the lip :**
- Location on the lower lip
- Location to the side of the center.
- Affects men more often.
- As a rule there is one focus
- Exactly on the red border of the lips
- Hystologically it must be confirmed.
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Precancerous diseases MM (optional)

- Leukoplakia: verrucosa or erosive
- Papillomatosis
- Erosive-ulcerous and hyperkeratotic form of LE and LRP
- Postradiation stomatitis
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Leukoplakia:

- **KERATONIZATION OF THE MM OR LIPS FOLLOWING INFLAMMATION IN RESPONSE TO THE EXOGENIC IRRITATION**

- Men over 50 suffer more often

- Provocating factors:

- 1. Outer stimulants (trauma, from a teeth row), tobacco smoke, insulation, galvanic toque because of different metals

- 2. Pathology of gastro-intestine tract

- 3. A shortage of vit A

- 4. Genetic factors.

Typical areas of location of leukoplakia:

- MM of the cheek
- Corners of the mouth
- Lower lip
- Back and side surface of the tongue
- Alveolar outgrowth
- The bottom of the mouth cavity



Forms of leukoplakia

- 1. Flat
- 2. Verucose
- 3. Erosive
- 4. Leukoplakia of smokers or leukoplakia of Tappainer



Flat leukoplakia

- Limited opacity reminds a film.
- It cannot be taken off with a shpatle.
- The colour is from pale-grey to white
- The surface is dry and rough, the outline is serrate
- There is no tightening in the base



Leukoplakia

Small hyperextending on the periphery in the corner of the mouth

There is a folded view on the cheeks

There is a view of wrinkly white-grey film on the bottom



Leukoplakia

- It is on the red border of the lower lip in the shape of stuck thin film
-
- The borders are clear, the circuit is uneven,
-
-



Verrucose form and others

- It develops on the background of flat leukoplakia.
- The process of keratonization is shown
- IT HAS 2 FORMS:
- Warty and Plaque
- THE PLAQUE is smooth, you feel density when palpating.
- It protrudes. above the surface, has irregular form.
- The surface is rough,
- The colour is milky- white.
-

The warty form of leukoplakia

- Occurs more often because of the mechanical trauma when teeth are defected
- Dense lumpy formations protrude above the surface with warty growths.
- The area of inflammation is in the form hemorrhages.
- The colour is grey-white.
- The warty form has a high degree of malignancy.



Erosive form of leukoplakia

- Arises on the background of flat or verucosa form of leukoplakia.
- There are subjective which become stronger when eating.
- Erosions are singular or multiple of various forms and sizes.
- There can be cracks.
- Location on the areas subjected to the mechanical and terminal irritation.
- Pain and the most potential malignancy



Smoker's leukoplakia (Tappeiner's leukoplakia) or nicotine stomatitis

- Heavy smokers suffer from it. Solid keratonization of the hard palate,

- The colour is grey-white.

- There are red dots -gaping mouths of the ducts of the salivary glands on this background.

- When the process is expressed

- The focus looks like a cobblestone road.

- Malignancy is possible but seldom occurs.



The hystological picture

- Depends on the form of leukoplakia:
- Hyperkeratosis
- Parakeratosis,
- Acantos.
- Decomplicate of prickle cells, their atypia (for verucosa and erosive forms)
- Widening of the vessels.
- Diffuse cellular infiltrate.

The course of leukoplakia:

- Chronically
- When eliminating a factor and conservative therapy you can witness regress
- It can transform into cancer.
- The term of malignization is from 1 to 5 years from the time of disease.
- Erosive and verrucose forms have the most malignancy.

Marks of malignancy depend on the form:

- With a **FLAT** shape there is density in the base particularly at one side and sudden erosion, strengthening of keratinization
- With a **VERRUCOSE** shape: density in the base, sudden erosion, strengthening of keratinization, increase of warty elements, increasing of sizes.
- With an **EROSIVE** shape: the emerge of seal(density) in the base, bleeding, ulceration, formation of papillary growth, fast increase of sizes.

Differential diagnostics of leukoplakia

Disease

- 1. LRP - in the basis there are polygonal papillae, they have cyanosis shade Wickham;s striae.
- 2. Lupus erythematosus- hyperkeratosis, scar atrophy, snowy-blue glow under, the Wood's lamp.
- 3. Syphilitic papilla seems are in the discharge- pale treponema, serareation (+).

LRP



Treatment of leukoplakia:

- Removal of irritating factors

- 1. Sanitation of the oral cavity

- 2. Stop smoking

- 3. Research and treatment of gastro-intestine tract pathology

- 4. Aevit 1 drop 2 times 1-2 months

- 5. Vitamin B6 3 ml each other day N 15

- Topical: applications of vit A, 10% borax in glycerine, TTKC

- Creodestruction

- When there is no treatment - surgical excision (especially verucose and erosive forms)

- Treatment is carried out by courses 30 days with an interval of 1 month.

Cannon's spongy white Nevis

- Definition: non-malignant (benign) non-enviable epithelium dysphasia MM
- SYNONYMS: soft leukoplakia of Pashkov
- Family folded dysplasia of MM
- White folded gingivostomatos,
- Leukoedema,
- “Cheek biting”

Cannon's spongy white Nevis

- Sponge white Nevis of Kennon arises after birth or in early childhood and later.
- It has a family character
-
- No subjective experience, always symmetrical.
- Cheeks are damaged more often

Varieties of white sponge Nevus of Cannon (Cennon Kennon)

- TYPICAL SHAPE:
- Focal and
- Diffuse
- ATYPICAL- white opalescent stripe on the level of clamping teeth.



Clinics of white sponge nevus of Cannon:

- Folding and wrinkled(wrinkling) of MM,
- Growth of epithelium hanging
- Folds into the mouth cavity.
- You can remove the upper layers of epithelium
- With a shpatle without any pain.
- Similar damages of the mucous membrane of the MM of genital organs.



Diagnositics and treatment of white sponge nevus of Cannon:

- Patients complain of roughness of MM, a wish to Bite off excess, interfering tissue.
- Grayish-white colour, sponginess, folding, peeling skin, a habit to bite- all these
- Factors allow to make a diagnosis.
- **TREATMENT:** vit A, C and group B.
- Sanitation of the mouth cavity, polishing sharp edges of teeth
-

Precancerous diseases of the red border of the lip (optional)

- LEUKOPLAKIA

- CUTANEOUS HORN

- KERATOACANTOMA

- PAPILOMA (soft fibroid) with keratonization

- EROSIVE-ULSERATIVE and hyperkeratotic form of lupus erythematosus and red flat lichen.

- POSTRADIATION CHEILITIS



Cutaneous horn is a limited area of epithelium hyperplasia with a huge hyperkeratosis.

- It arises on the red border of the lip, on the lower more often.

- People over 60 suffer .

- There can be one, two or more.

- It can be on the background

- Of the following diseases: leukoplakia, tuberculous lupus, scars and others.

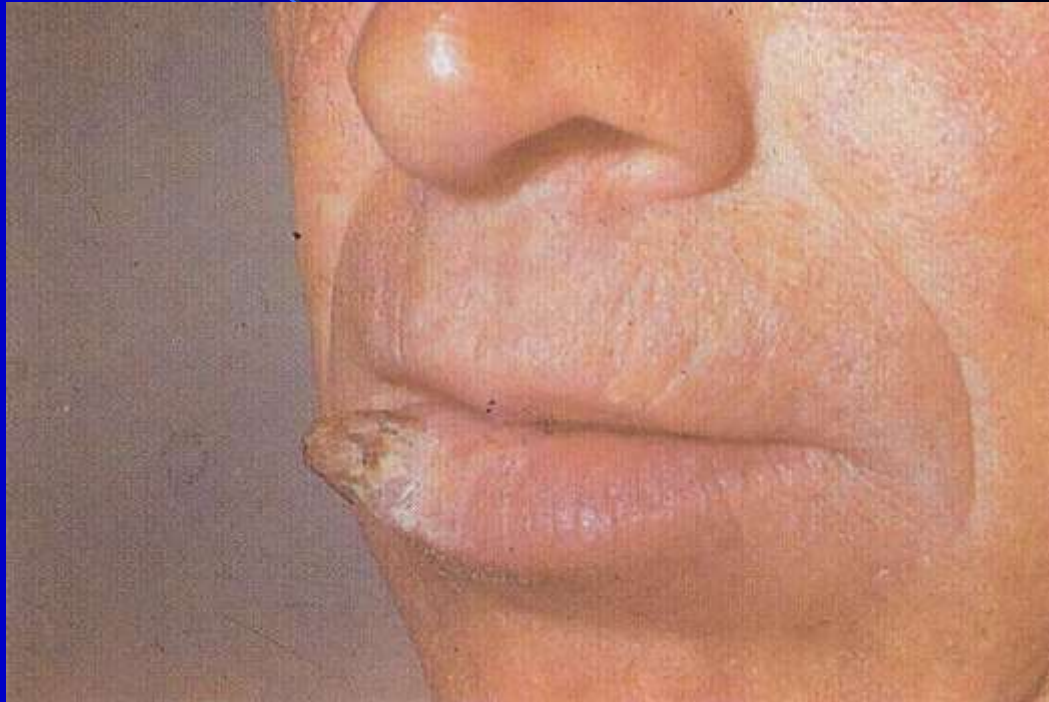
- The focus is in the form of a horn, Conical,

- Not more than 1sm,

- The colour is dirty-grey,

- Dense,

- Soldered with a base.



Cutaneous horn, course, treatment

- The course is chronically, Long
- For years can become malignant.
- Signs of malignancy: there is inflammation around the focus.
- Density in the base, enhanced intensive keratonization.
- TREATMENT: removal of the focus with in healthy tissues.



Keratoakantoma (synonym: horny mollusc, non-malignant akantoma)

- **Definition:** epidermal benign(non-malignant) tumor which fast develops and spontaneously regresses.
- Often becomes malignant
-
- Location: on the lip (not often).
- It does not occur on MM
- Seldom on the tongue.

Clinics of keratoakantoma

- Papulle and node
- Dense
- The colour is grayish-red
- The form is hemispherical.
- There is a deepening (groove) filled with horny masses.
- There is a dense roller on the border.
- It is not soldered to surrounding tissues.
- Movable
- Painless.



Keratoakantoma



- As for the size a fast growth during a month to 2,5 sm and 1sm.
-
- The outcome: in 6-8 months.
- It regresses with formation of a scar or transforms into a cancer.
-

Hystology

- Uneven akantosis, Phenomena (manifestation) of decomplicate and atypia.
- Pseudoepithelium hyperplasia.



Diagnosics, differential diagnosing and treatment of keratoakanthoma:

- Clinical picture and fast growth.
- WARTY CANCER does not have infundibular (funnel) pitting in the center and horny masses are absent
- EXOPHYTIC CANCER has a density in the very base, bleeding after removal of horny masses
- TREATMENT: surgical removal with in healthy tissues.
-

Papilloma (soft fibroma) is a benign epithelium tumor of MM and lips.

- It often occurs.

- Tumor on the pedicle (leg).

- It can be without pedicle on a wide base.

- The size from 1 to 20 mm.

- The surface is rough

- The colour is whitish-grey (depends on the degree of keratonization).

- LOCATION on any area of MM: on the tongue, hard palate, cheeks, lower lip.



Papillomas or soft fibromas. Papillomatosis is multiple papillomic growths of MM.

ON THE TONGUE

- They arise in response to trauma or chronically inflammation.
- They can be real tumors.
- Types of papillomatosis:
 1. Reactive papillomatosis of different nature (inflammation papillae hyperplasia MM of cheeks lips, tongue, diamond-shaped papillomatosis of the tongue).
 2. Papillomatosis of neoplastic.



Reasons and clinics of papillomatosis:

- Inflammatory papillary hyperplasia MM of the hard palate and alveolar processes arises:

- Wearing removable prostheses for a long time.

- Clinically it is represented in the form

- Of focus and diffuse damage.

- Traumatic papillomatosis MM cheeks, lips and tongue occurs when biting (malocclusion, removable prostheses, poorly formed seal, wrong growth of teeth).

- Clinically: 3-4 soft formation on the wide basis 0,5 sm in diameter, the usual colour of MM

Reasons and clinics of papilomatosis:

- Diamond-shaped papilomatosis of the tongue develops on the background of papilomatosis glossitis.
- True tumorlike papilomatosis often emerge on MM of cheeks, retrobulbarniy area, pterygoid fold.
- **CLINICALLY:** Warty growths are dense,
- look like cauliflower.
- The colour is greyish.
- The surface is keratonizing.

Hystology of papilomatosis:

- Growth of proliferating keratonizing epithelium located on connective-tissue pedicle
- or short outgrowths of connective tissue
- Dermis papillae branch out like a tree.
- Infiltration of stroma with plasmatic cells and lymphosytes (at an inflammation)
- When epithelium sinks into underlying tissues papilomatosis is referred to precancerous.
-

Diagnosing and treatment of papilomatosis:

- With presence of a pedicle the diagnosing does not preserve any difficulty.
- When there is no pedicle it looks like fibroid, polyp, hemangioma.
- Warty precancer:
- Hystological research is very important criterion for diagnosing,
- Treatment: surgical excision, removal of the reason

Prevention of precancerous diseases of the red border of the lips and MMMC

- General sanitation of the body
- Fighting hypervitaminosis
- Organismageing.
- Diseases of gastro- intestinal tract.
- Traumas of MMMC
- Smoking
- Inflammatory diseases of MMMC and the red border of the lips (herpes, red lichen, KB and others)
- Radical treatment of grandular cheillitis.
- Refusal of taking alcohol, spicy food
- Sanitation of the mouth cavity
- Rational prosthetics
- Exclusion of heterogeneous metals in prosthetics and others
- Health education

Conclusions

- 1. Precancerous diseases of MMMC and the red border of the lips in majority cases
- Cannot be diagnosed on the basis of clinical picture
- 2. To confirm a diagnose it is necessary to have histological research
- 3. Some precancers can become malignant very quickly during 1-2 months
- 4. Treatment - removal within healthy tissues.
- 5. Of all obligate precancers attempt of conservative treatment is possible at Manganotti cheillitis.

Fordaice disease is heterotopia of the sebaceous glands

- Children seldom suffer from it
- It increases in pubertal period.
- In Klein's area of the upper lip and on the chin
- furrow and vulvar lips in women sebaceous glands are hypertrophy and look like yellow papule.
- Subjective experience is absent



THANKS

