90 anni di
PREVENZIONE
2012
LILT
LEGA ITALIANA PER LA LOTTA CONTRO I TUMORI
LA TUA BOCCA NON
È UN DETTAGLIO

ASPETTI CLINICI DEL CARCINOMA ORALE

**Ordine dei Medici Chirurghi
e degli Odontoiatri
PARMA, 19 NOVEMBRE 2013**

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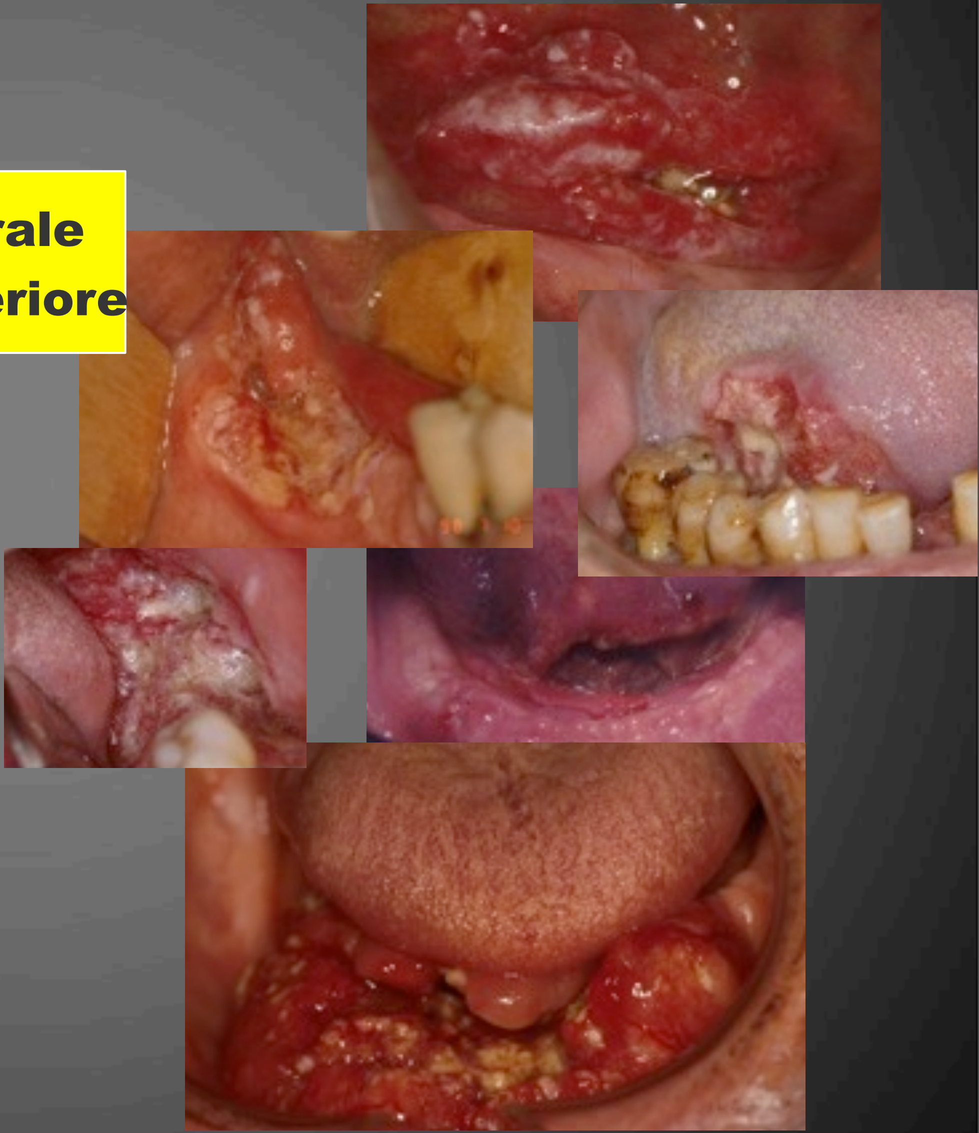
EU EMDOLA
EUROPEAN MASTER DEGREE: ORAL LASER APPLICATIONS

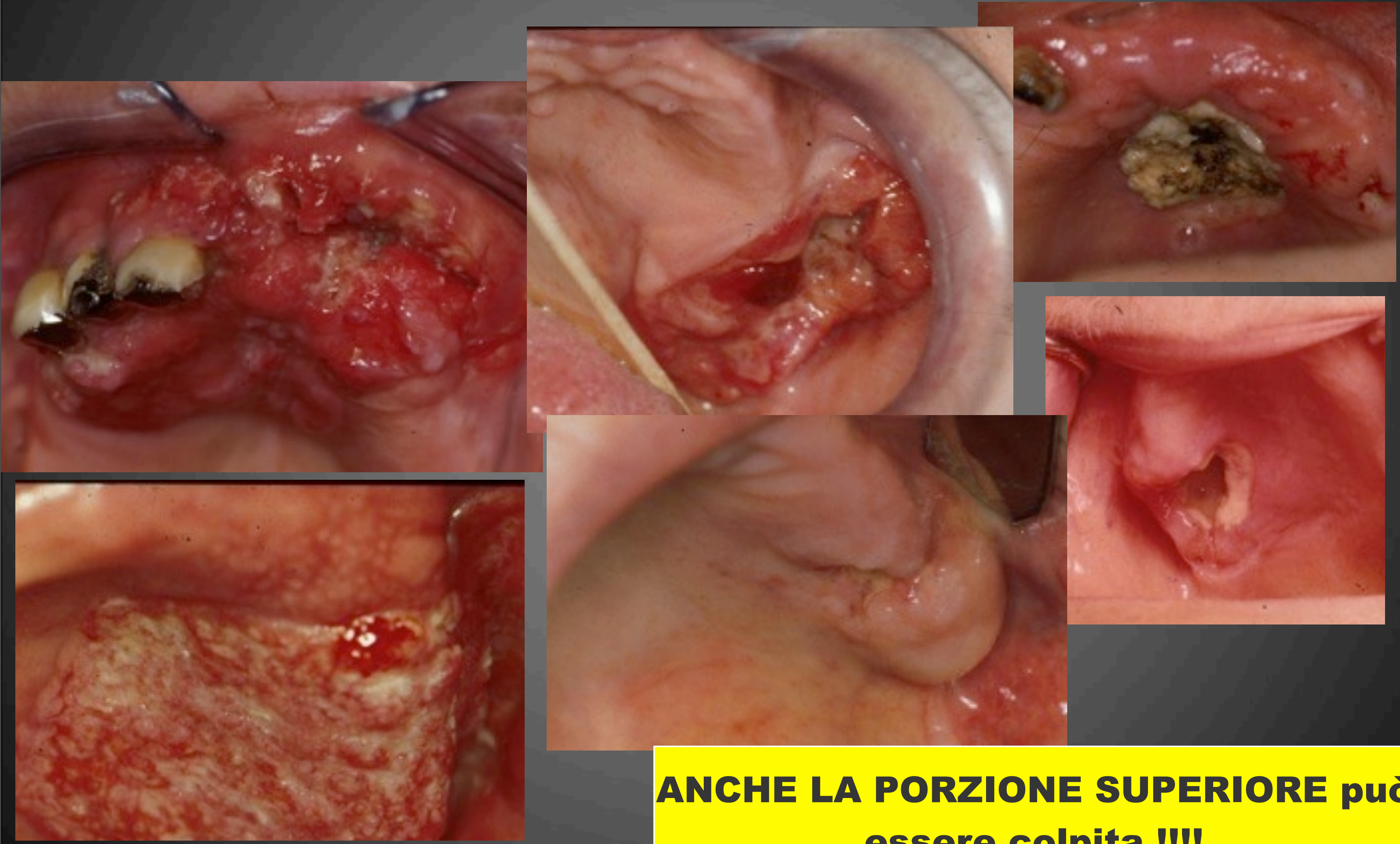
CARCINOMA ORALE

Porzione INFERIORE del cavo orale è colpita 4 volte in più della superiore

Labbro inferiore 35%
Lingua 22%
Pavimento orale 17%
Palato molle/orofaringe 15%
Mucosa geniena 10%
Gengiva / cresta alveolare 6%
Palato duro 5%
Vestibolo 1%

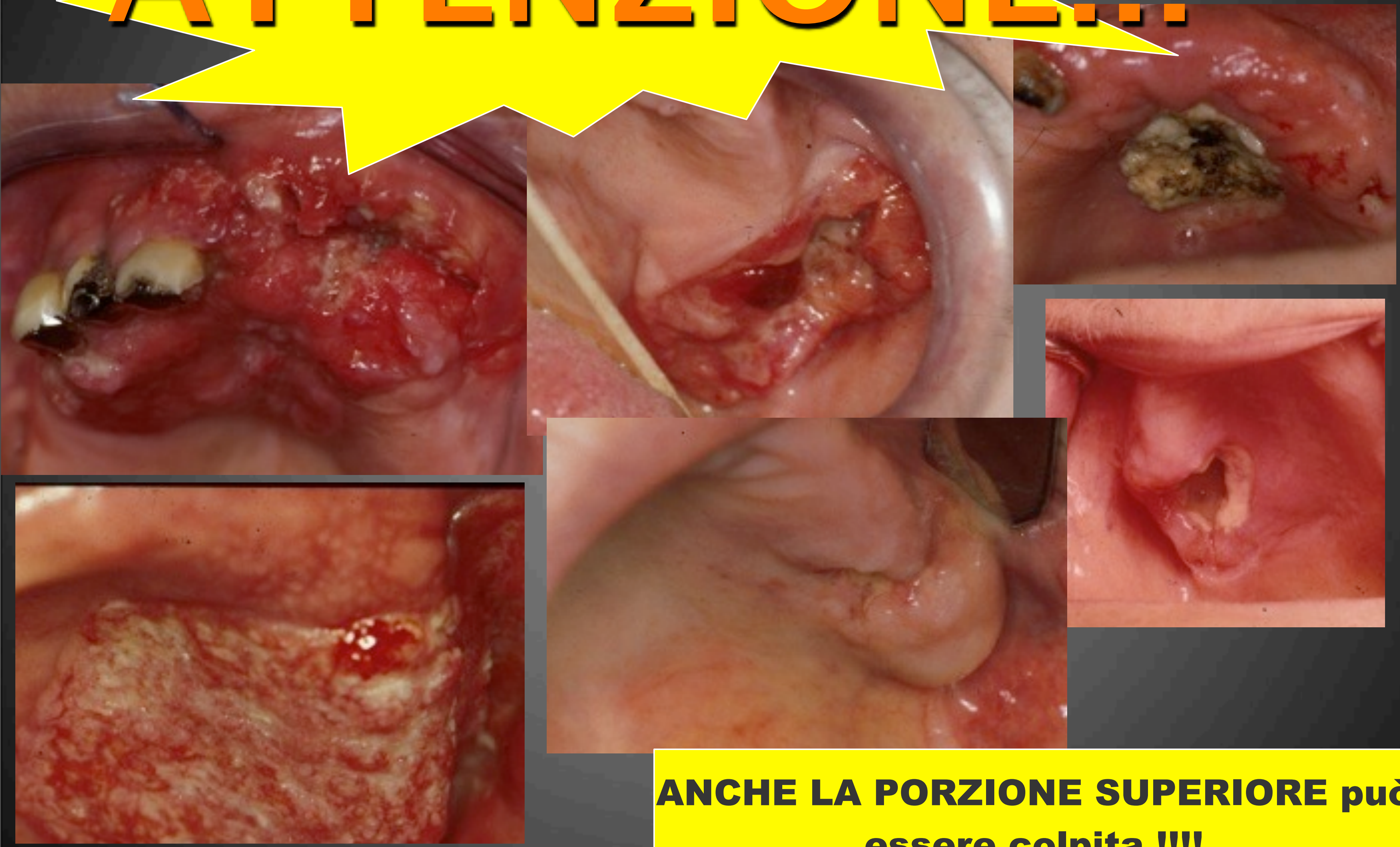


CARCINOMA ORALE



ANCHE LA PORZIONE SUPERIORE può essere colpita !!!!

ATTENZIONE!!!

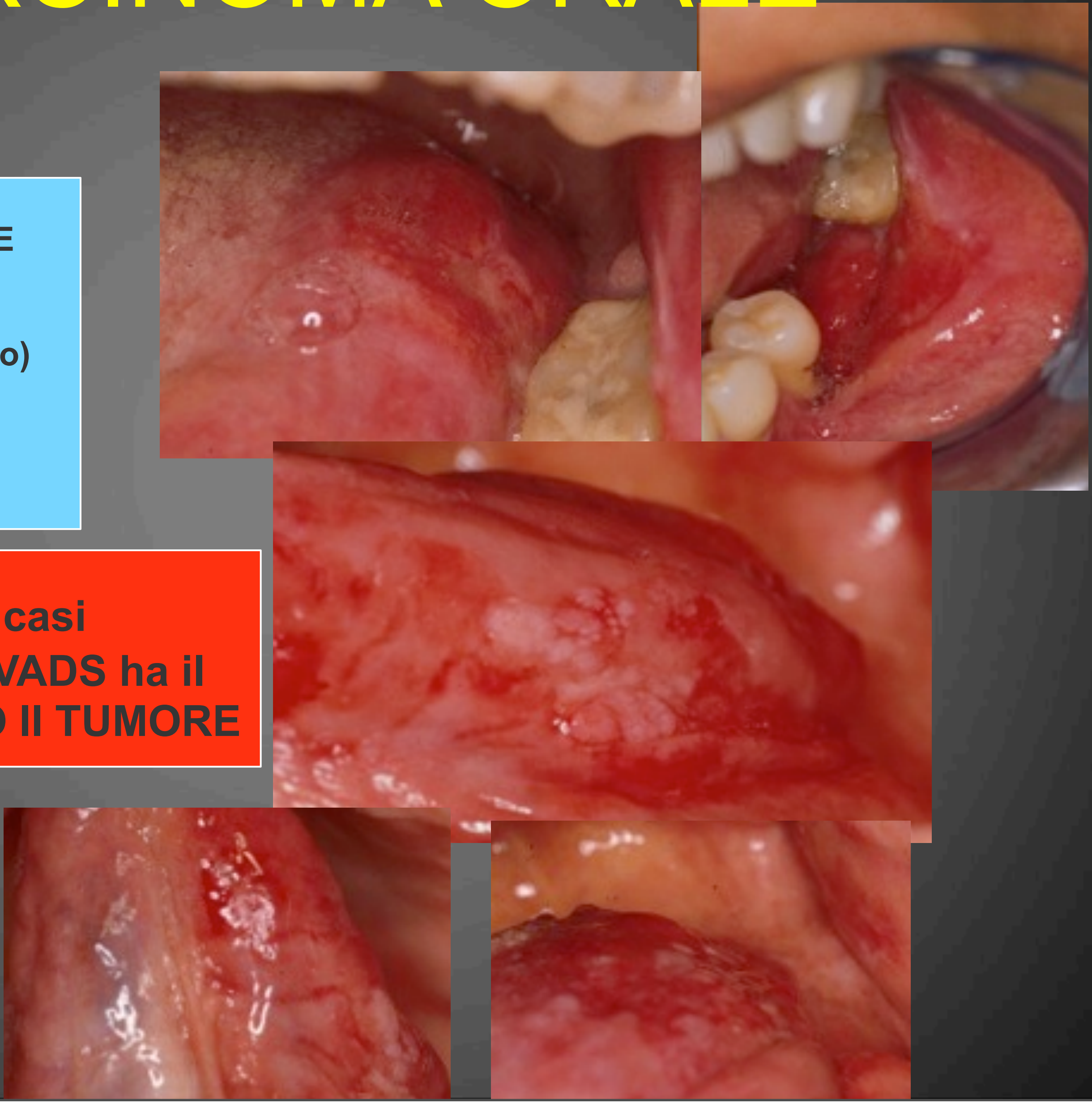


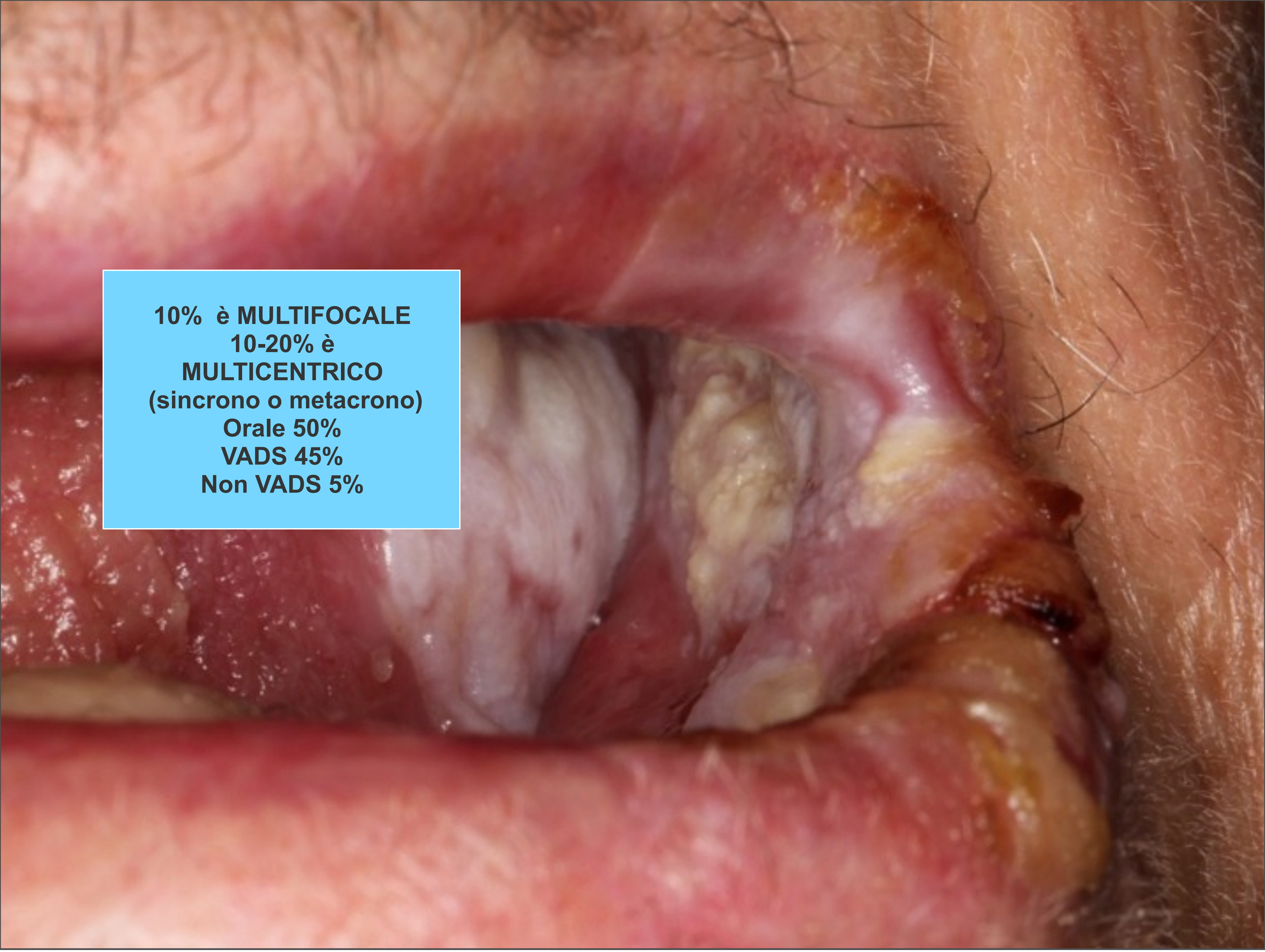
ANCHE LA PORZIONE SUPERIORE può essere colpita !!!!

CARCINOMA ORALE

10% è MULTIFOCALE
10-20% è
MULTICENTRICO
(sincrono o metacrono)
Orale 50%
VADS 45%
Non VADS 5%

20-30% dei casi
chi ha sviluppato ca VADS ha il
RISCHIO DI SVILUPPO II TUMORE





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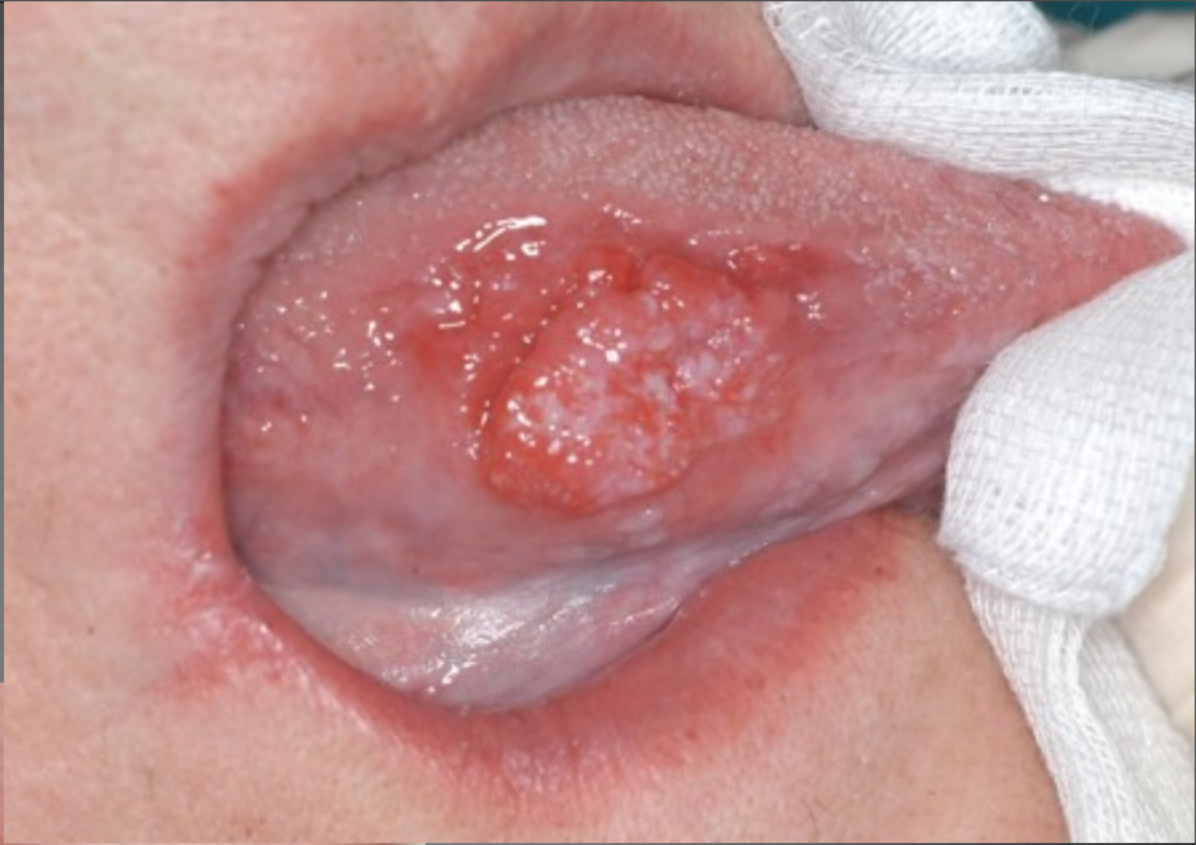
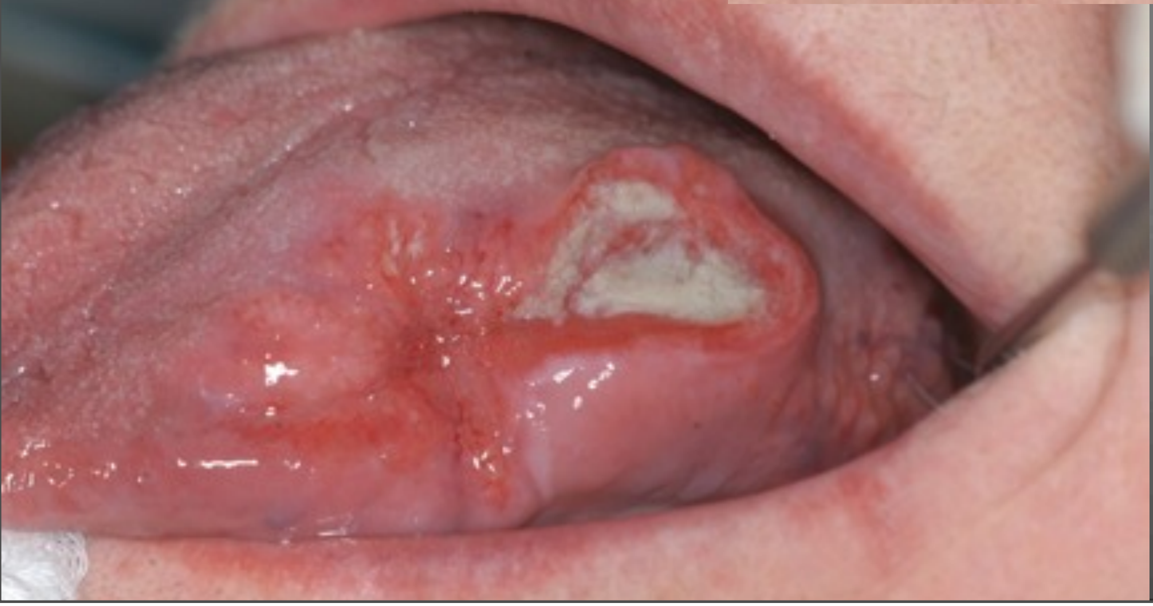


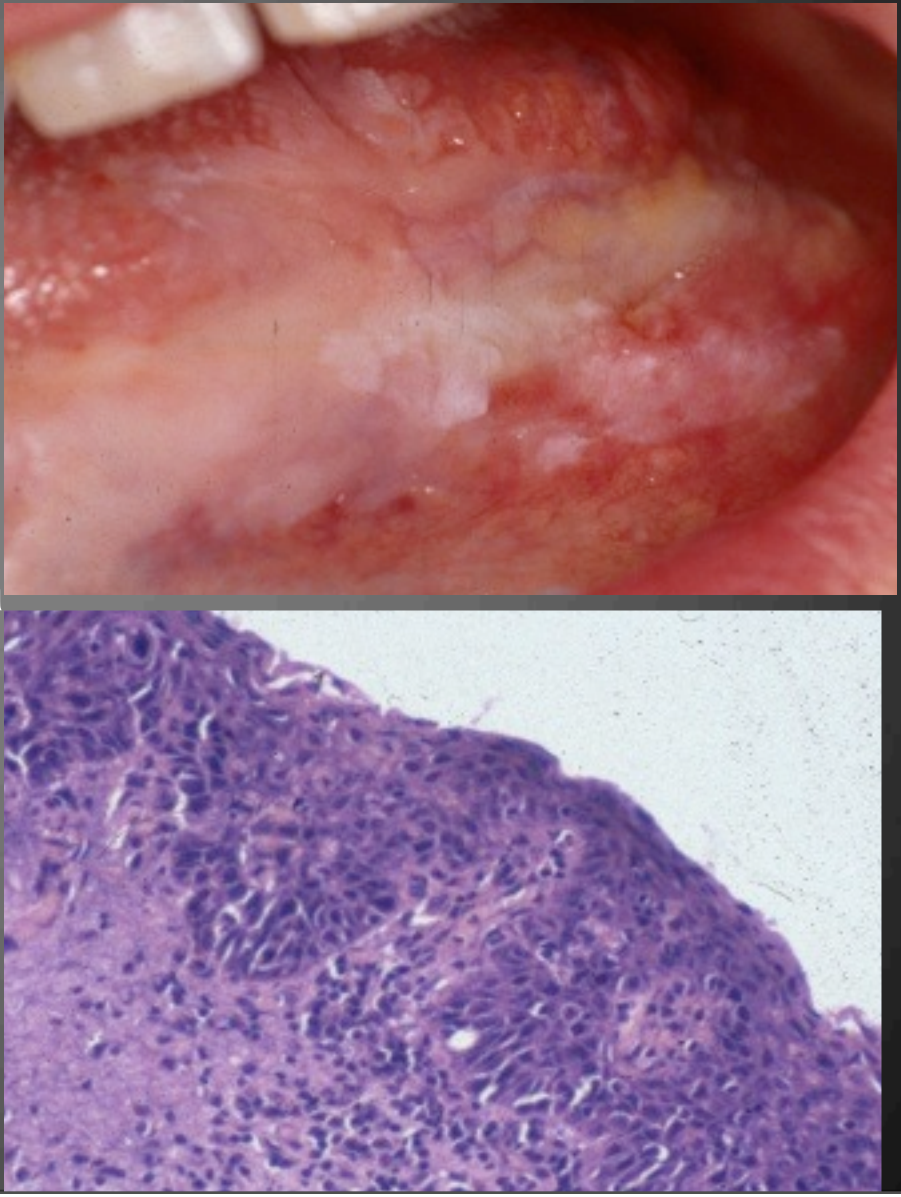


Varianti cliniche del CARCINOMA ORALE

- **CARCINOMA INIZIALE (early cancer): carcinoma in situ / carcinoma microinvasivo**
- **CARCINOMA INVASIVO / INFILTRANTE**

Early cancer – carcinoma iniziale

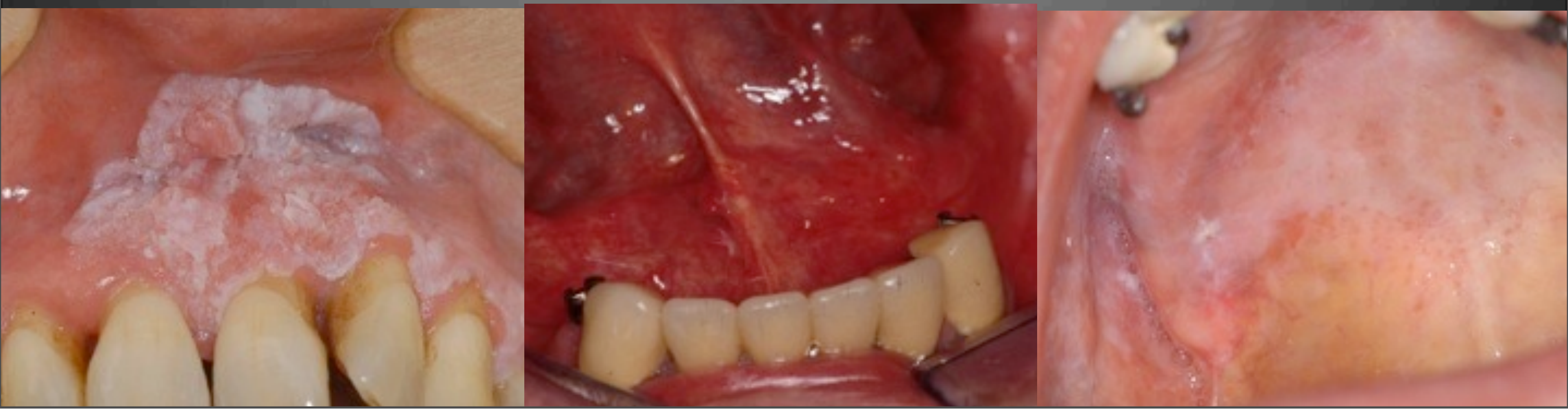
- **CARCINOMA *IN SITU***



- Displasia grave - OIN 3: alterazioni in tutto lo spessore dell' epitelio con mitosi e mostruosità cellulari in superficie
- NON superamento della membrana basale
- NON metastasi
- Regressione spontanea all' eliminazione dei fattori di rischio identificati SI/NO (?)

Carcinoma *in situ*

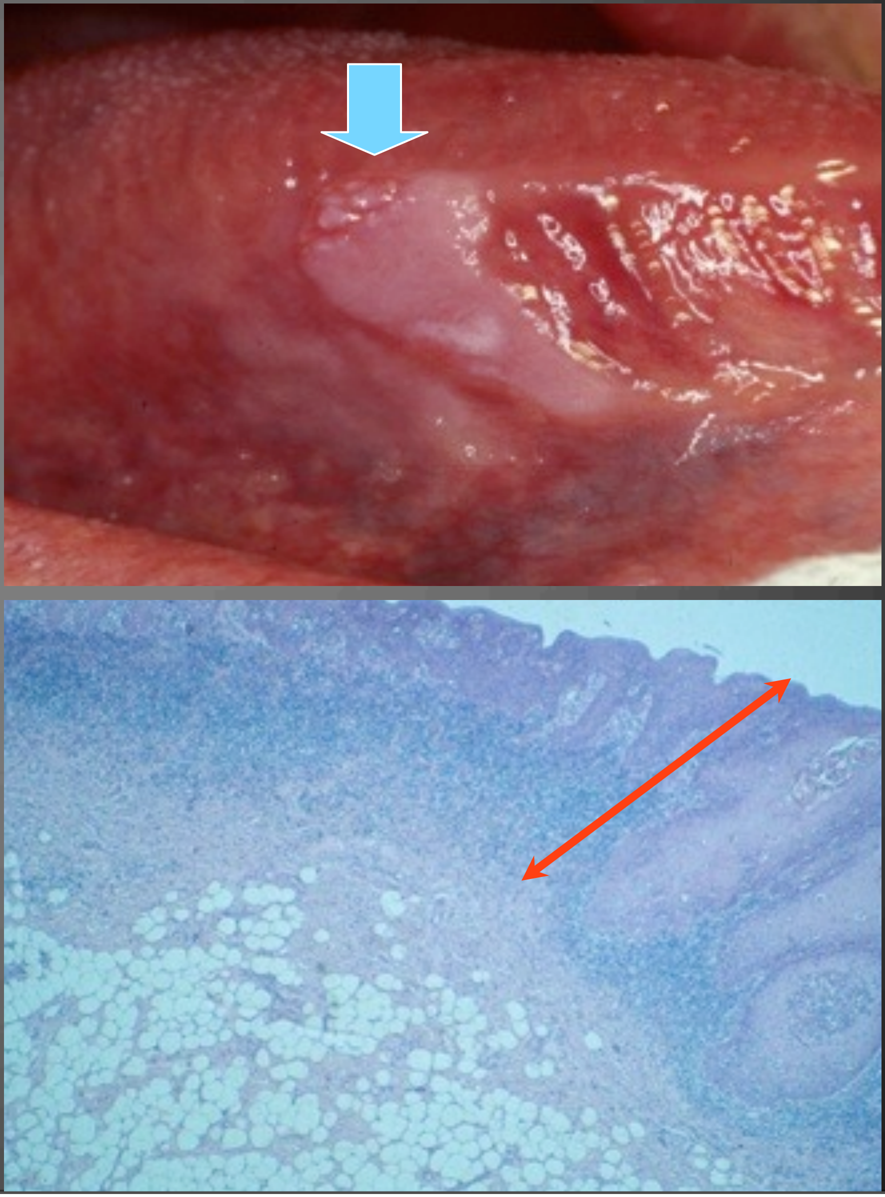
- Indistinguibile da lesioni precancerose
- Leucoplachia
- Eritroplachia
- Eritroleucoplachia /leucoeritroplachia
- lichen planus e lesioni lichenoidi
- Qualsiasi sede delle sopracitate lesioni



Early cancer – carcinoma iniziale

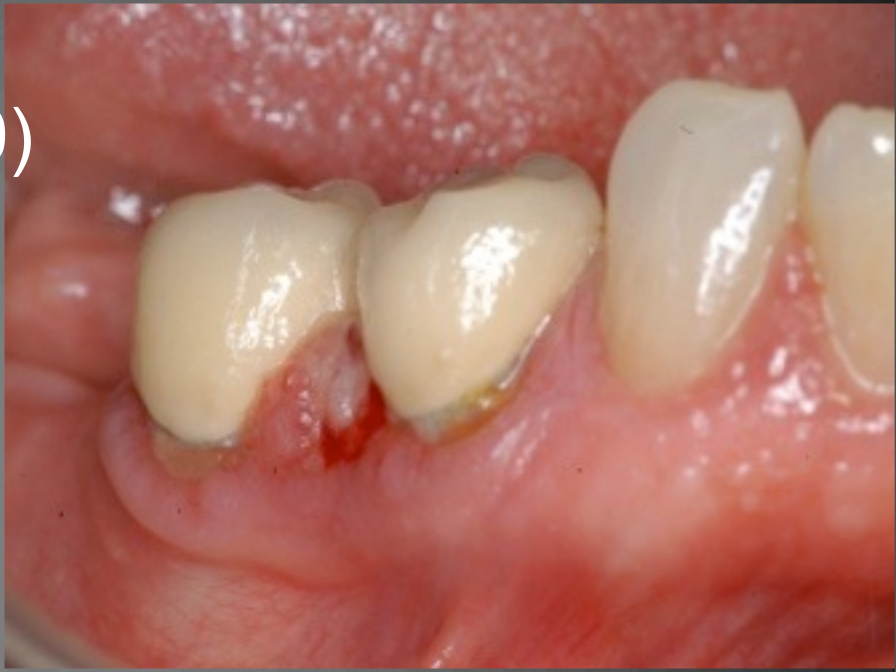
- **CARCINOMA MICROINVASIVO**

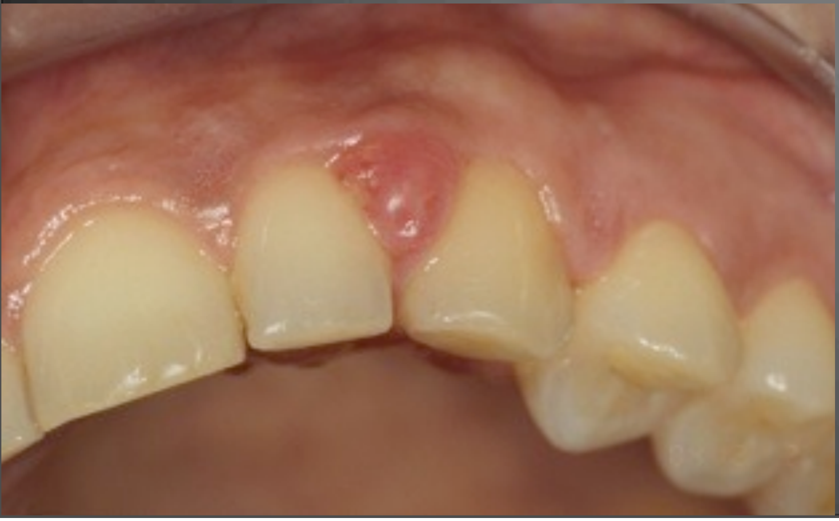
- Superamento della membrana basale
- Microinvasione: < 3 mm
- Raramente provoca metastasi infonodali

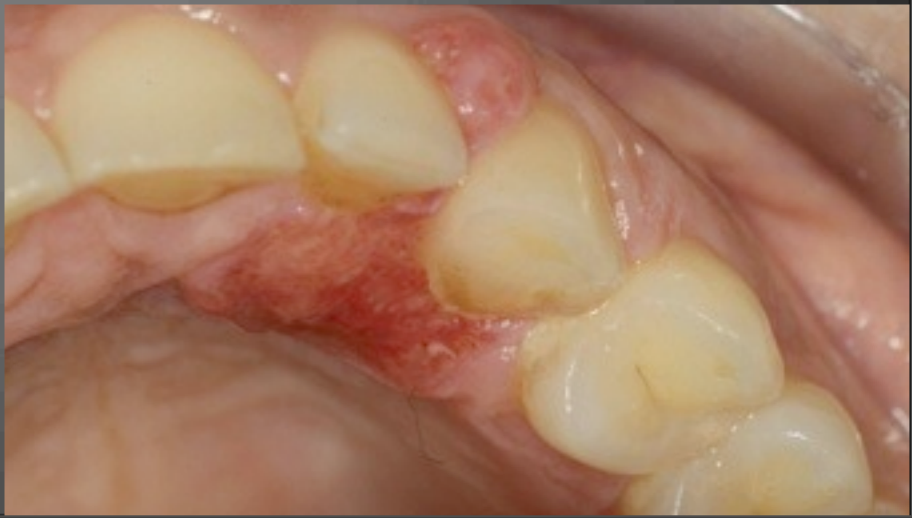


Early cancer – ca microinvasivo

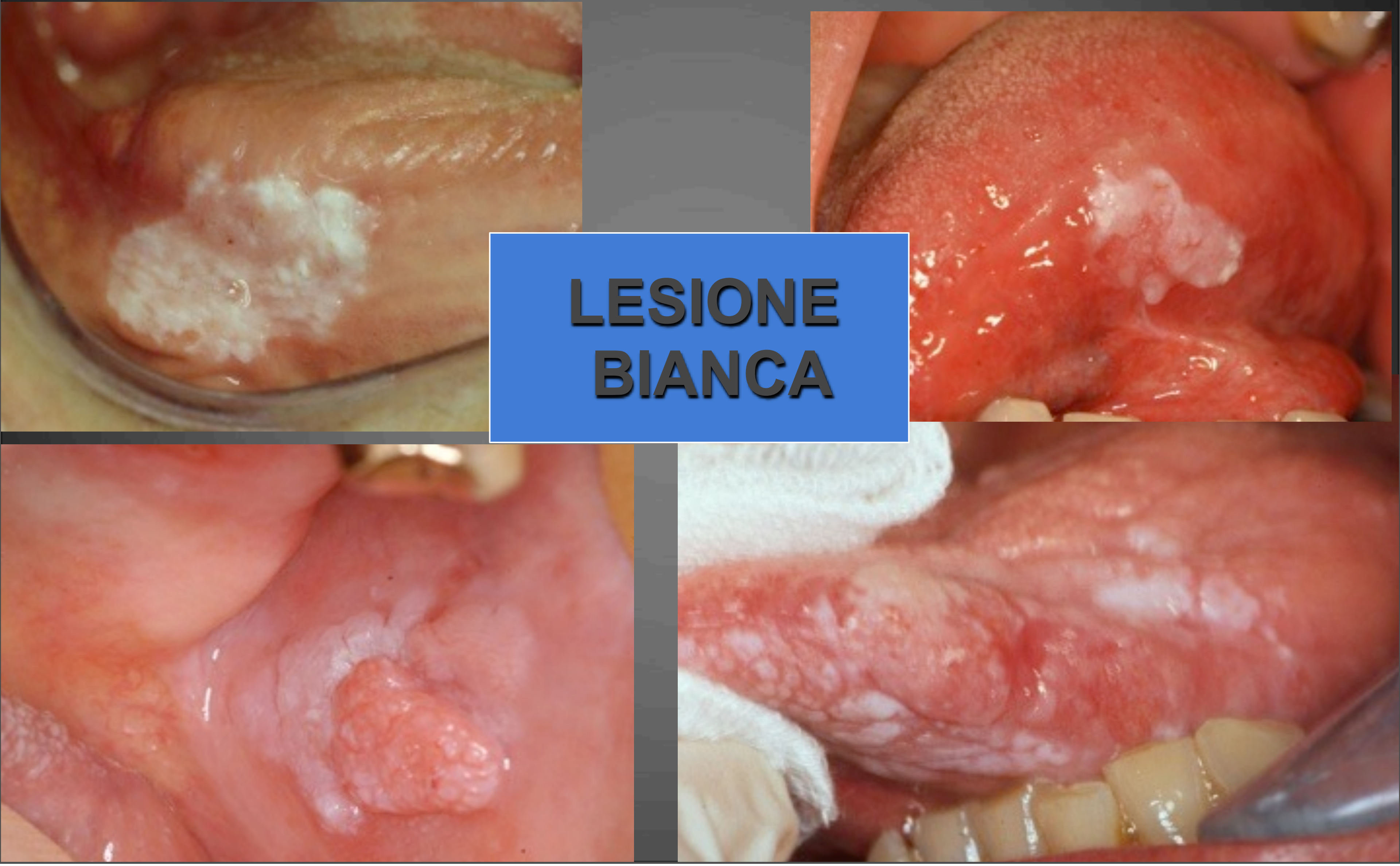
- Dimensioni < 2 cm (T1 N0)
- Possibili lesioni multiple
- Può avere “aspetto innocente”, cioè mimare lesioni infiammatorie





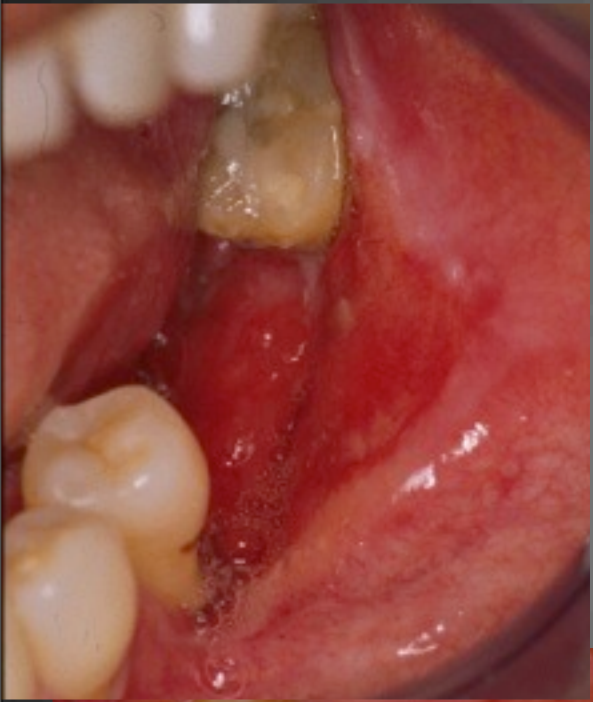


Early cancer: insorto su lesioni precancerose

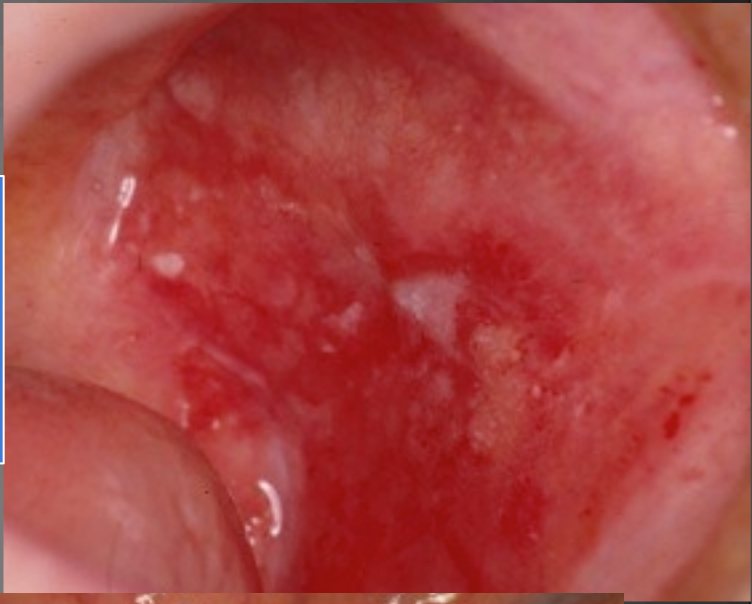


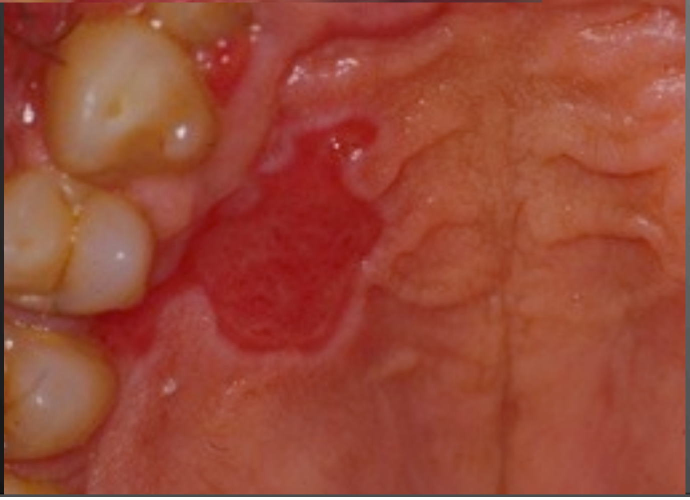
LESIONE BIANCA

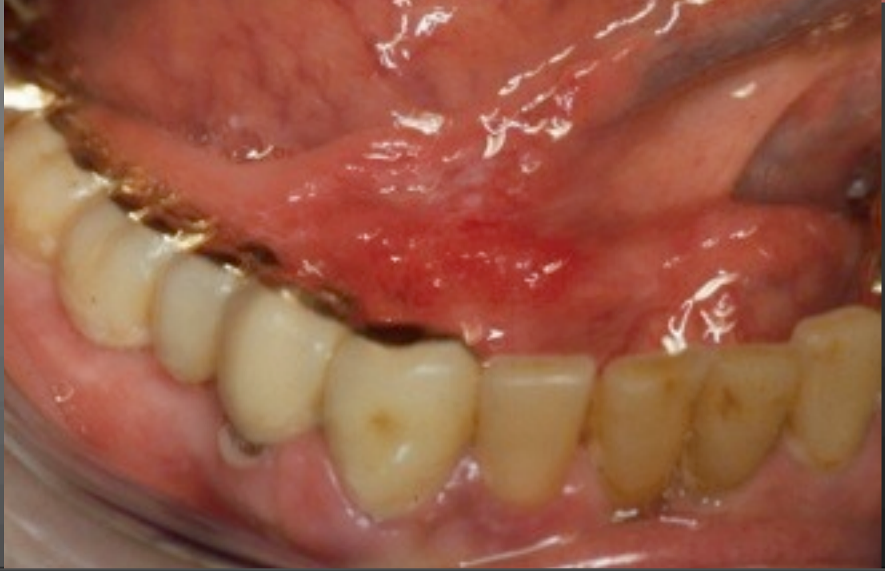
Early cancer: insorto su lesioni precancerose



LESIONE ROSSA

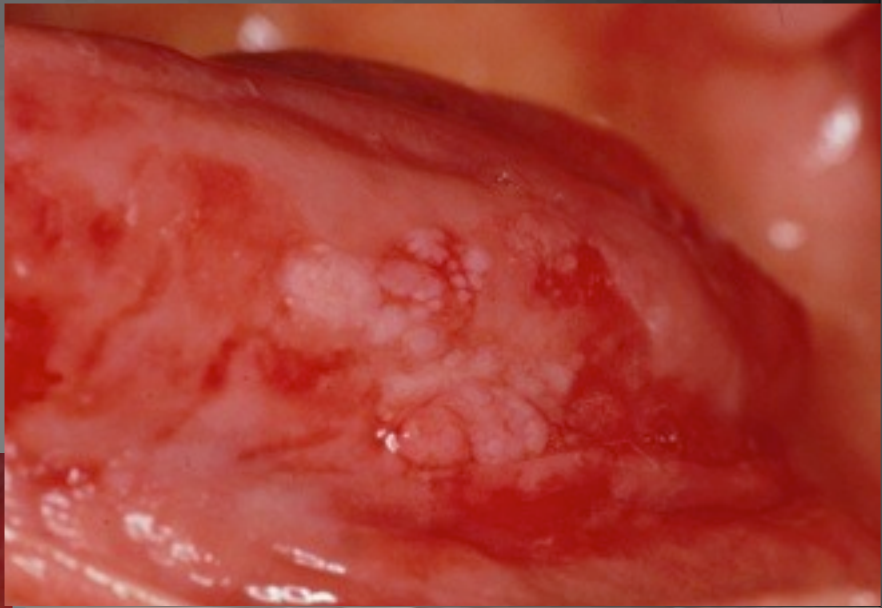


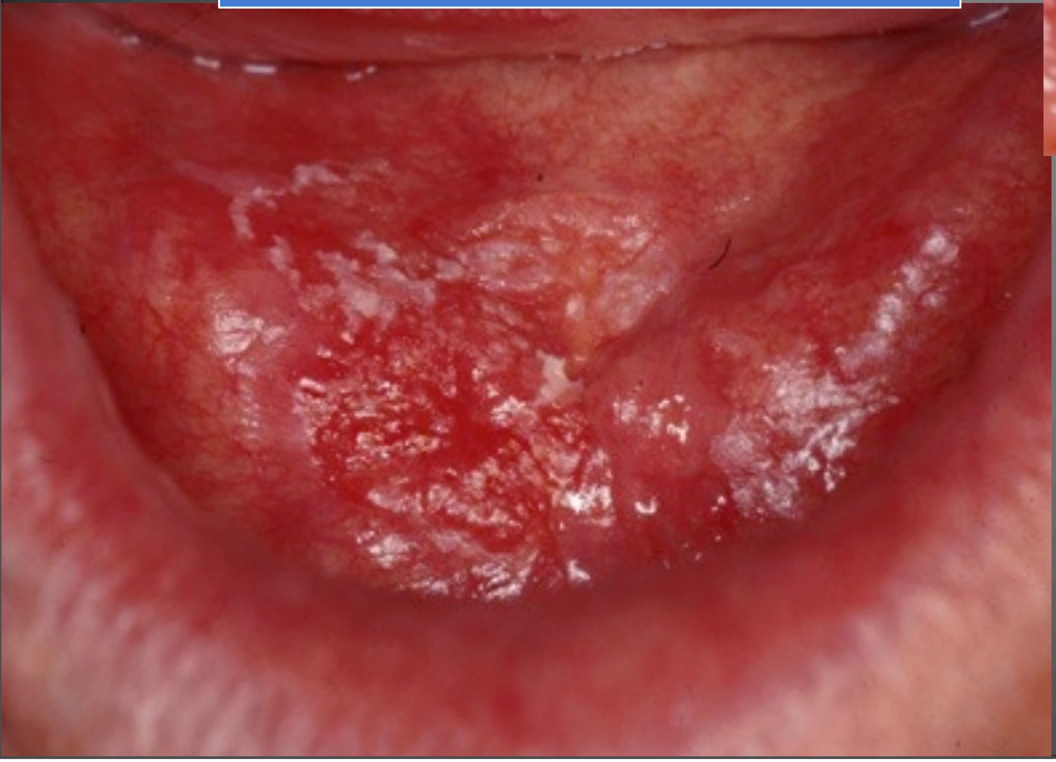


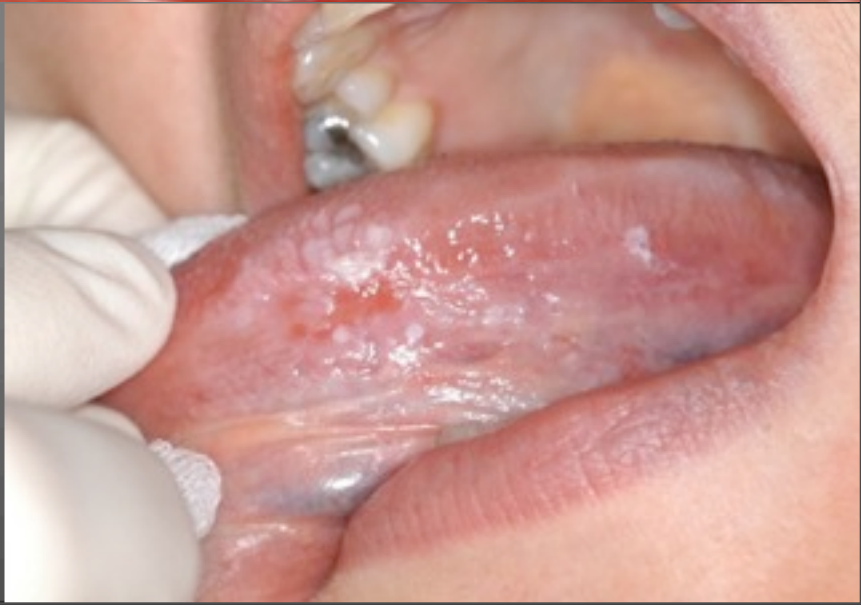


Early cancer: insorto su lesioni precancerose

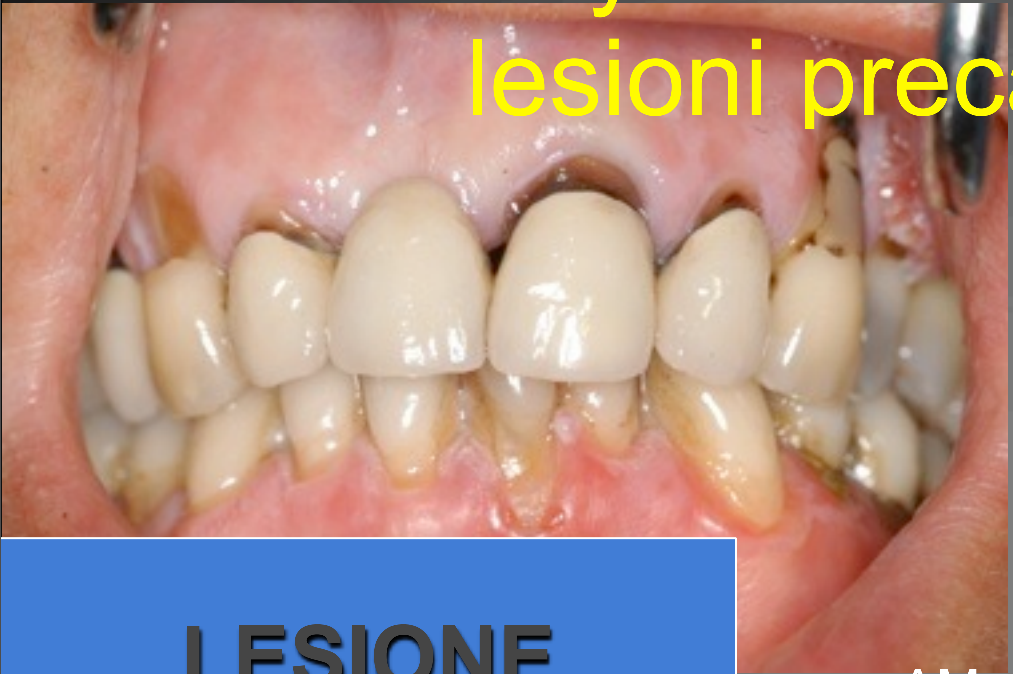
LESIONE MISTA BIANCO-ROSSA

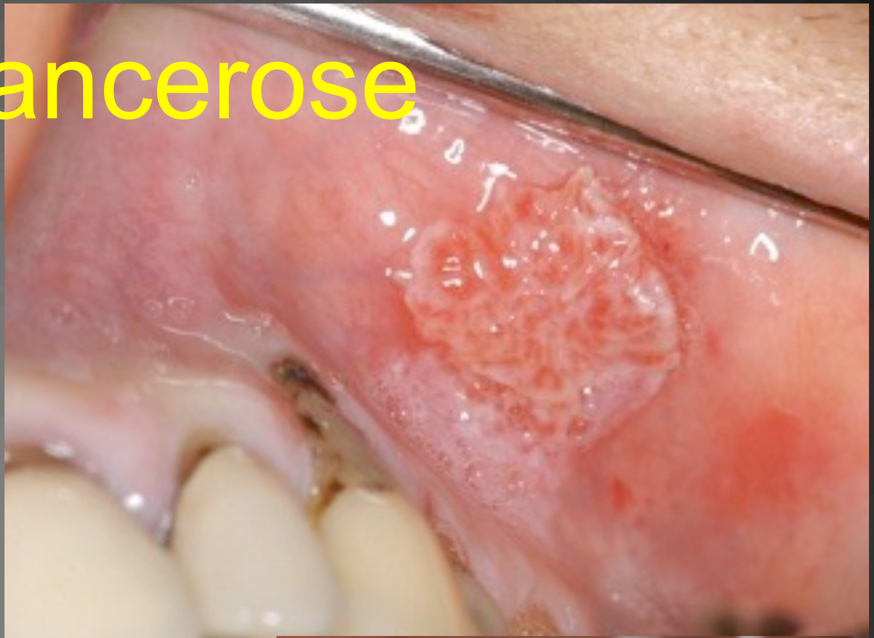




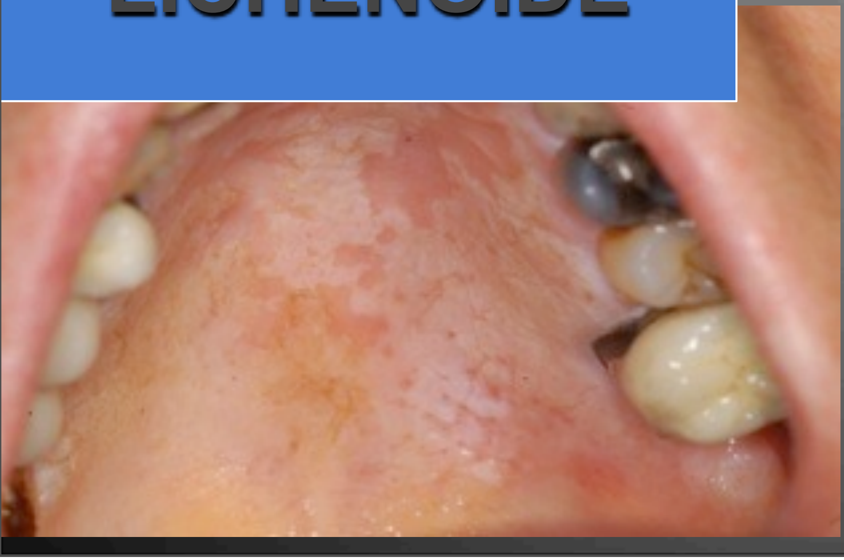


Early cancer: insorto su lesioni precancerose





LESIONE LICHENOIDE

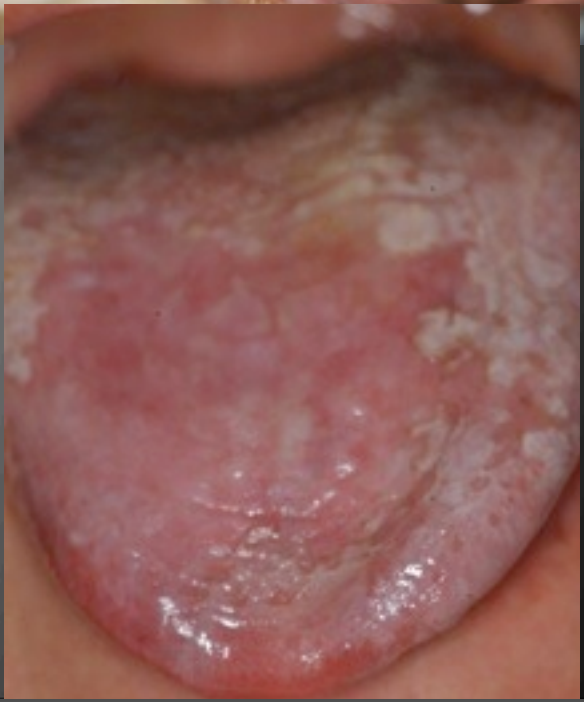


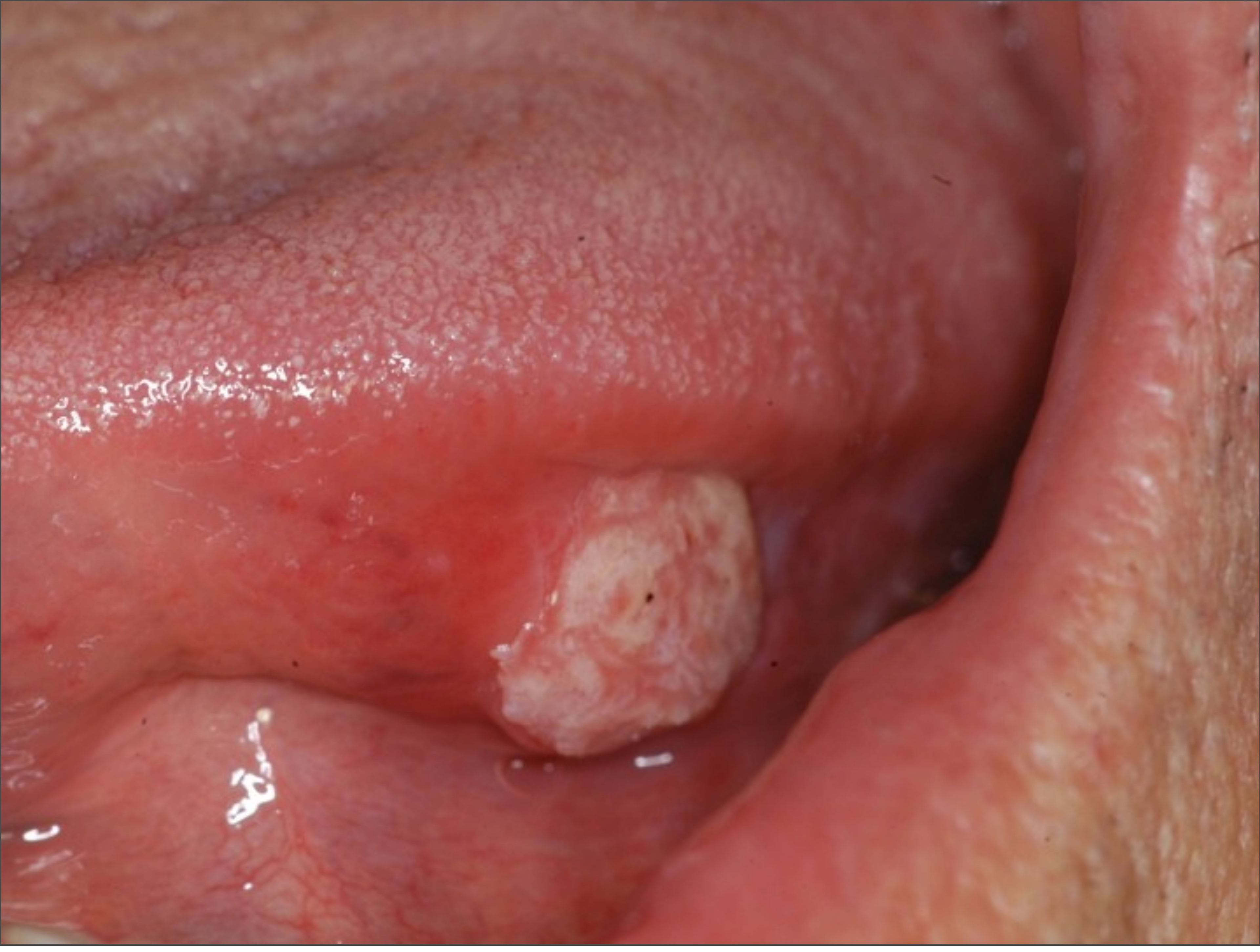
AM, ♀ anni 54

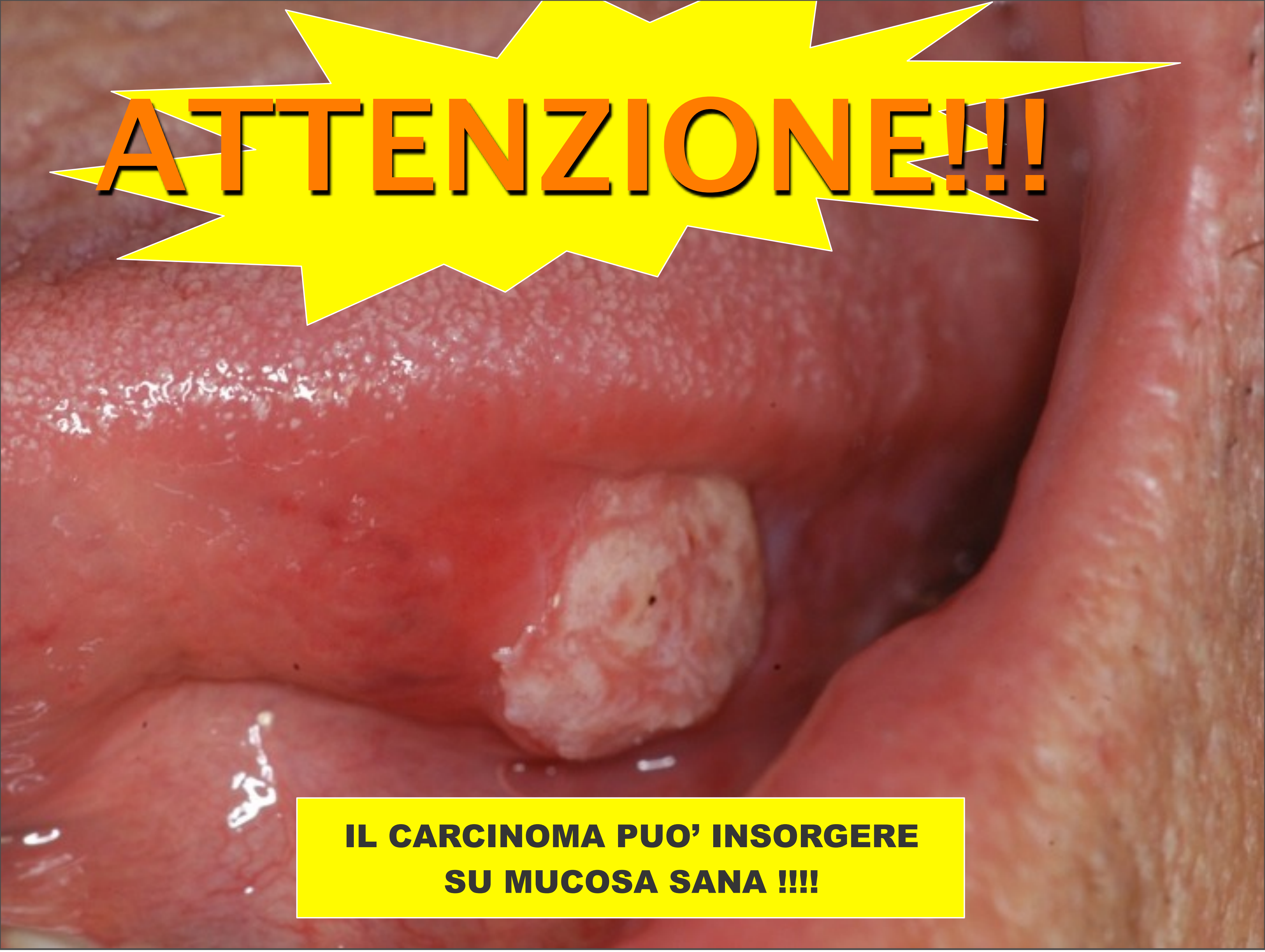
-LP cutaneo-genitale (diagnosi dermatologica da 15 anni)

- OLP / OLL?

- si fumo no alcool





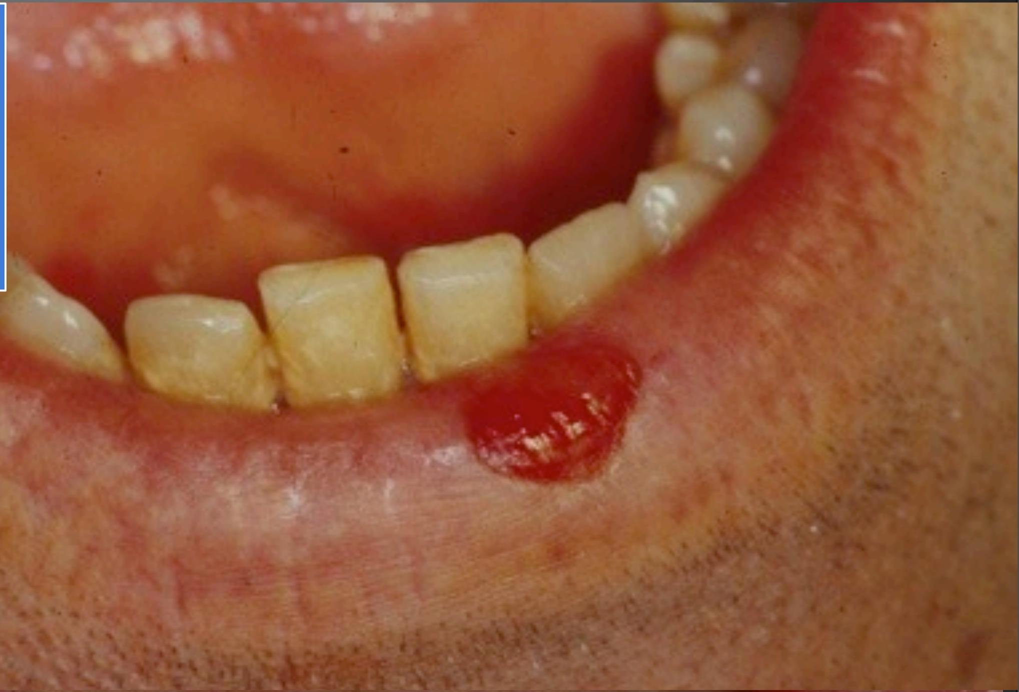


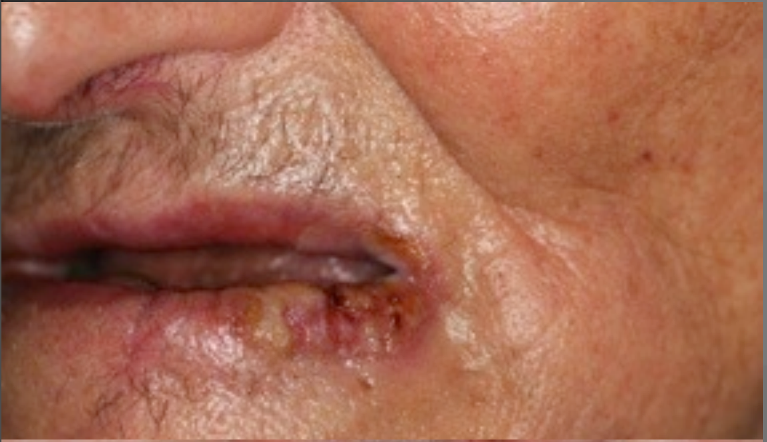
ATTENZIONE!!!

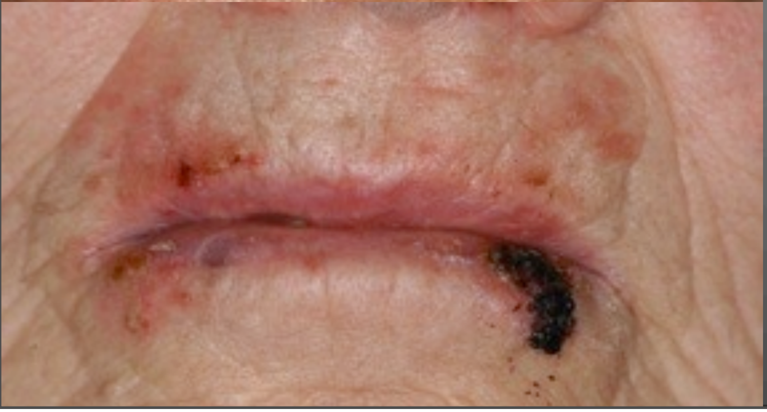
IL CARCINOMA PUO’ INSORGERE SU MUCOSA SANA !!!!

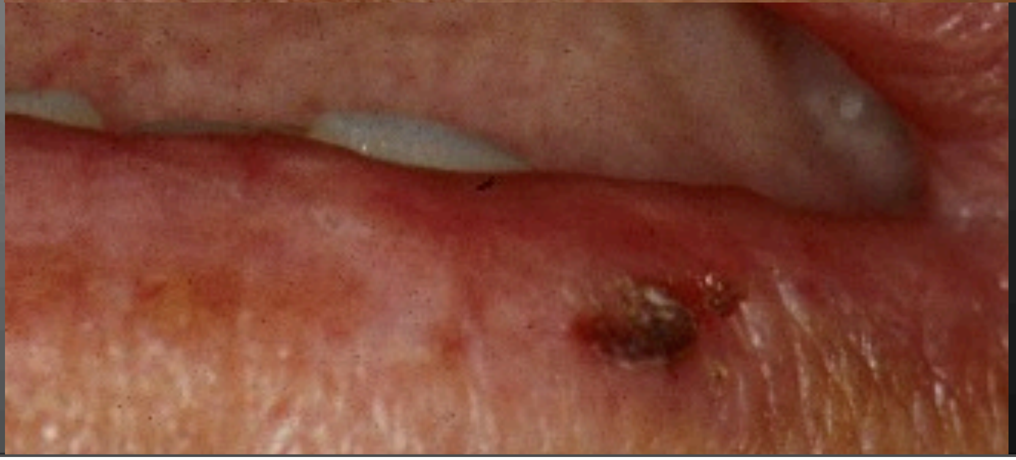
Early cancer: NON insorto su lesioni precancerose

Piccola erosione
Lesione granuleggiante /crostosa

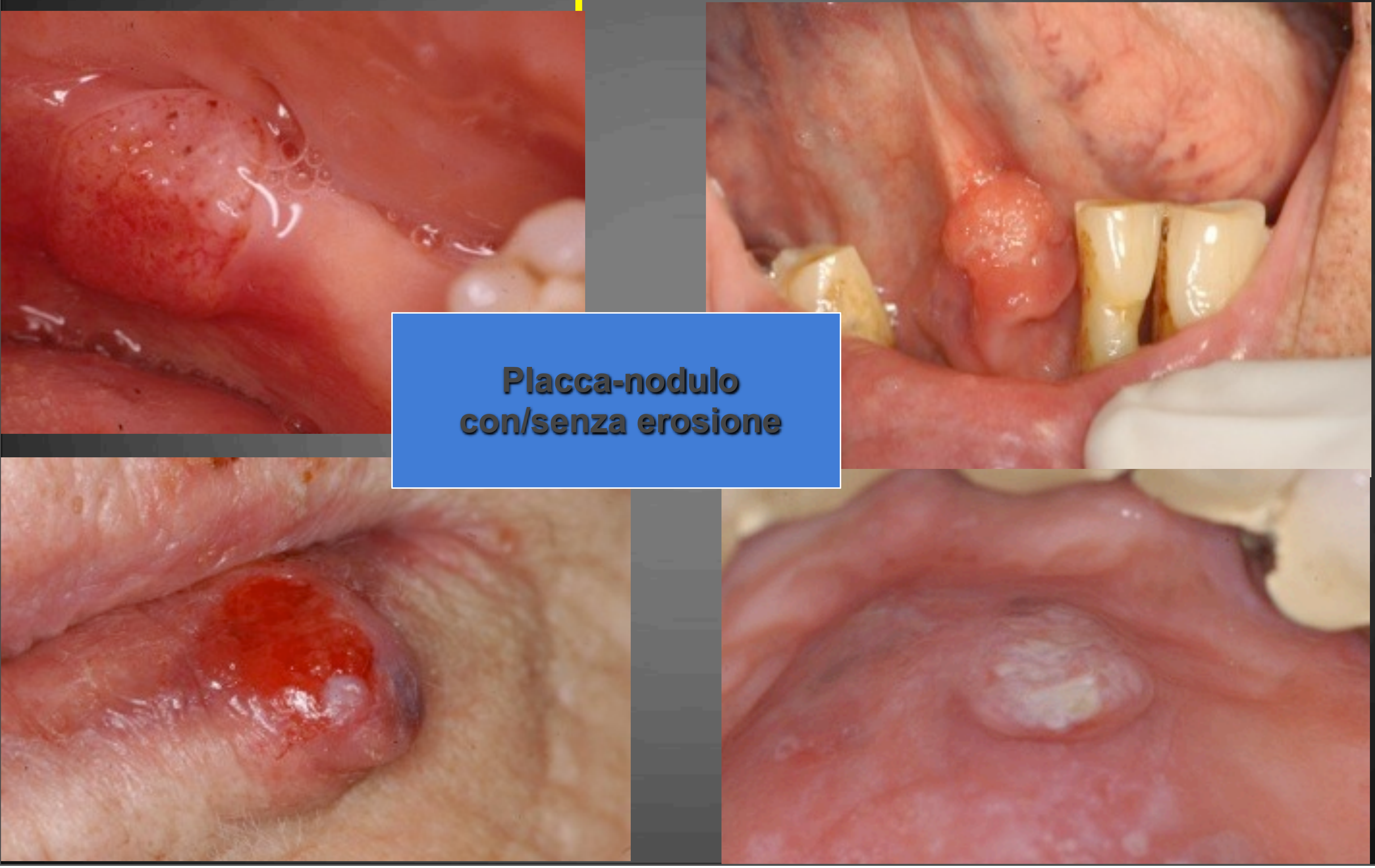






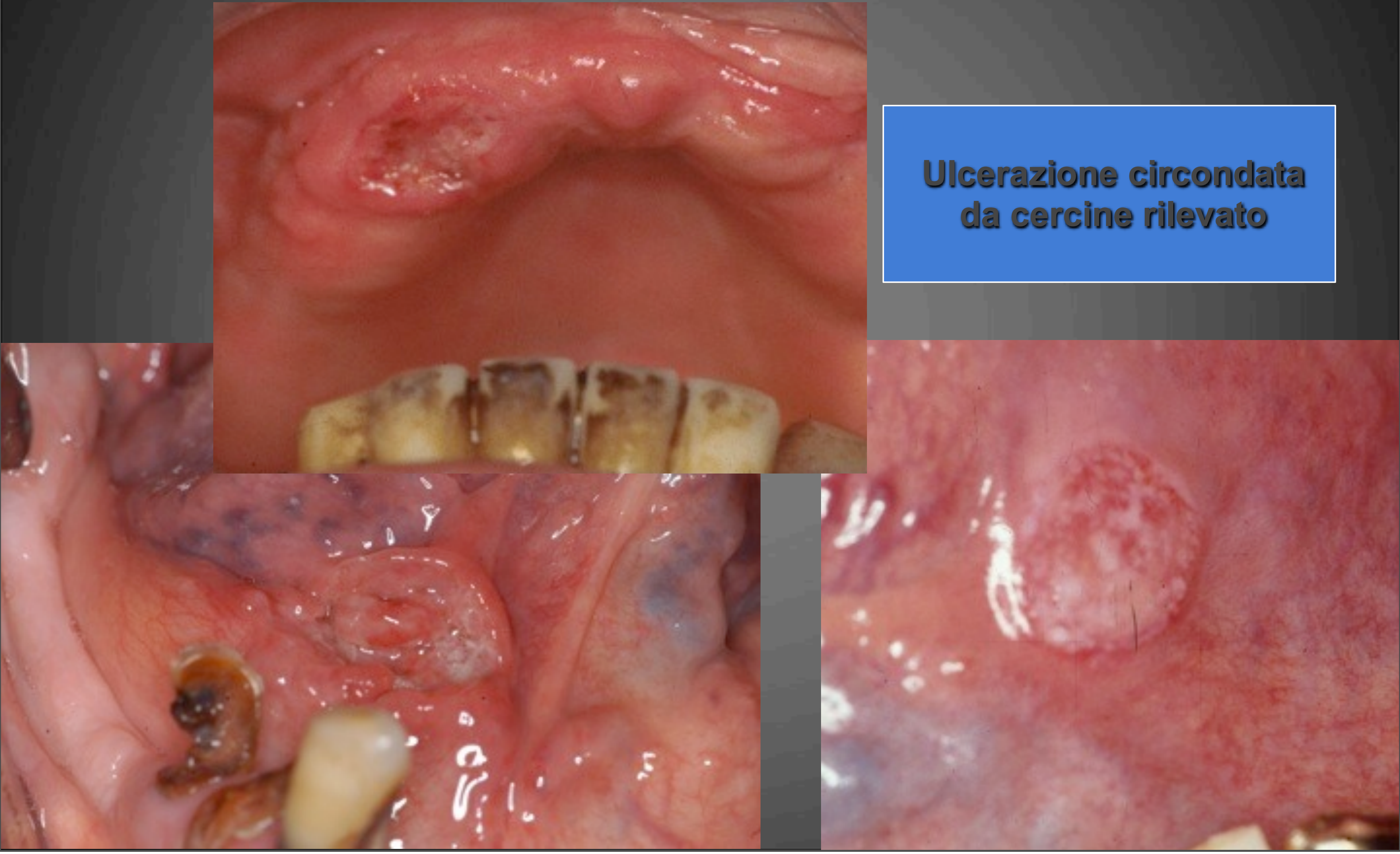


Early cancer: NON insorto su lesioni precancerose



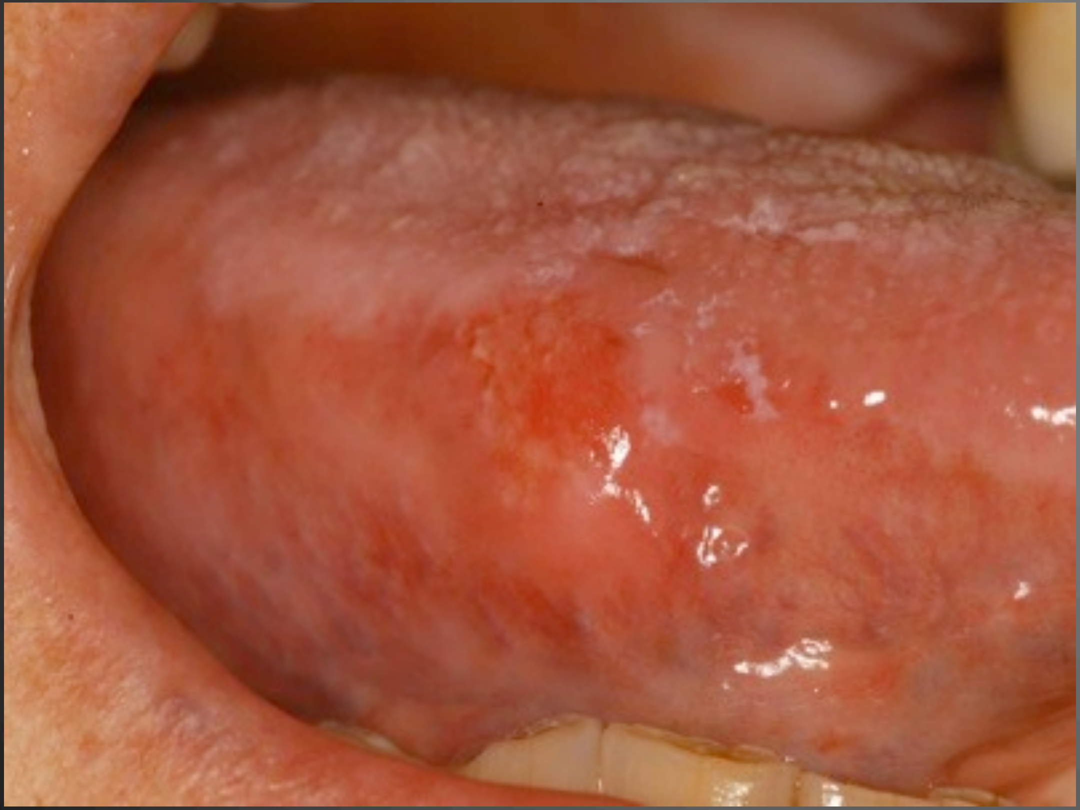
Placca-nodulo con/senza erosione

Early cancer: NON insorto su lesioni precancerose

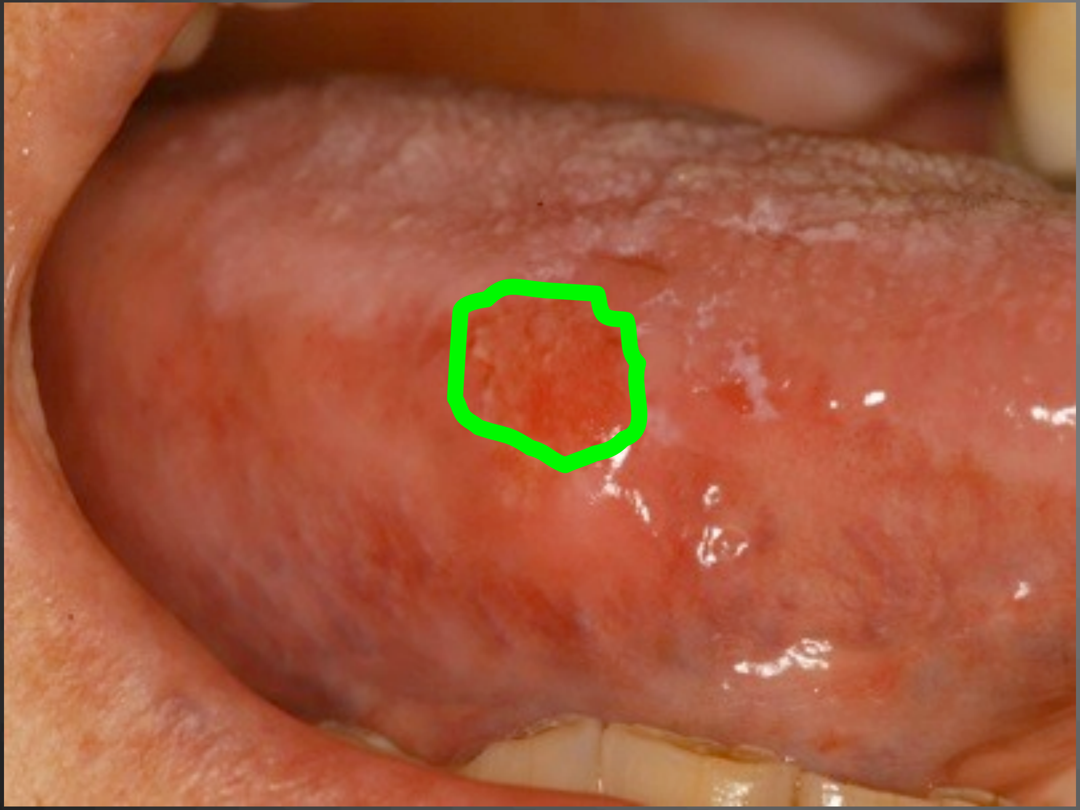


Ulcerazione circondata da cercine rilevato

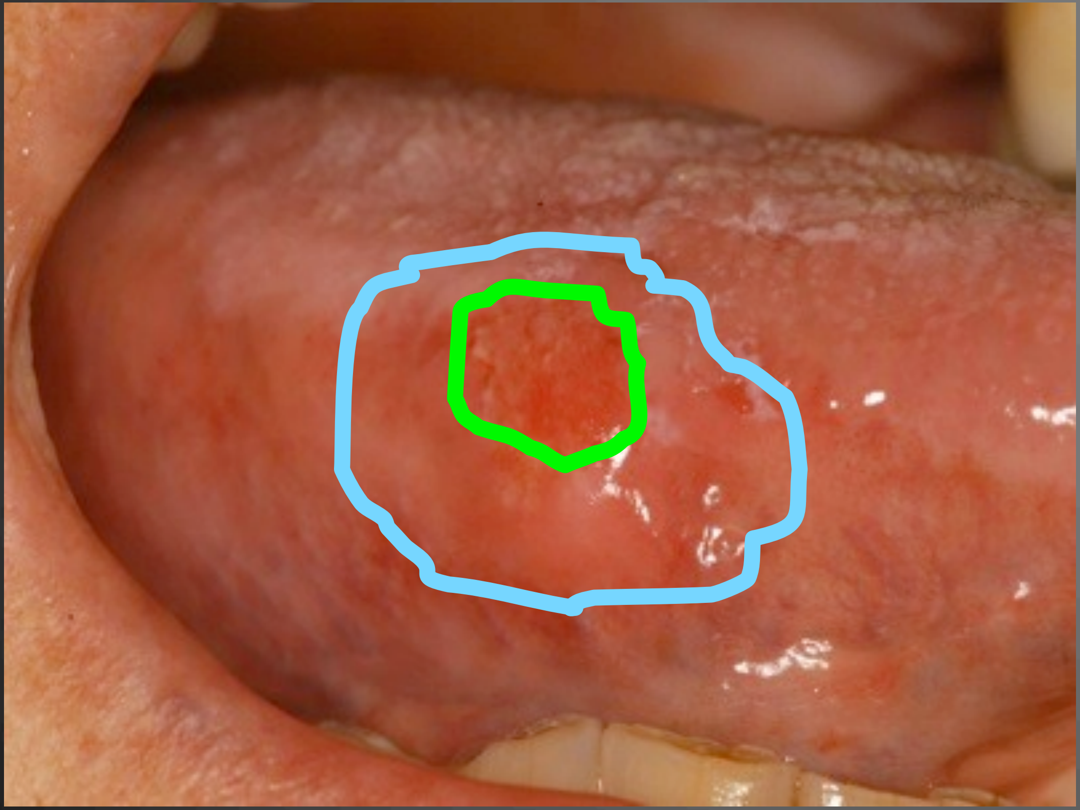
SEGNI E SINTOMI : CARCINOMA INIZIALE



SEGNI E SINTOMI : CARCINOMA INIZIALE

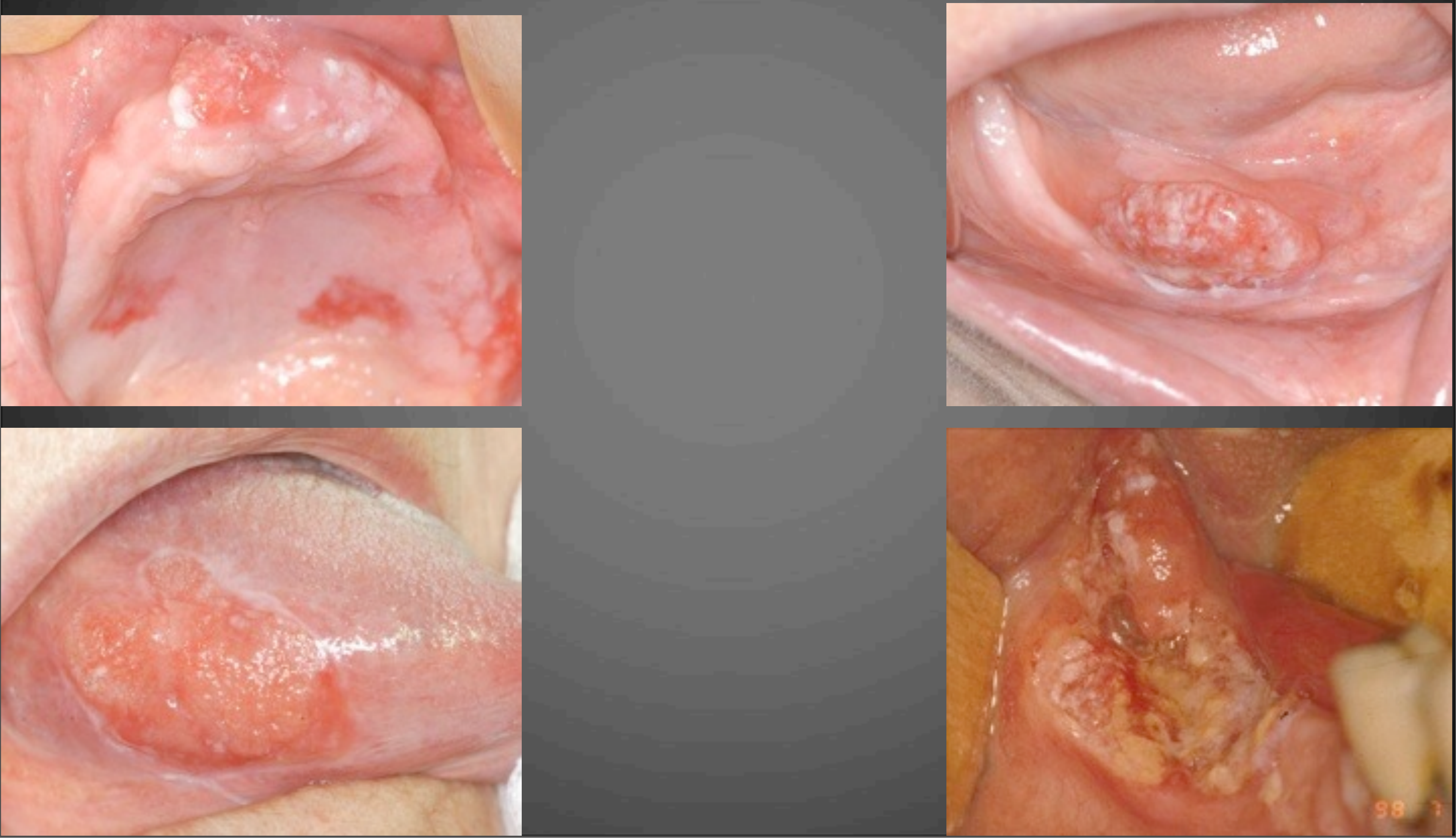


SEGNI E SINTOMI : CARCINOMA INIZIALE



- asintomatico o paucisintomatico
- senso di presenza della lesione
- a volte sanguinamento
- EFFETTUARE SEMPRE PALPAZIONE: indurimento in periferia

SEGNI E SINTOMI : CARCINOMA IN FASE INTERMEDIA



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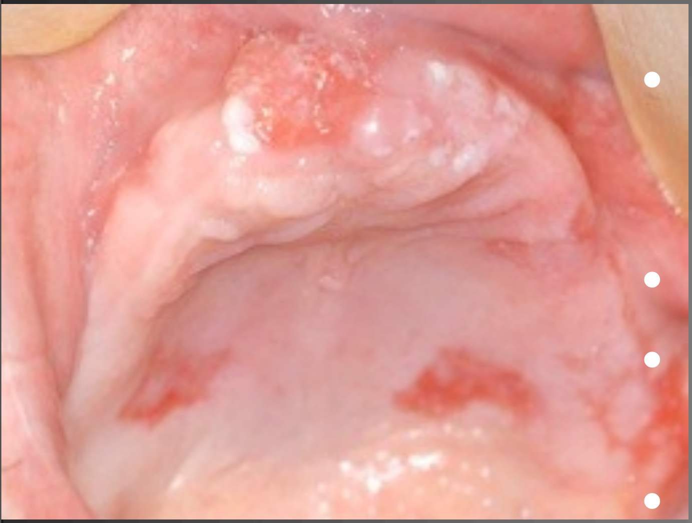
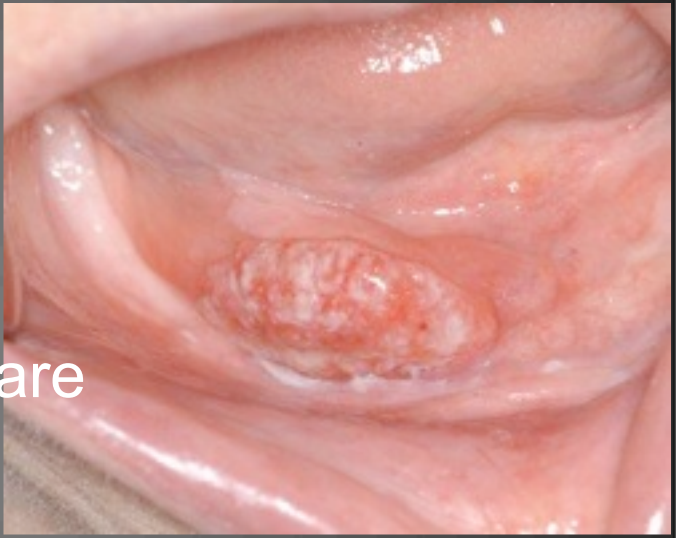
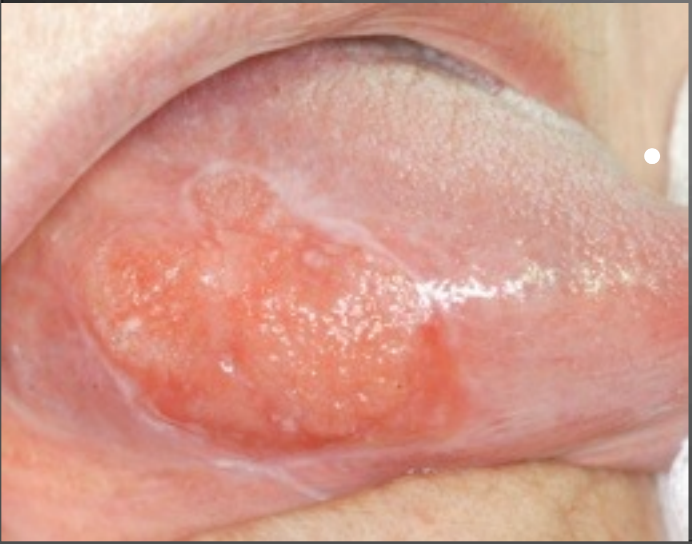
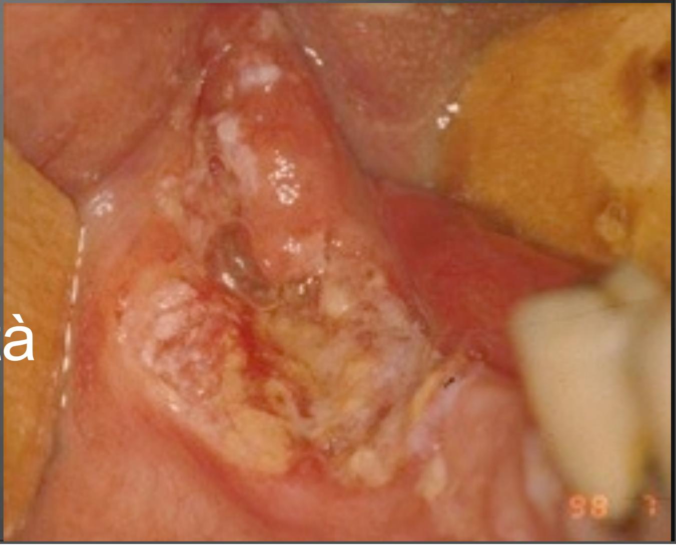


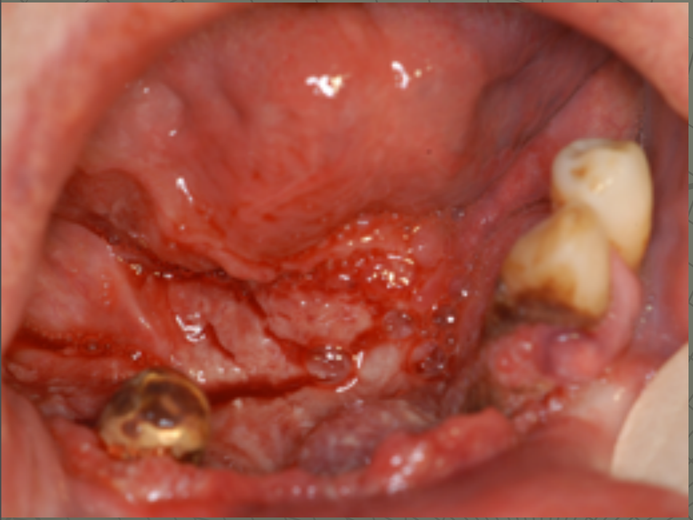


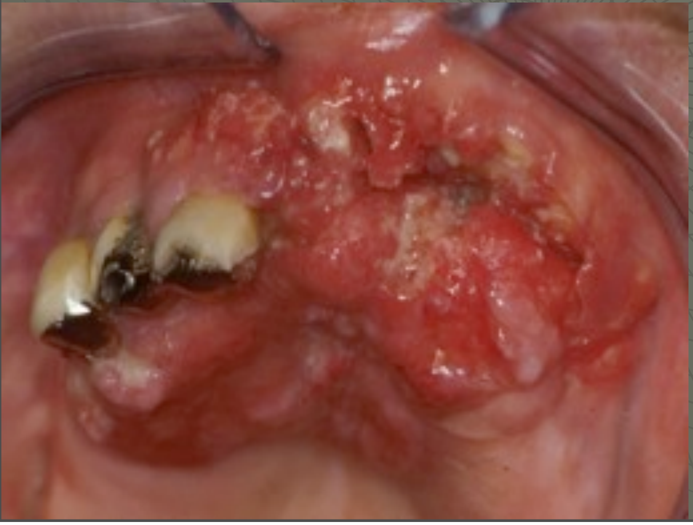
- dolore frequentemente riferito
- sanguinamento
- difficoltà ad indossare le protesi
- possibile coinvolgimento linfonodale
- EFFETTUARE SEMPRE PALPAZIONE: indurimento e fissità sui piani profondi



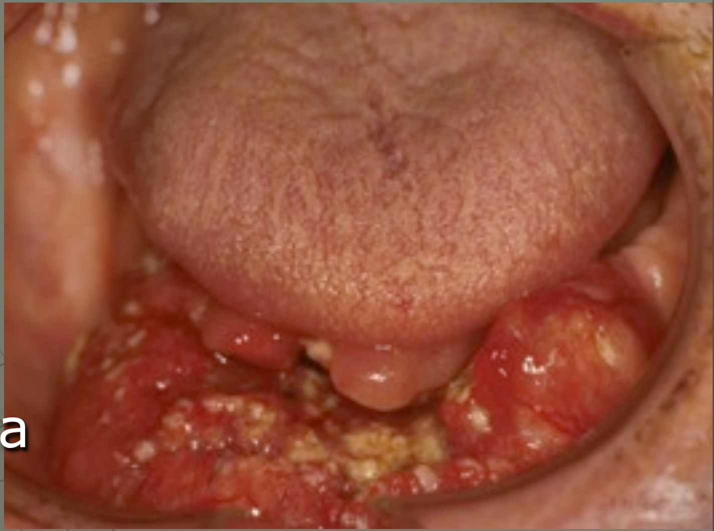


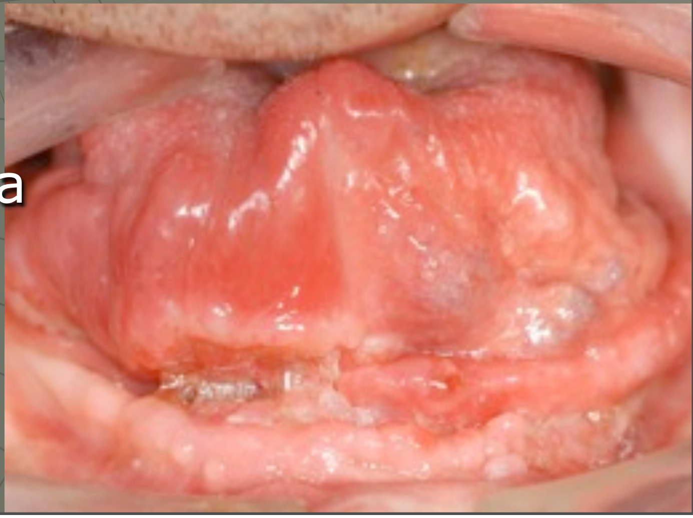
SEGNI E SINTOMI : CARCINOMA IN FASE AVANZATA





- invasione dei tessuti limitrofi
- mobilità e perdita dei denti
- dolore sempre presente
- possibile presenza di infezioni

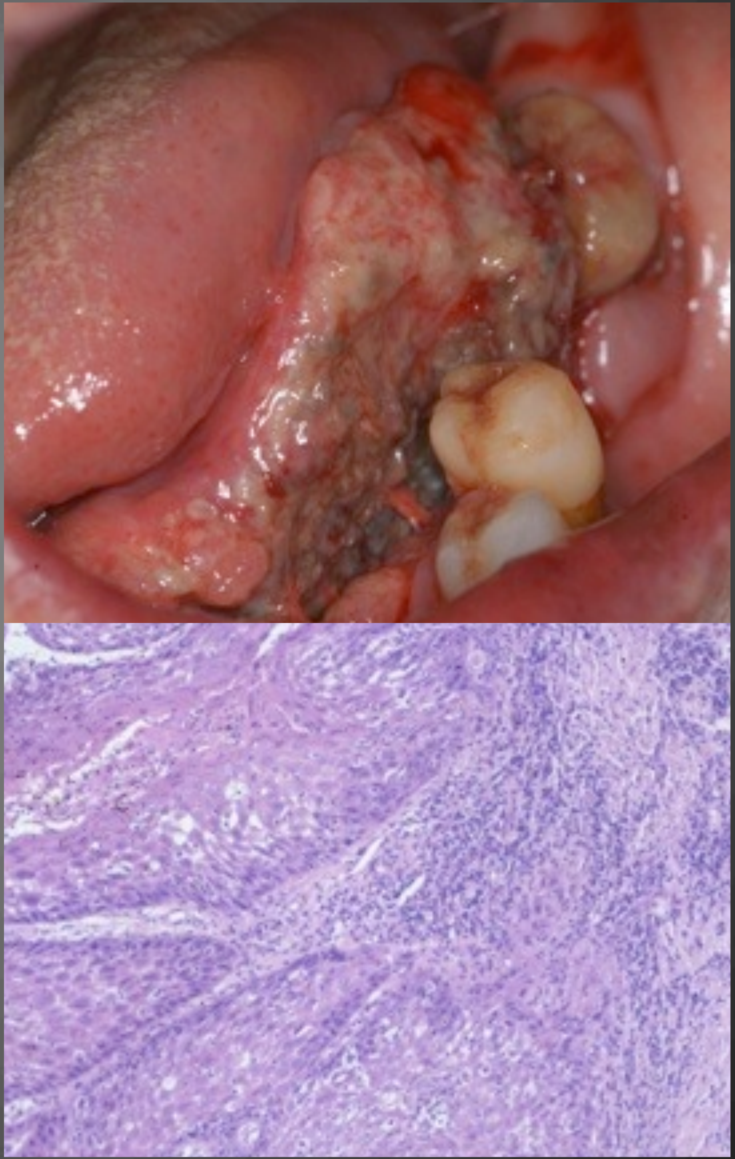


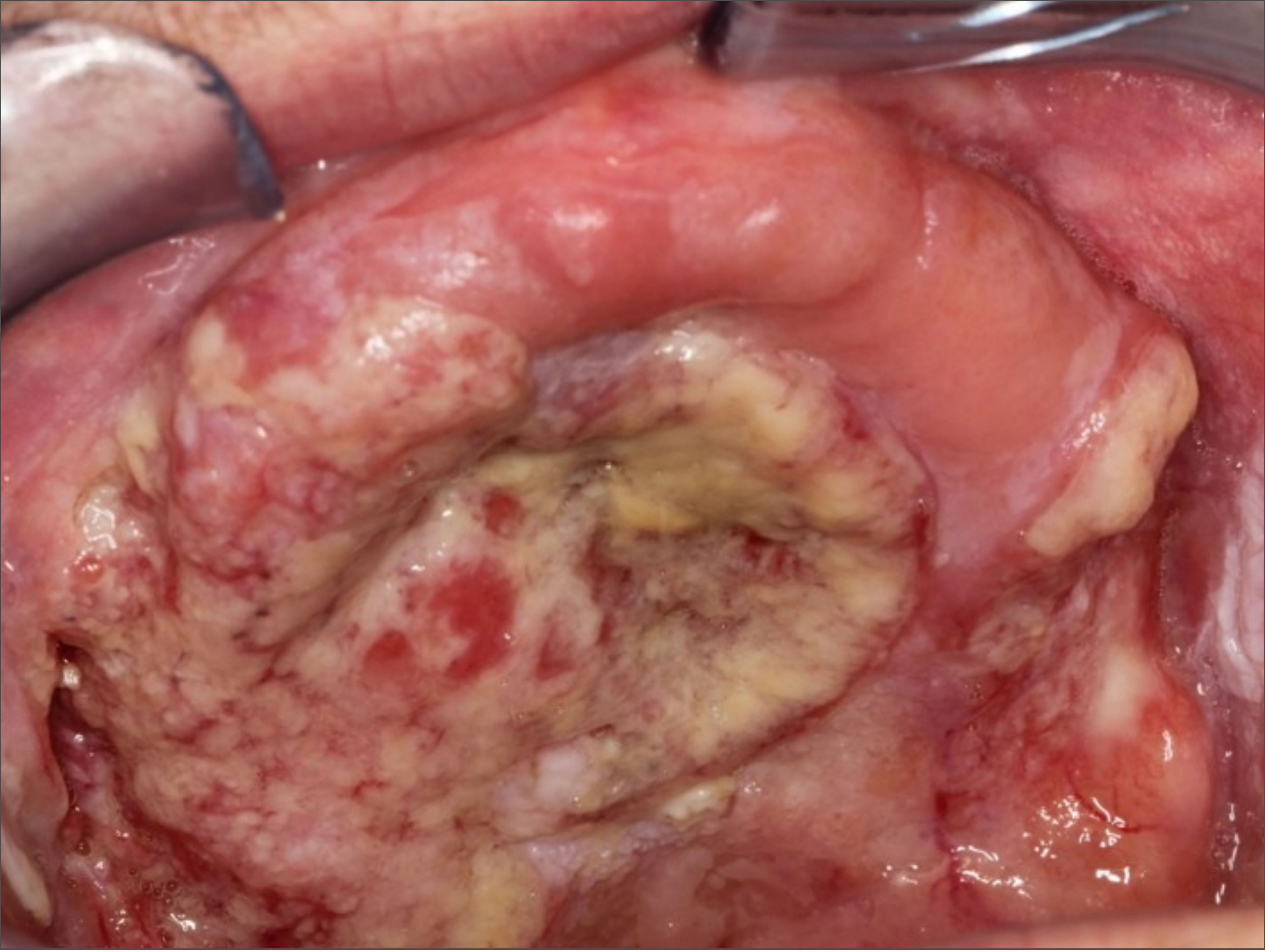


CARCINOMA: CLINICA/ISTOLOGIA

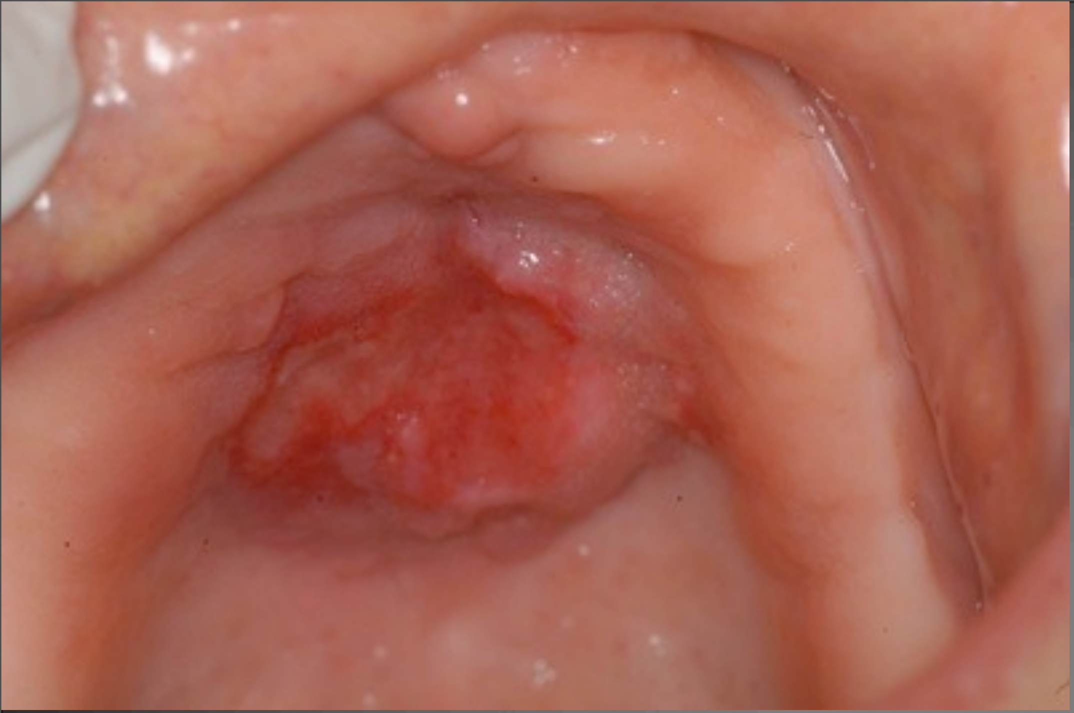
- **CARCINOMA INVASIVO / INFILTRANTE**

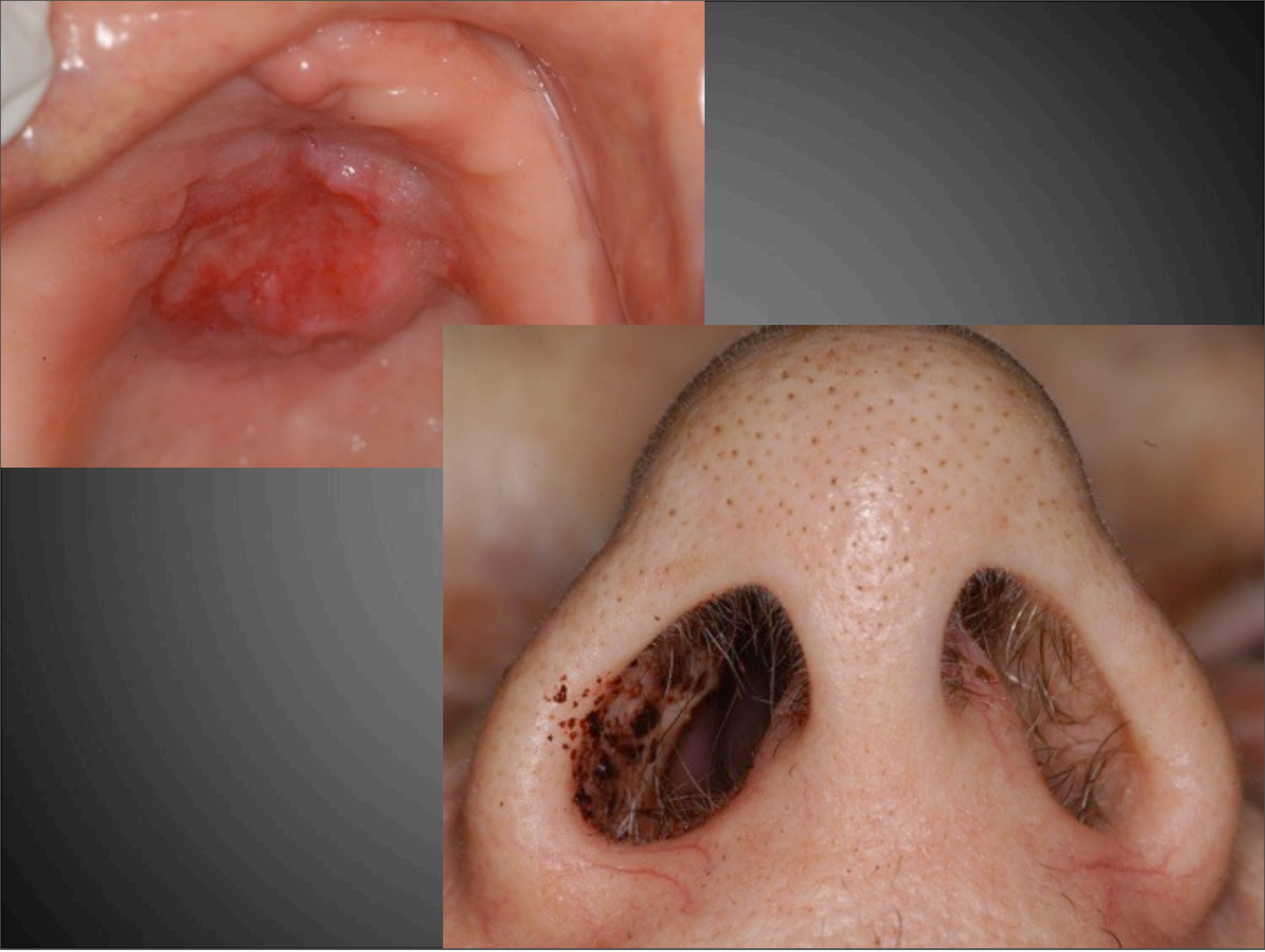
- Invasione di strutture adiacenti (muscoli, nervi, vasi, cute, periostio e osso)
- Elevatissima percentuale di metastasi linfonodali e a distanza

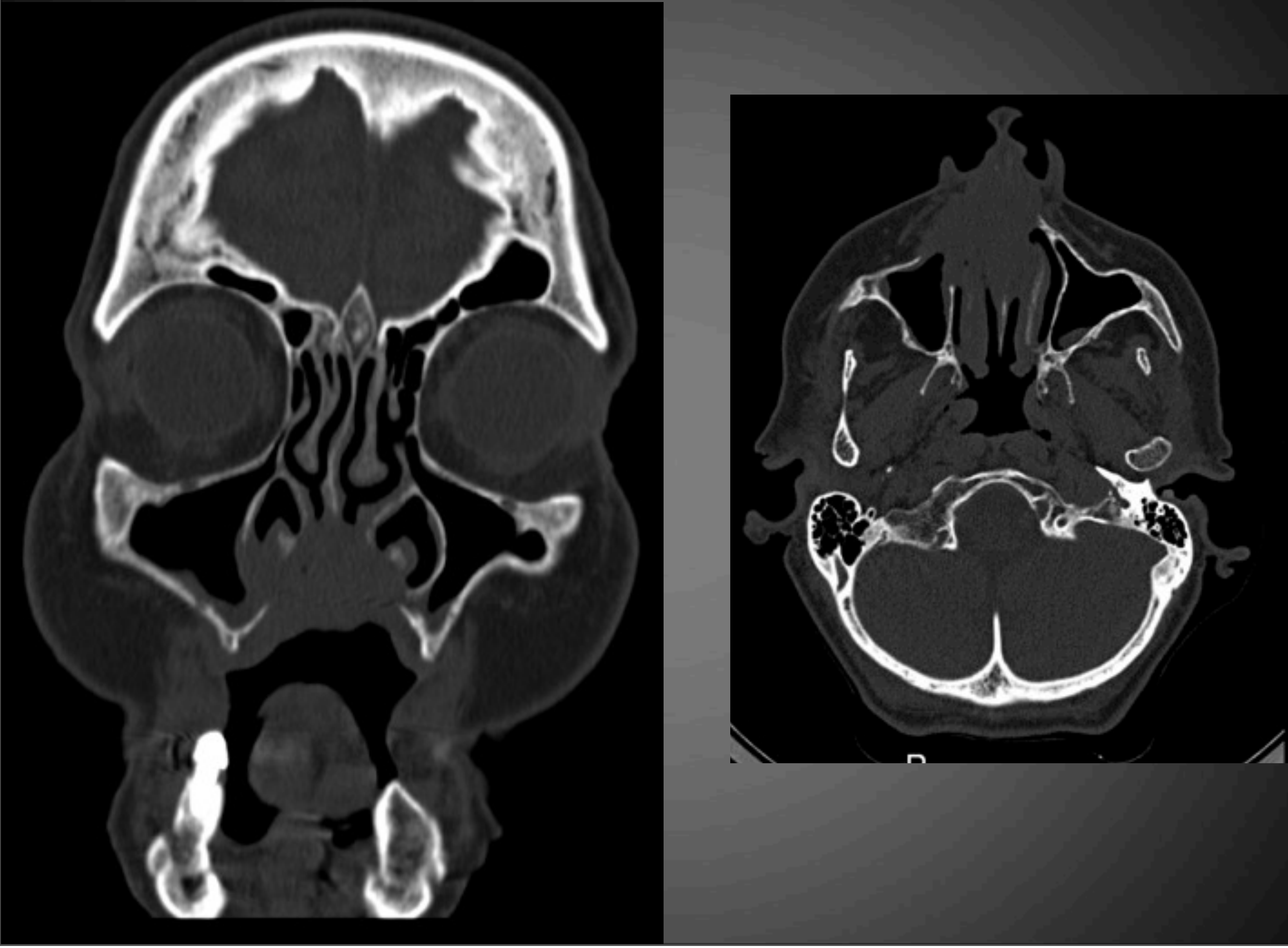




mercoledì 12 febbraio 14







CARCINOMA NON INIZIALE INVASIVO/INFILTRANTE

- SINTOMATOLOGIA:
- Algie lievi (provocate da contatto con alimenti, confricazione, fonazione etc.)
- Bruciore (spontaneo)
- Sanguinamento
- Fastidio meccanico
- Disfagia a solidi
- Disfagia a liquidi
- Alterazioni funzionali
- Disfonia

CARCINOMA NON INIZIALE INVASIVO/INFILTRANTE

- SINTOMATOLOGIA:

- Algie lievi (provocate da contatto con alimenti, confricazione, fonazione etc.)
- Bruciore (spontaneo)
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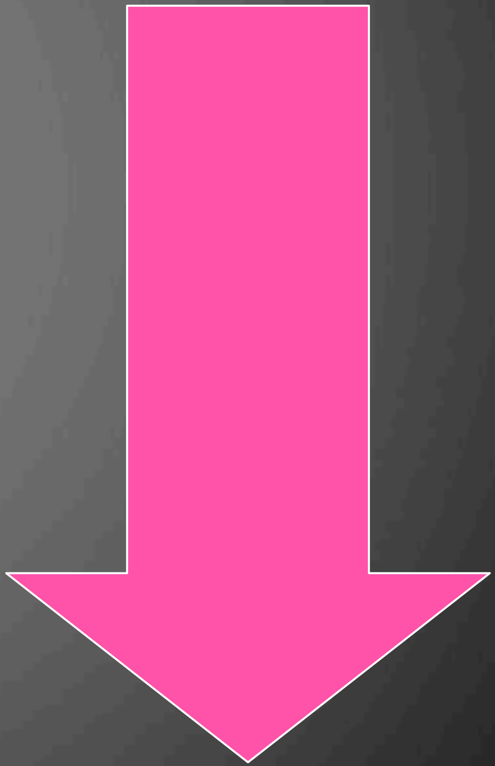
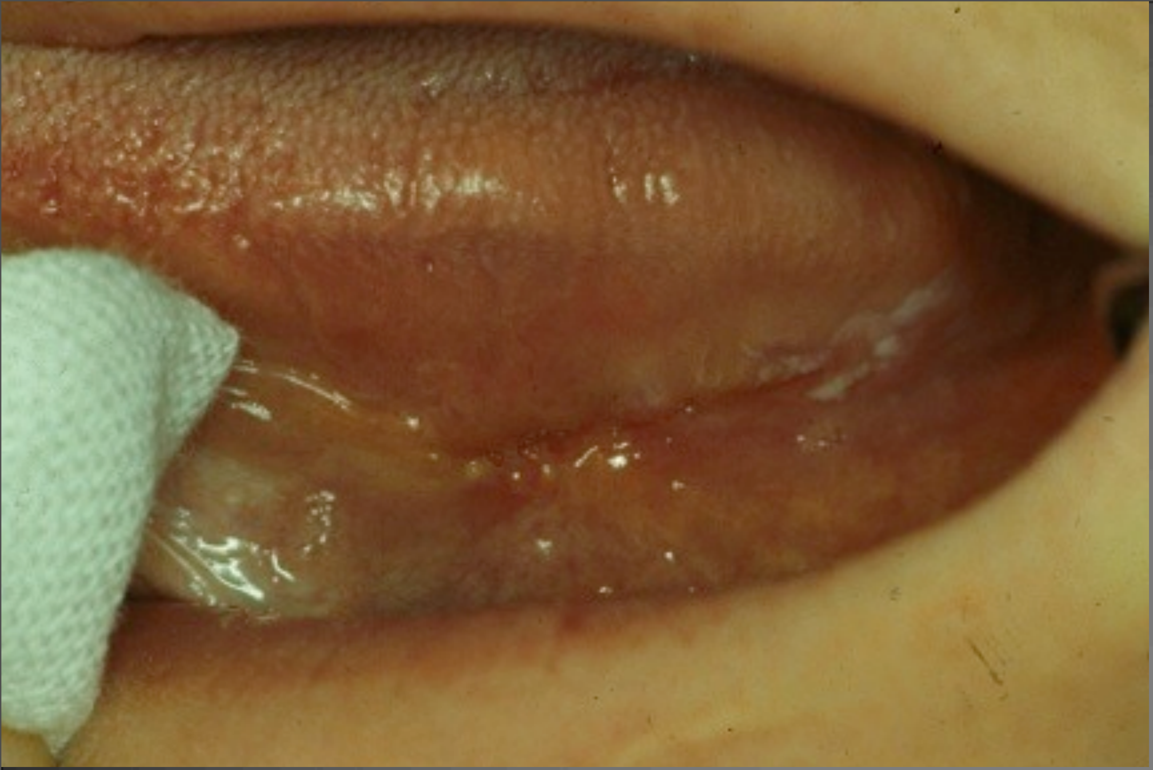
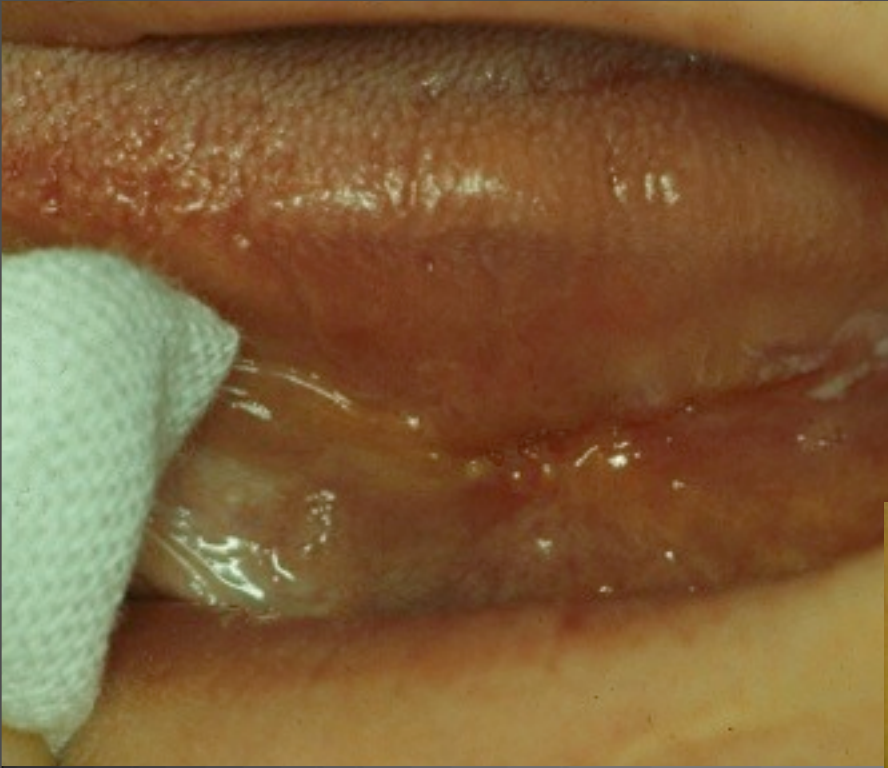
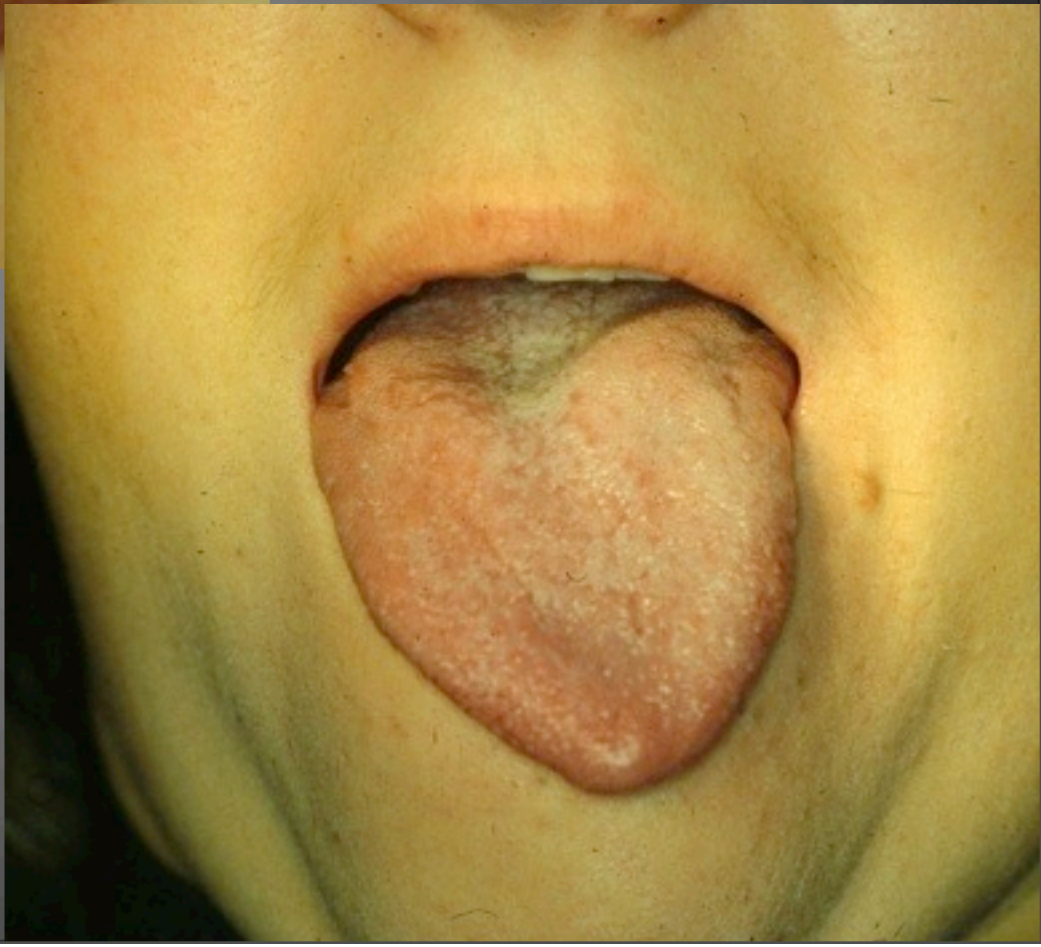
AUMENTO



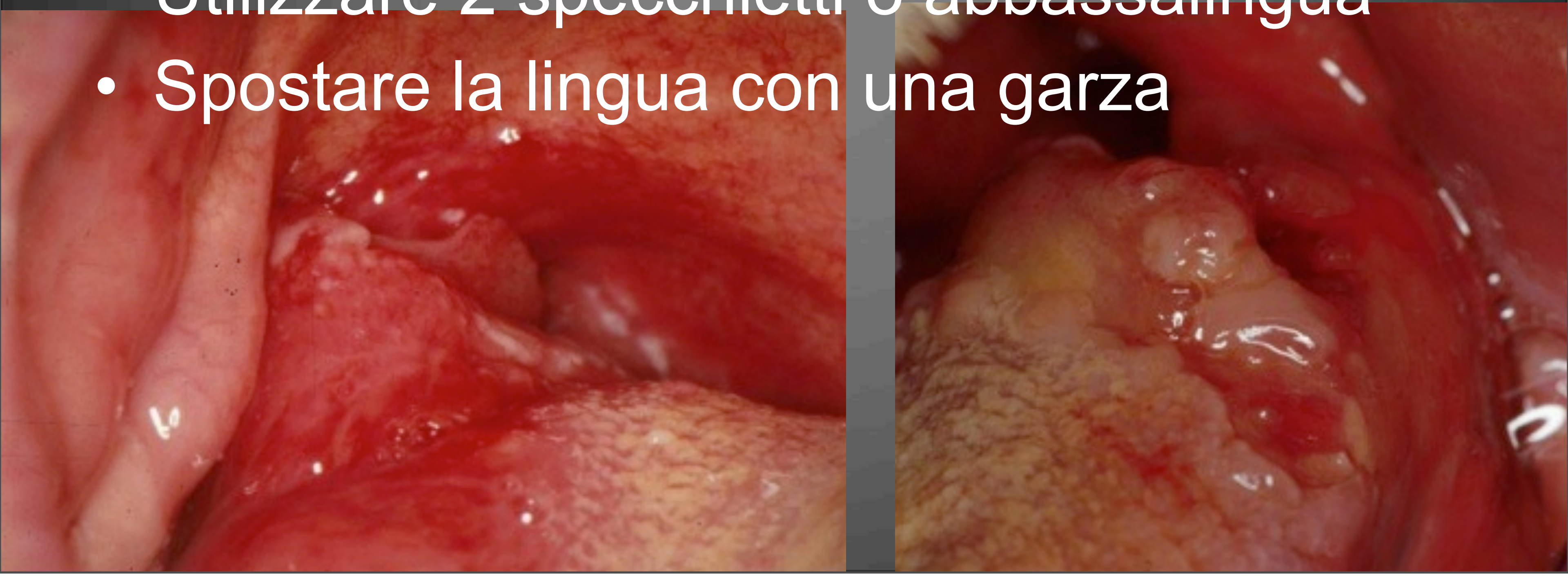


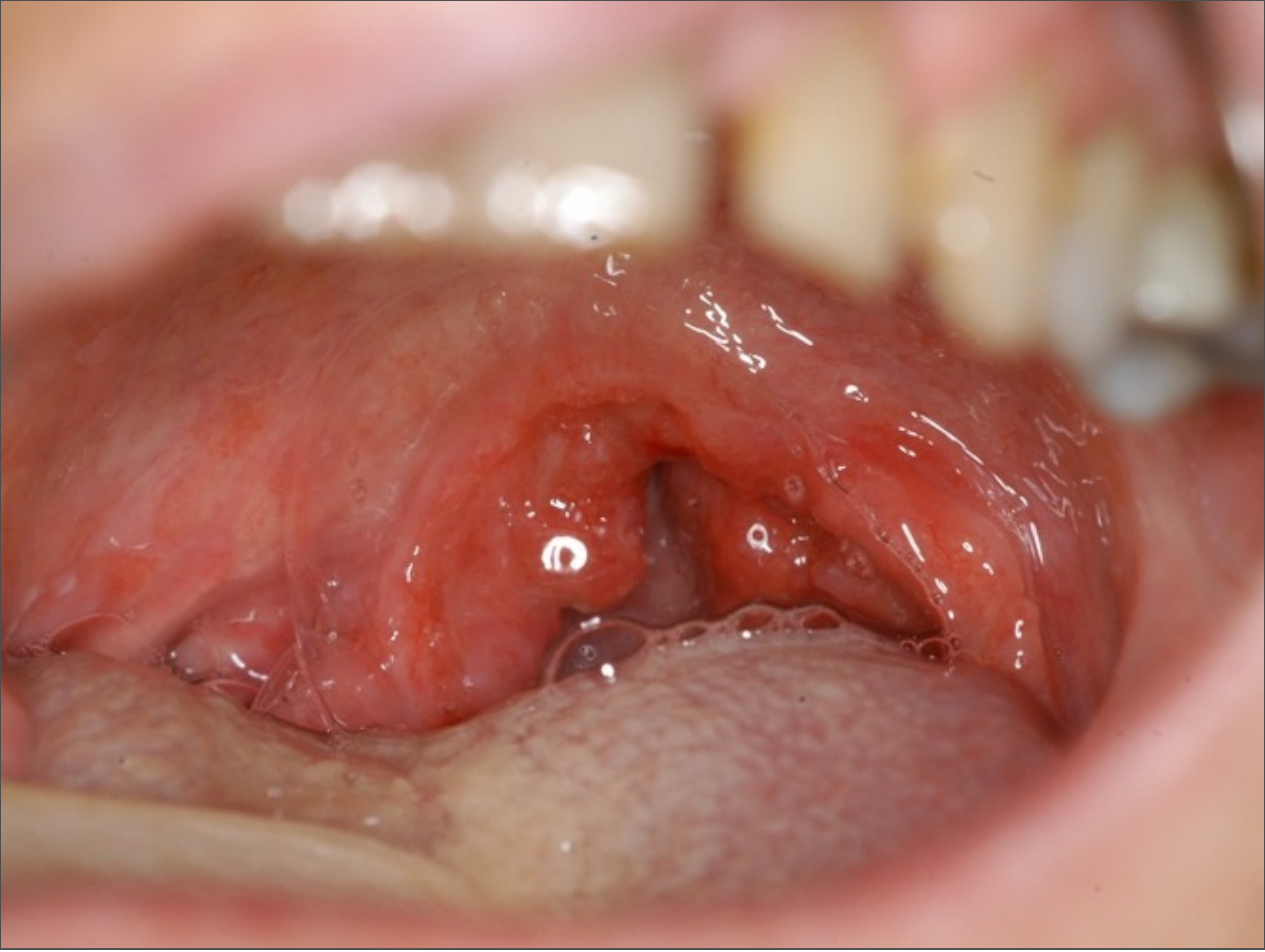




IN CONCLUSIONE: ISPEZIONE

- Ricordarsi che il cancro… non vi chiama !!!
- Ispezionare e palpare le zone poco visibili
- Utilizzare 2 specchietti o abbassalingua
- Spostare la lingua con una garza





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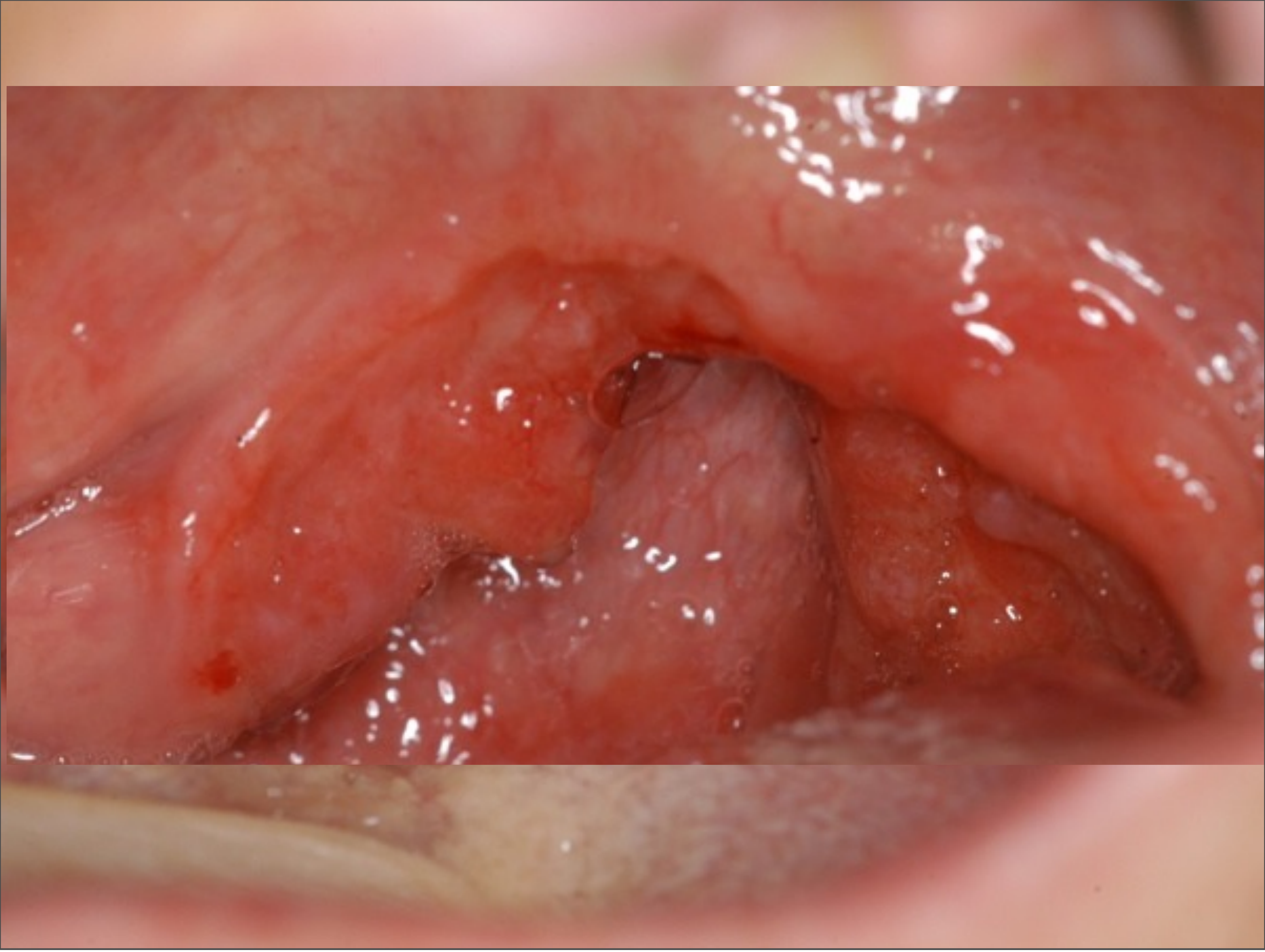
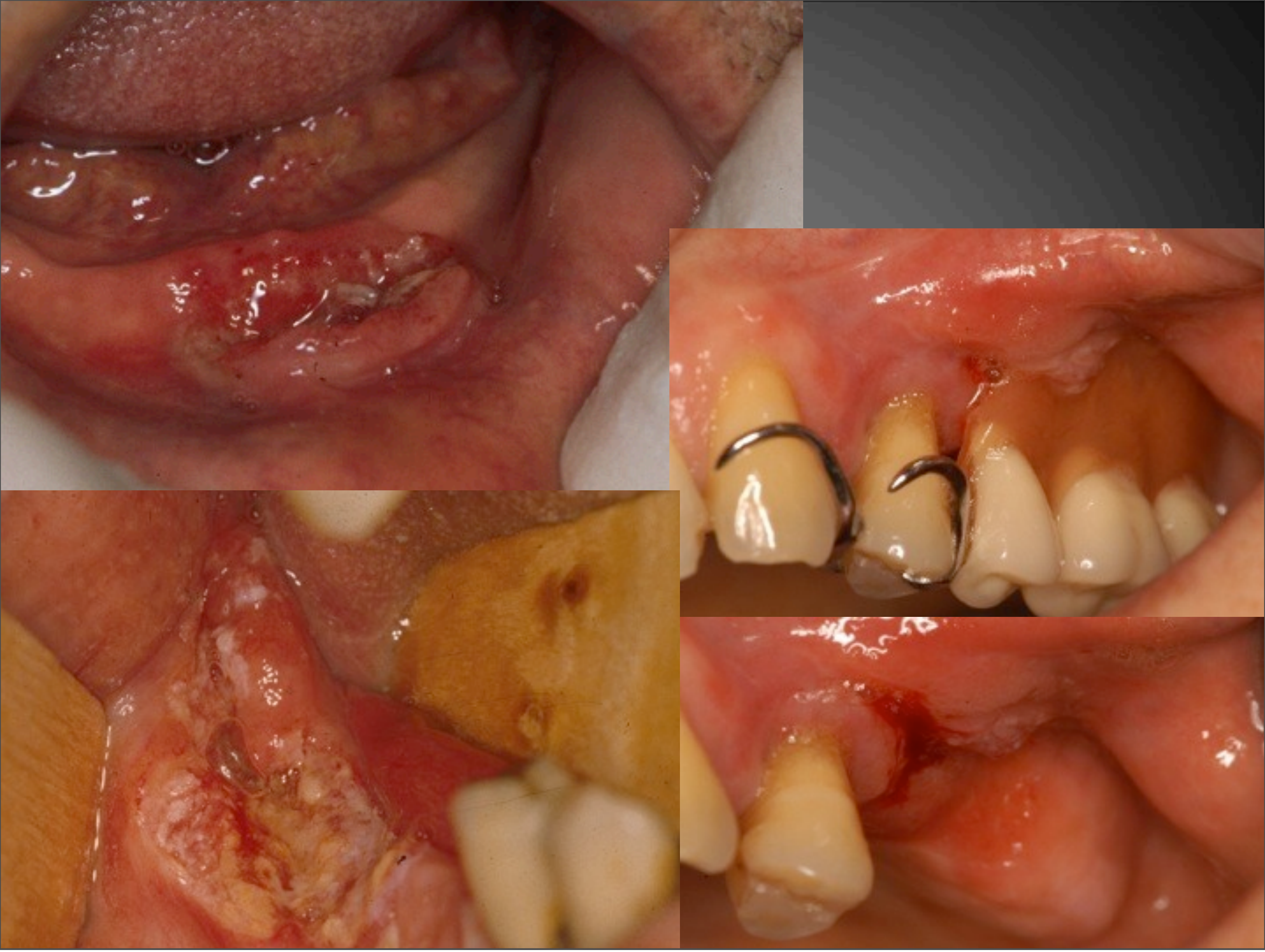
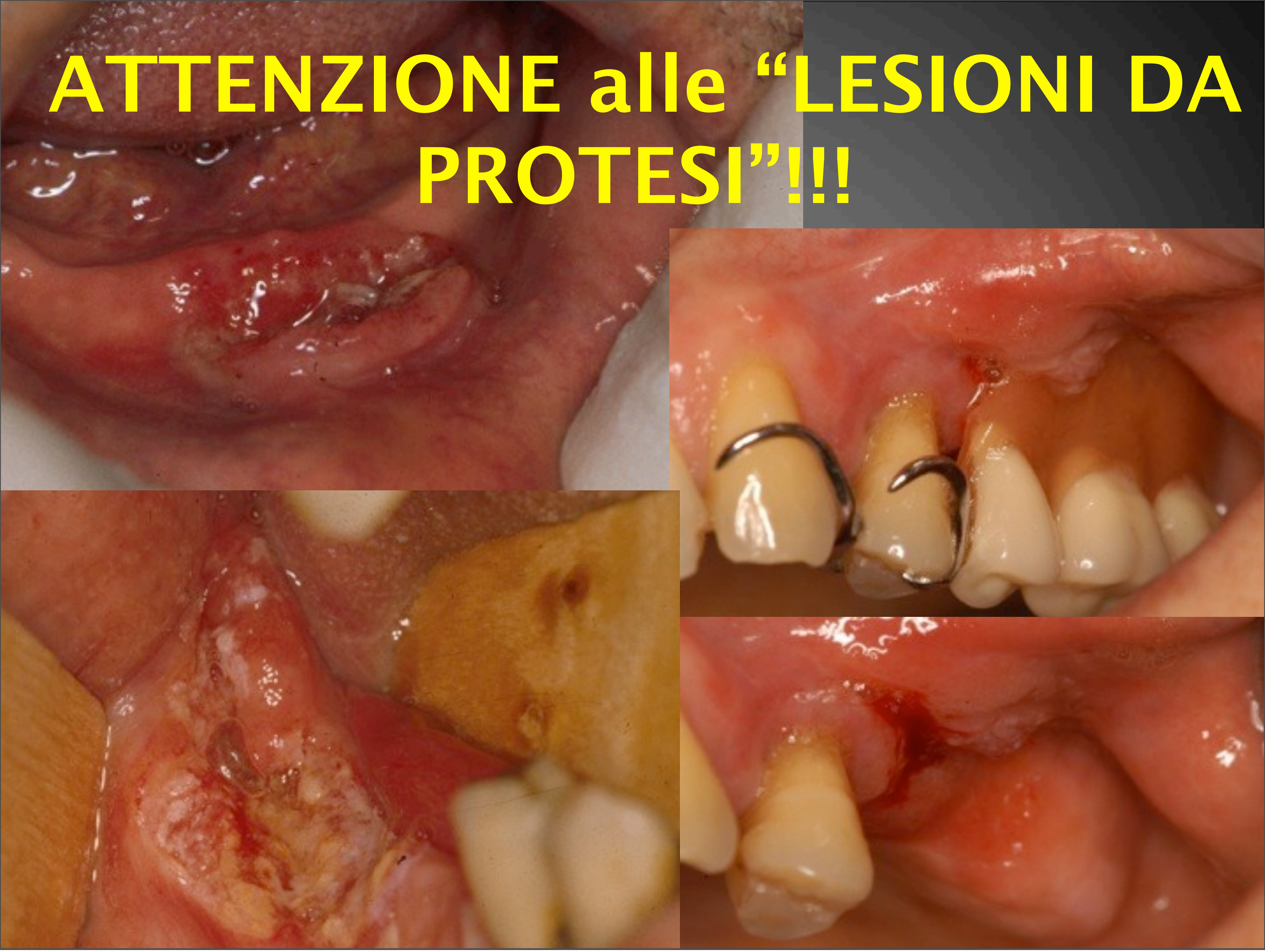
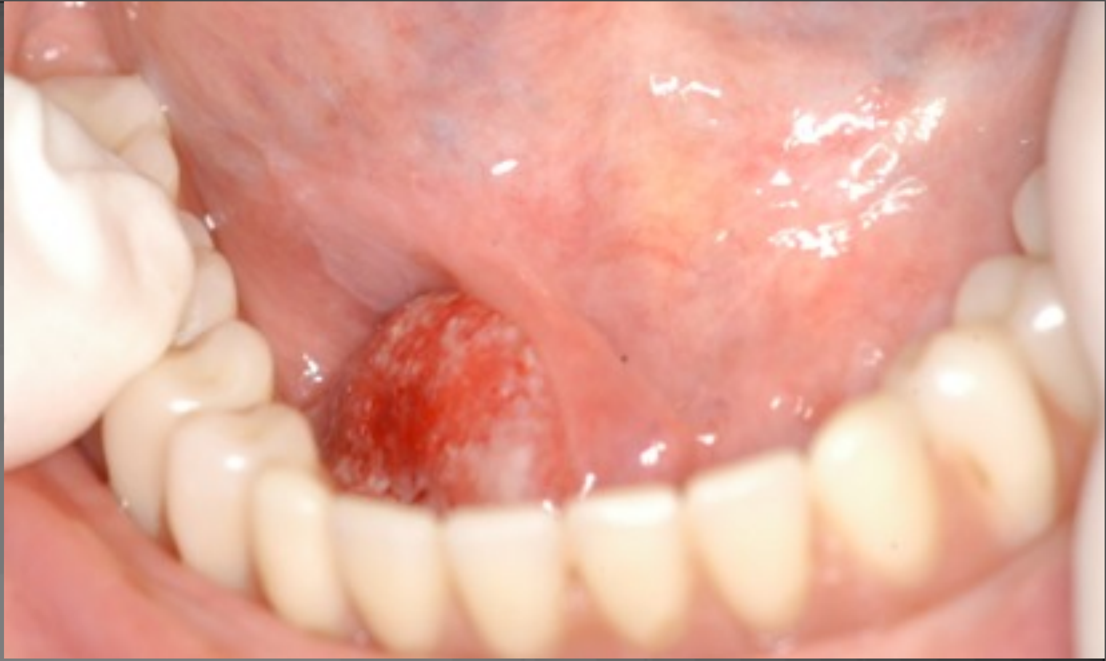
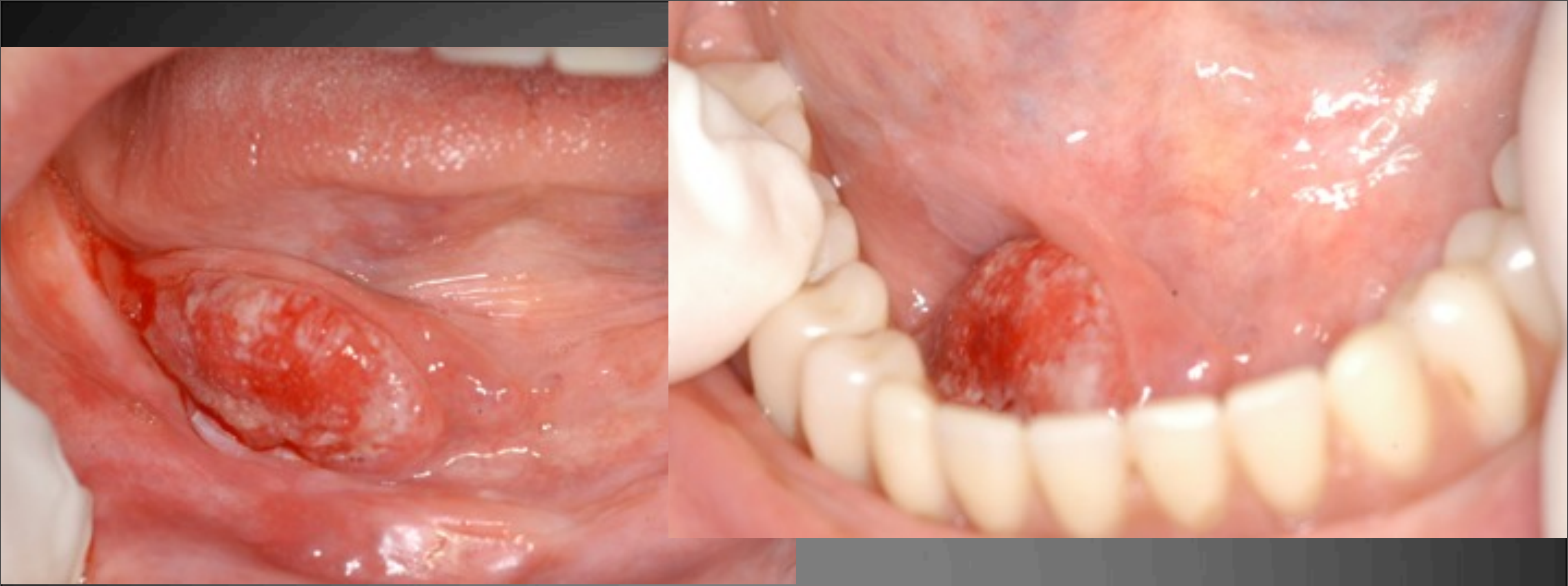


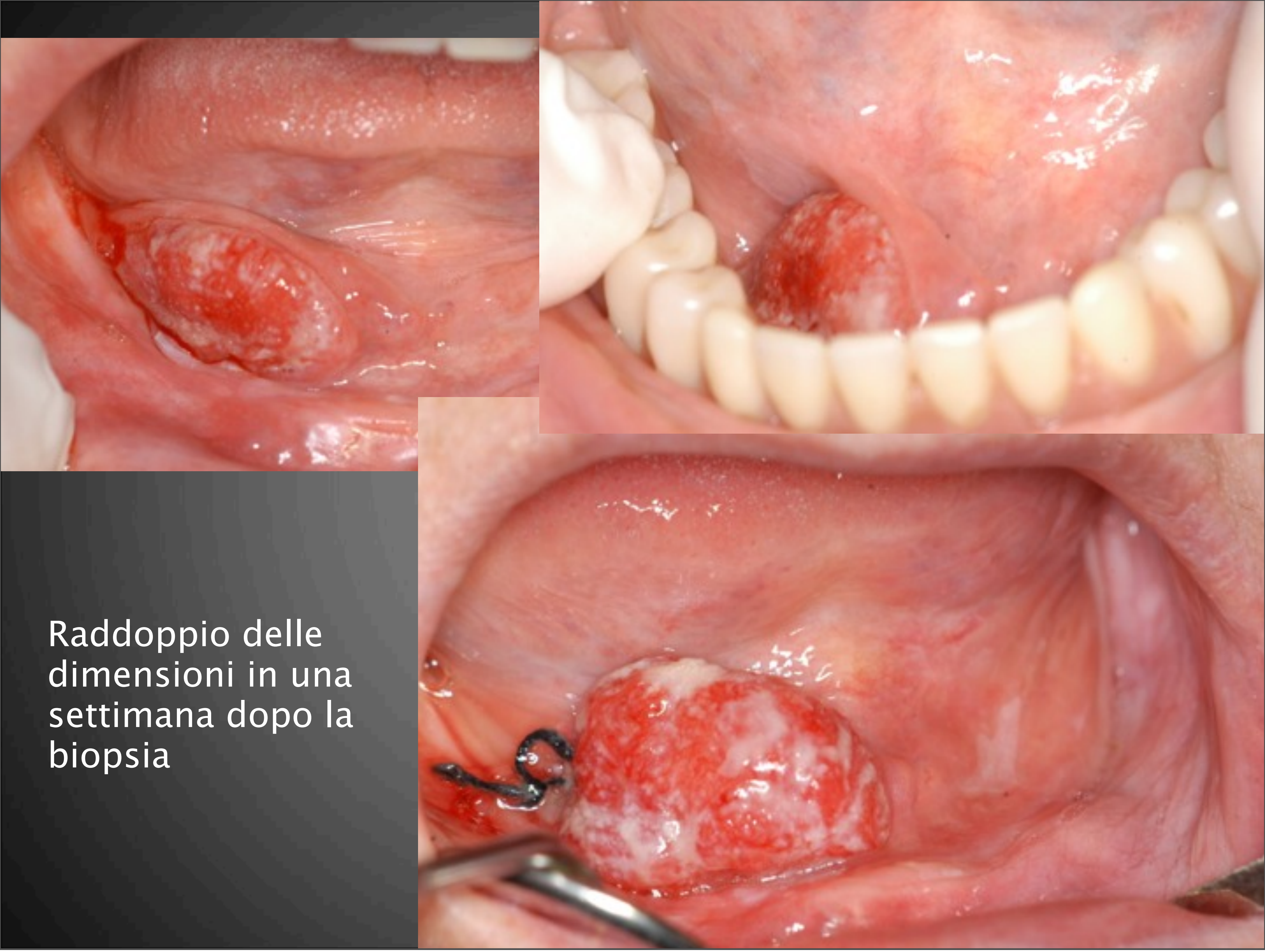


ATTENZIONE alle “LESIONI DA PROTESI”!!!



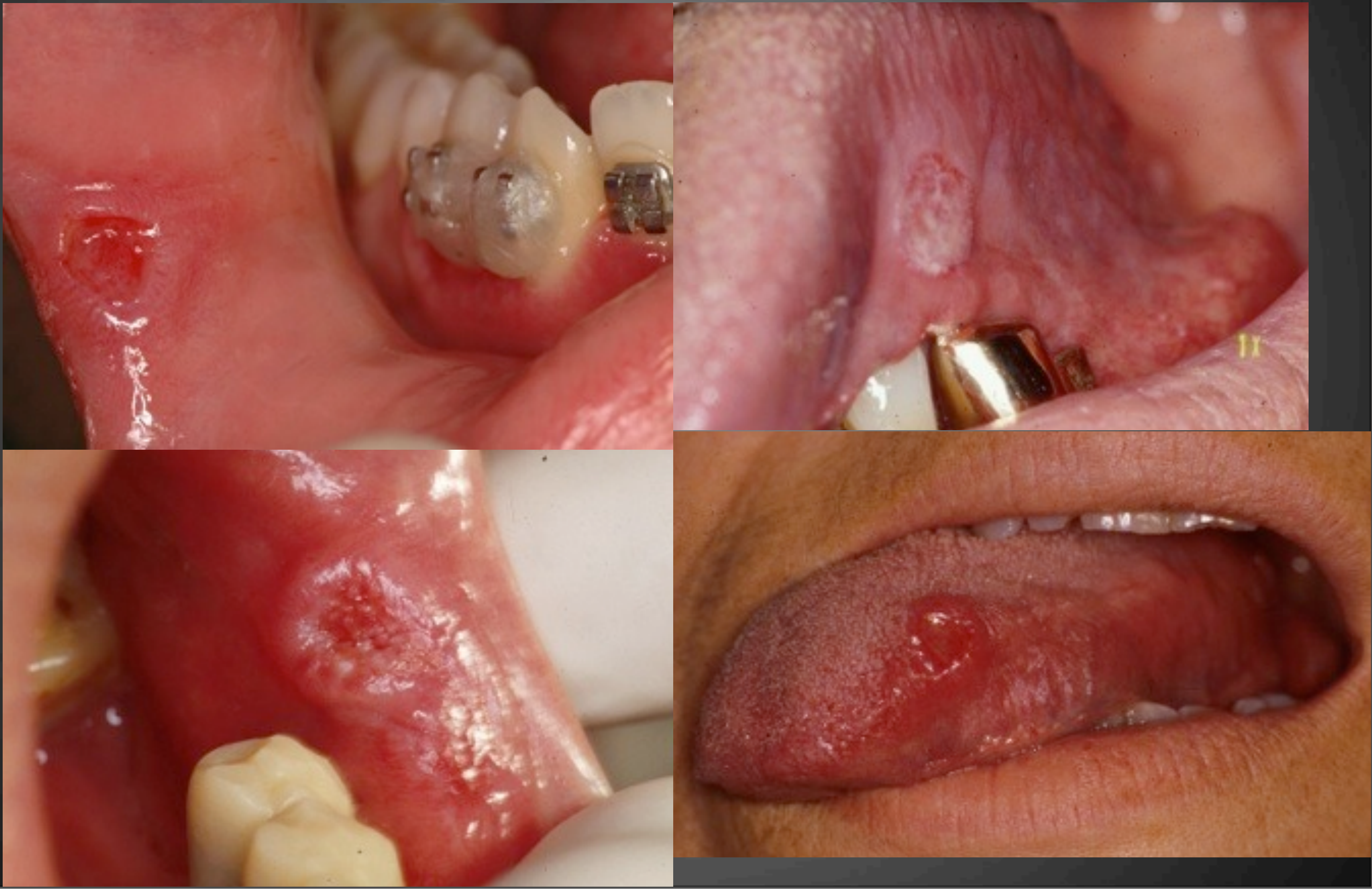




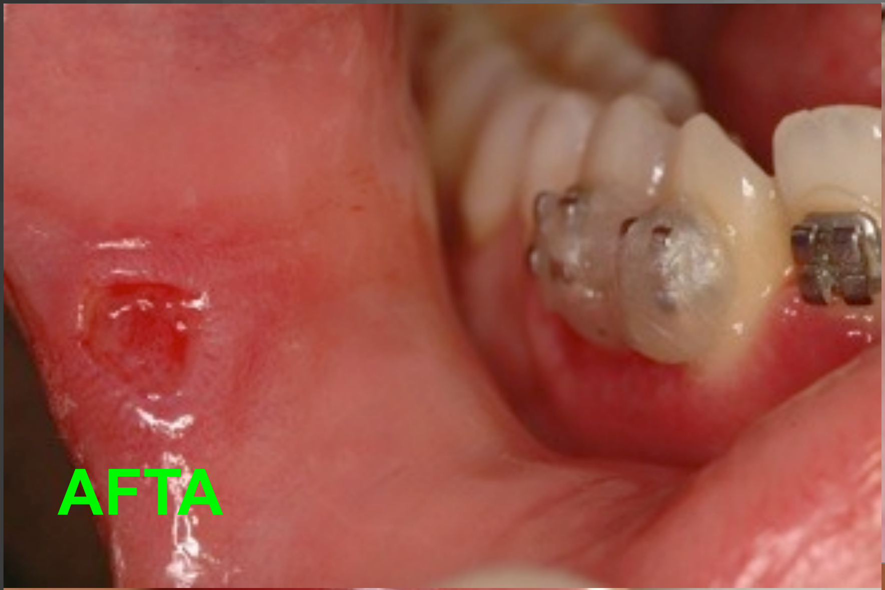


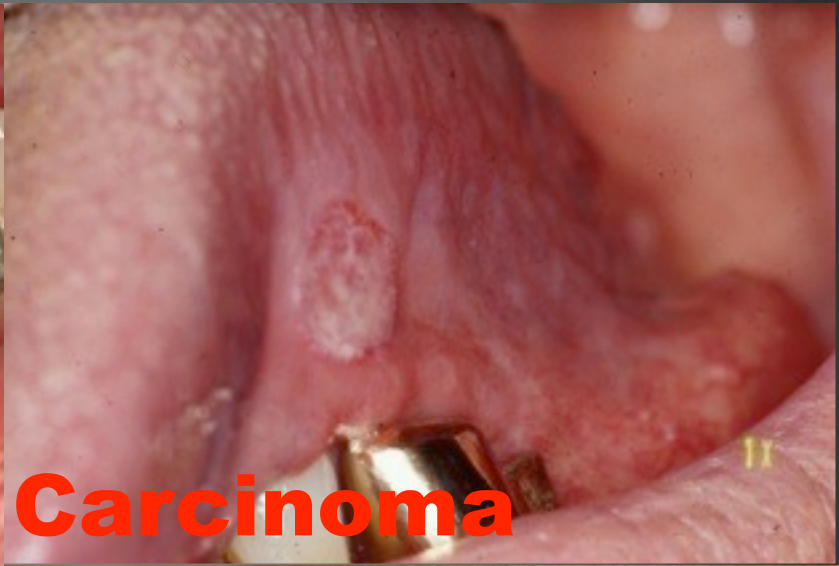
Raddoppio delle dimensioni in una settimana dopo la biopsia

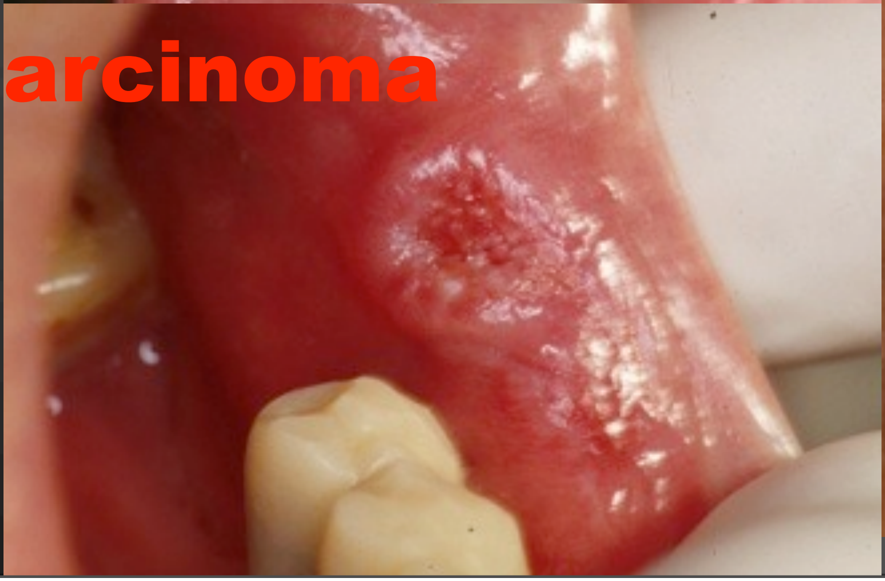
ATTENZIONE alle “AFTE” !!!

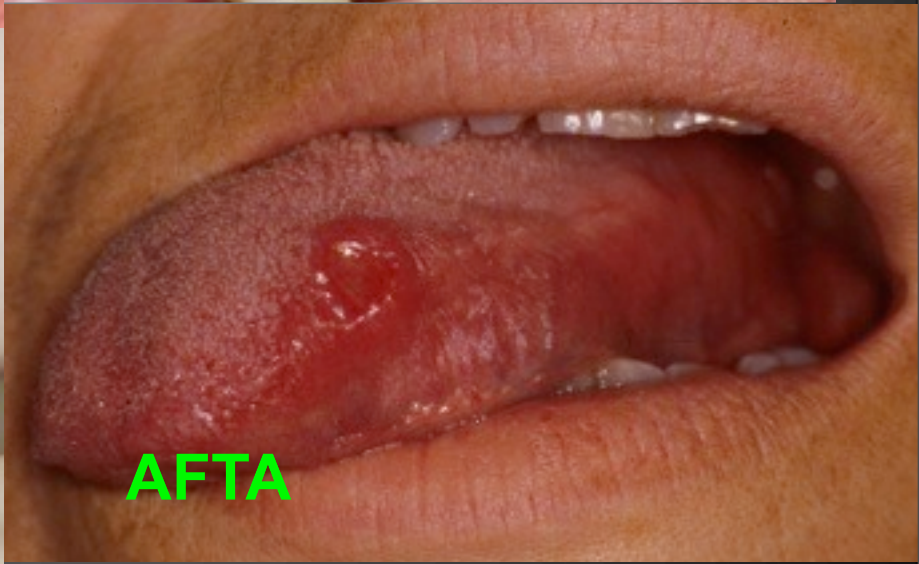


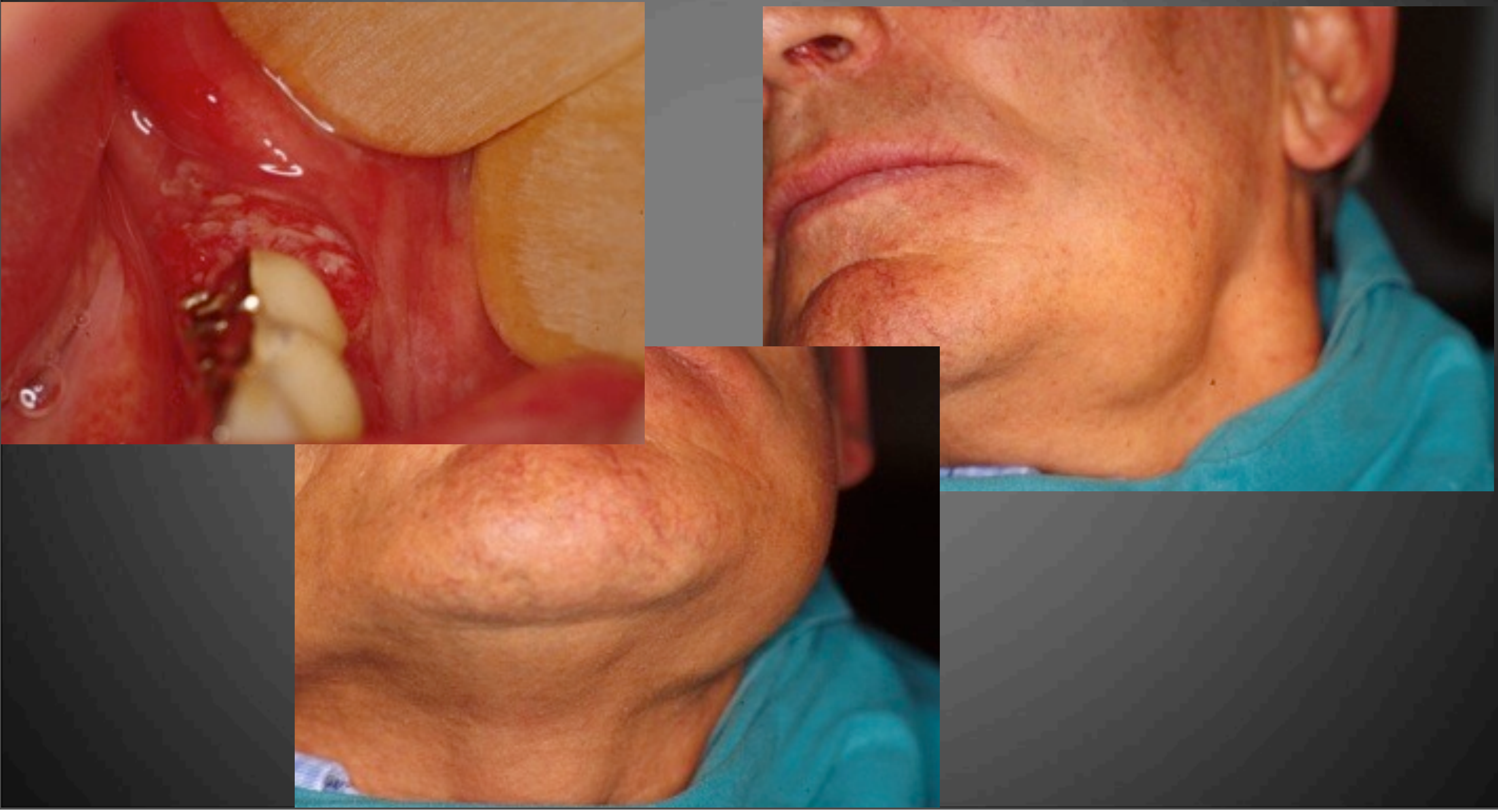
ATTENZIONE alle “AFTE” !!!



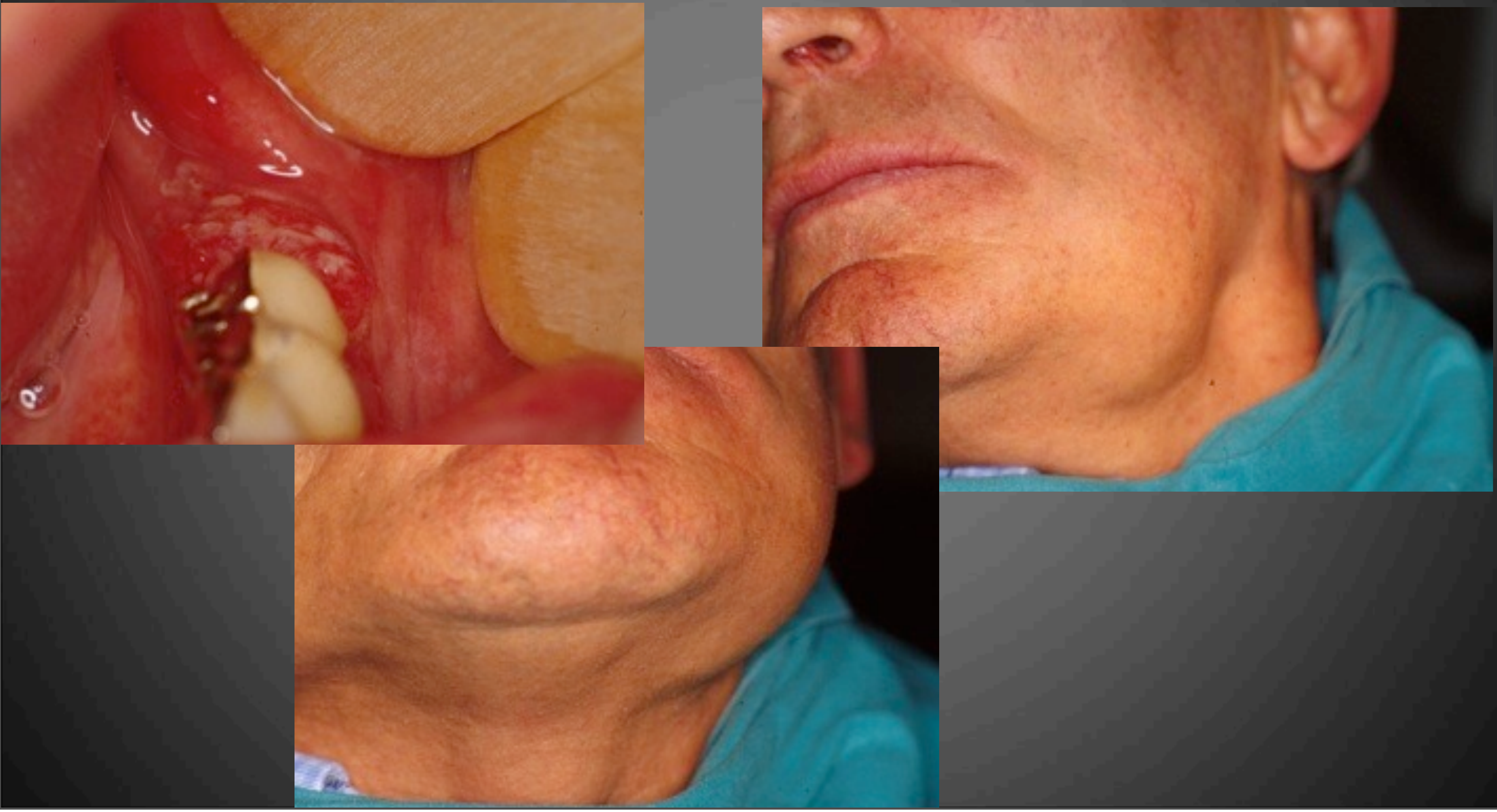


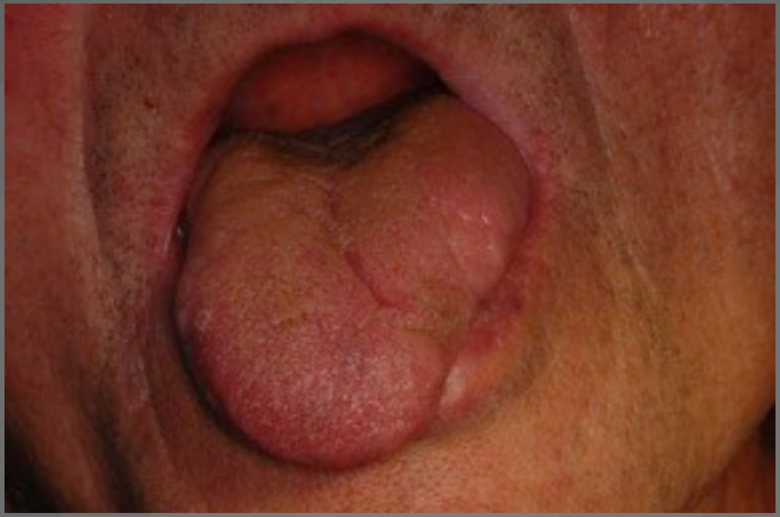




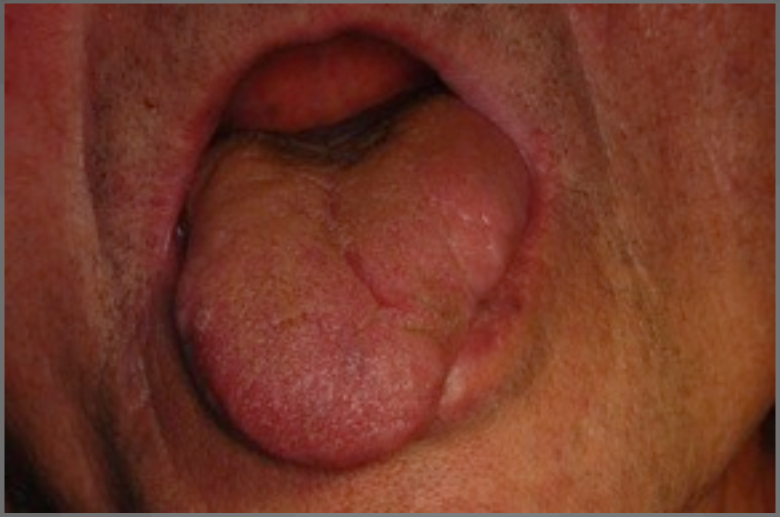


ATTENZIONE alle TUMEFAZIONI DEL COLLO in coincidenza con lesioni orali!!!





ATTENZIONE a chi ha già avuto un carcinoma VADS!!!



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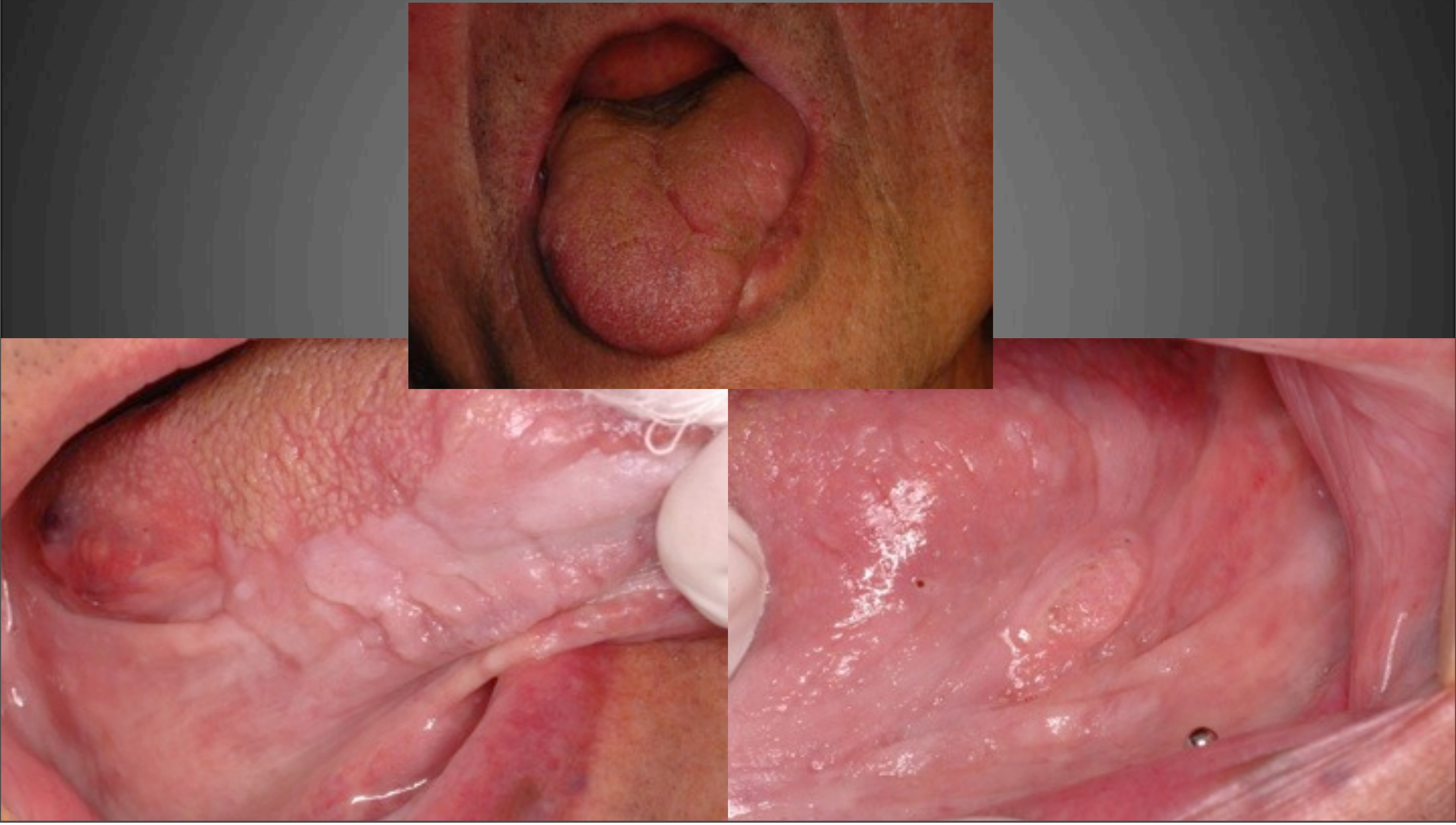
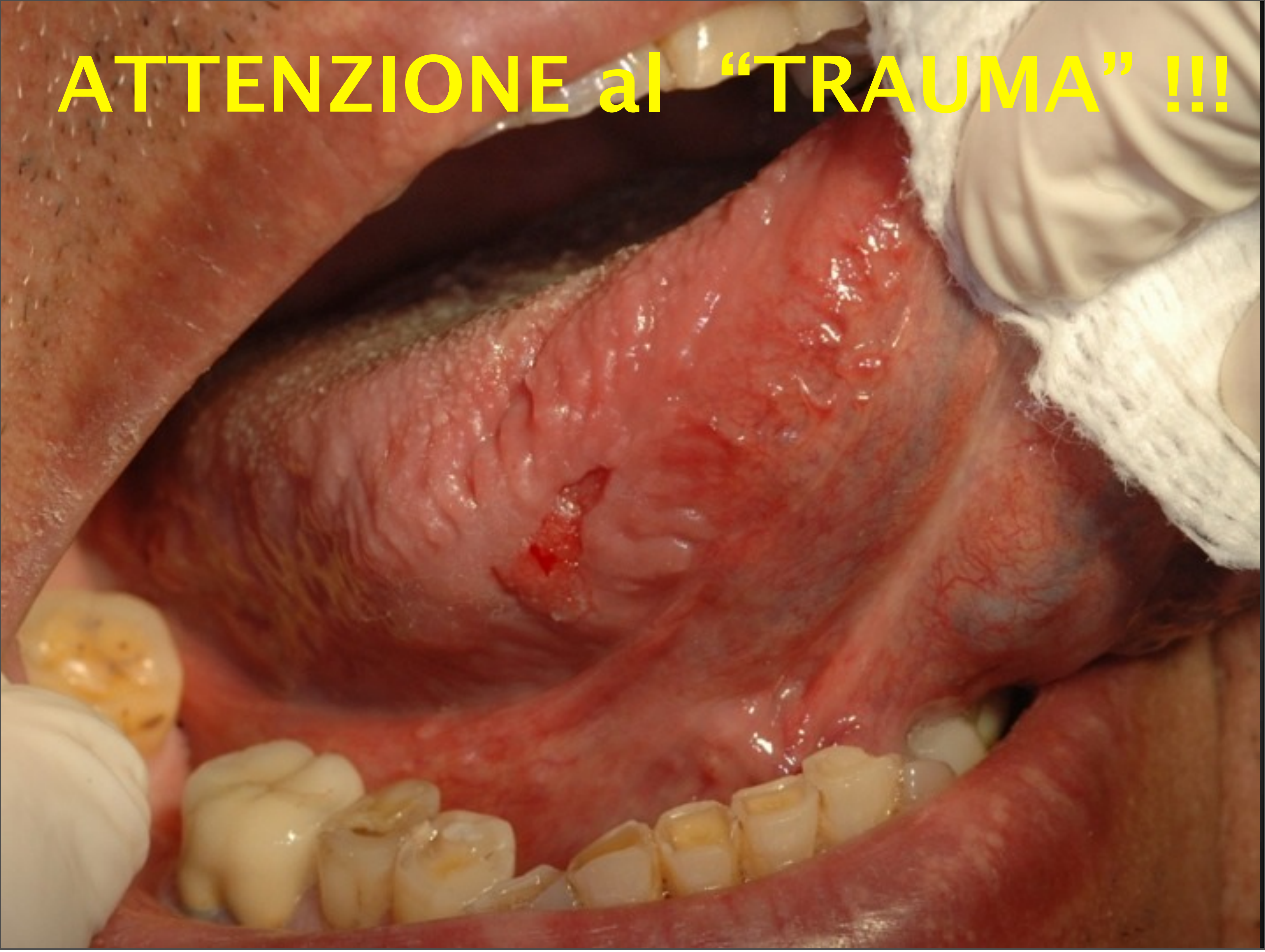
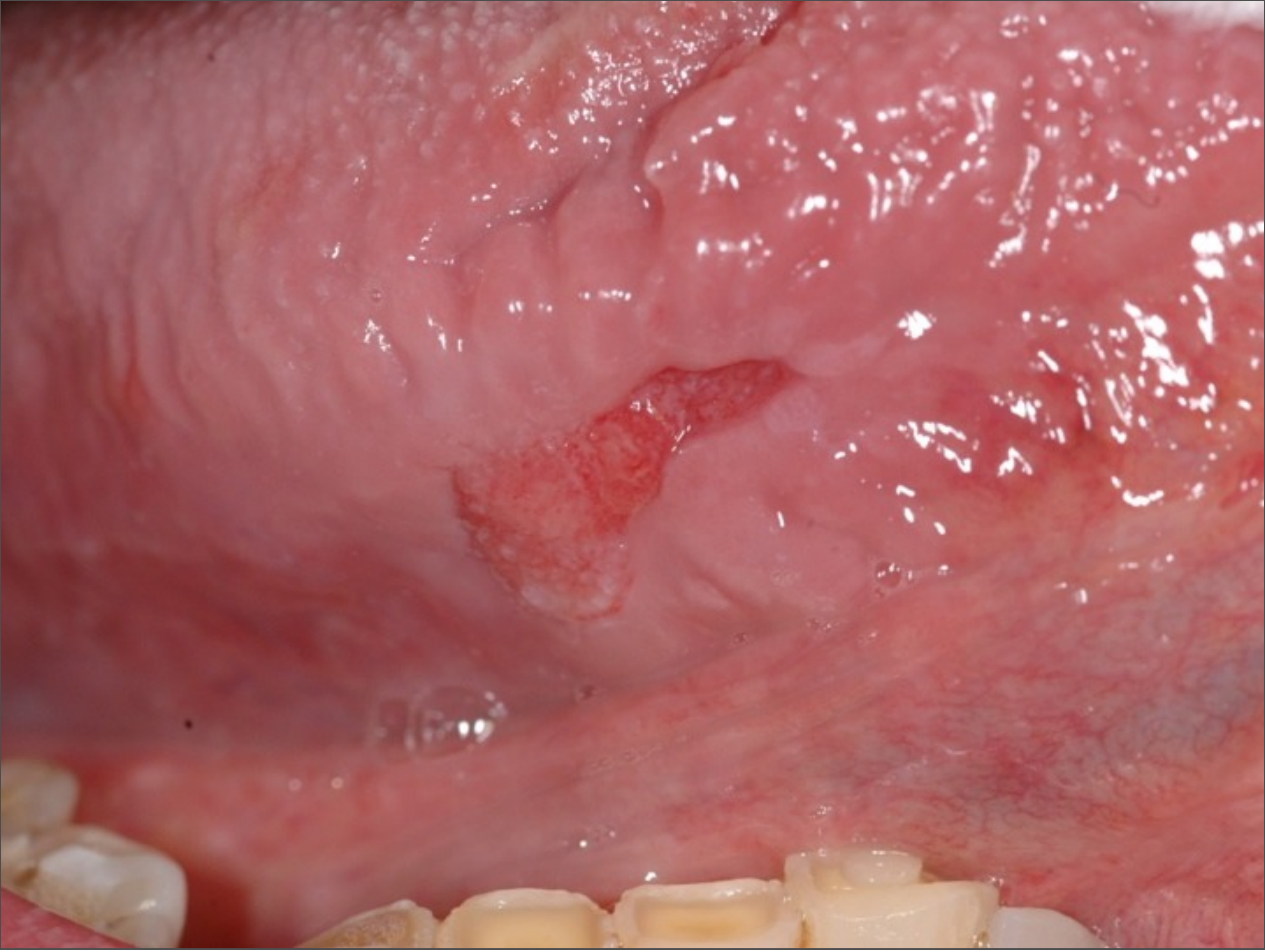
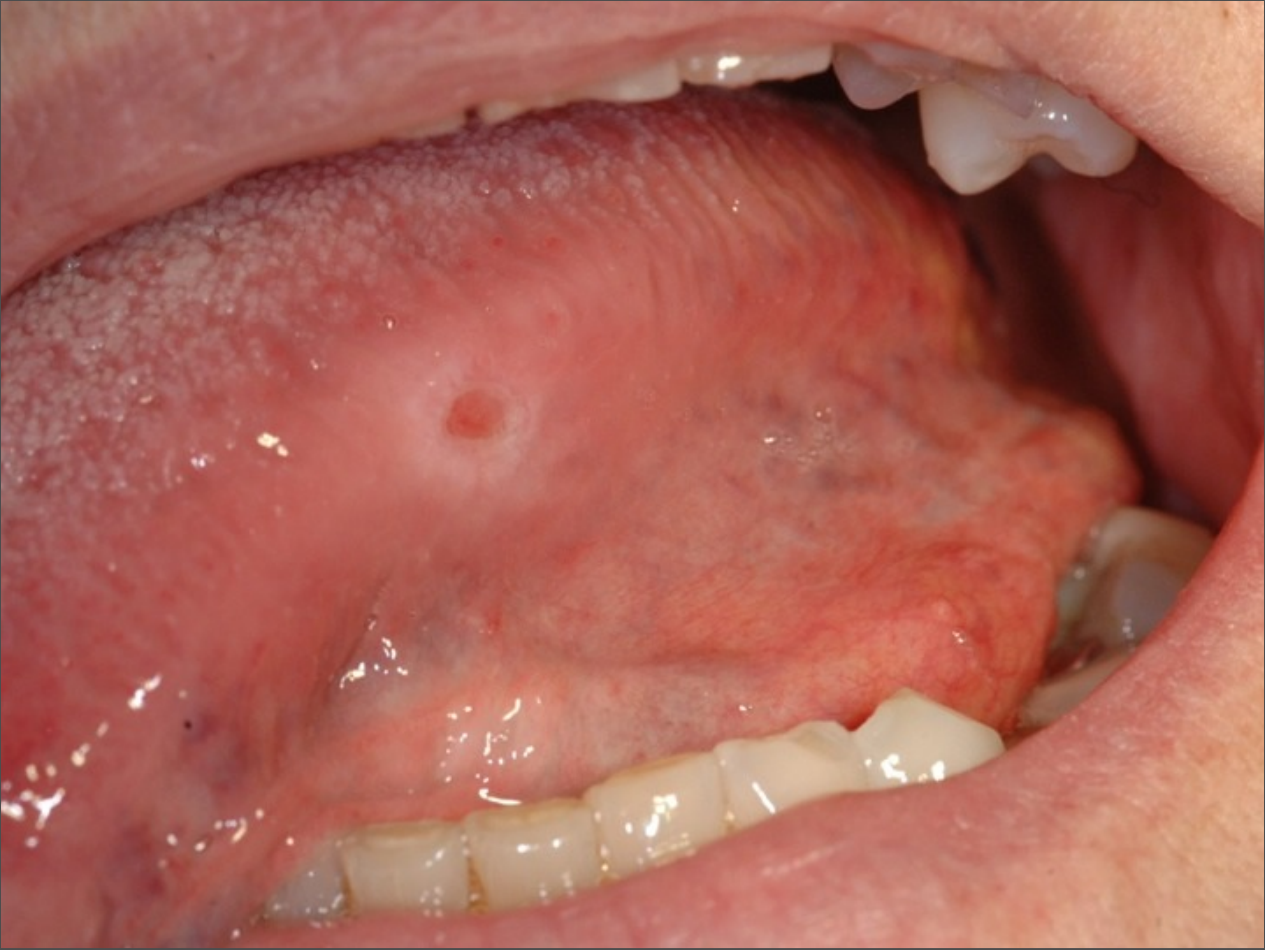


ATTENZIONE al "TRAUMA" !!!





mercoledì 12 febbraio 14



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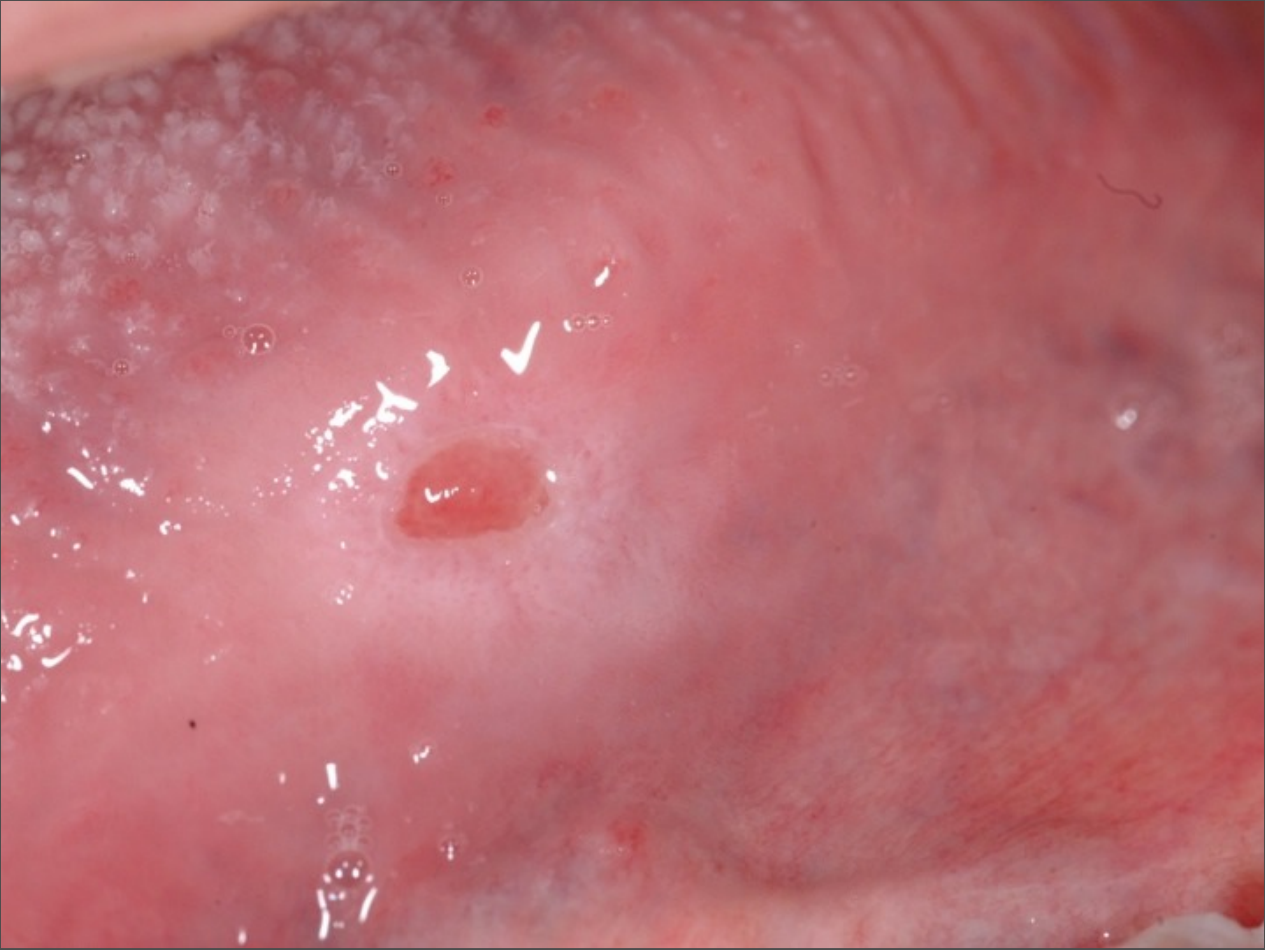

mercoledì 12 febbraio 14

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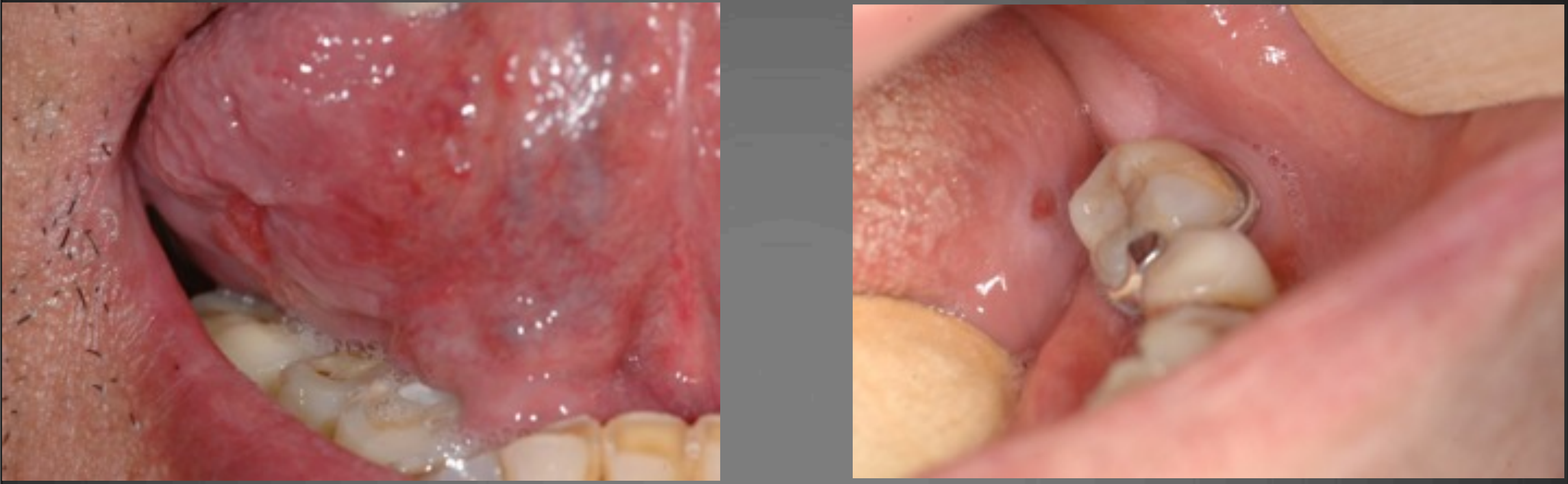

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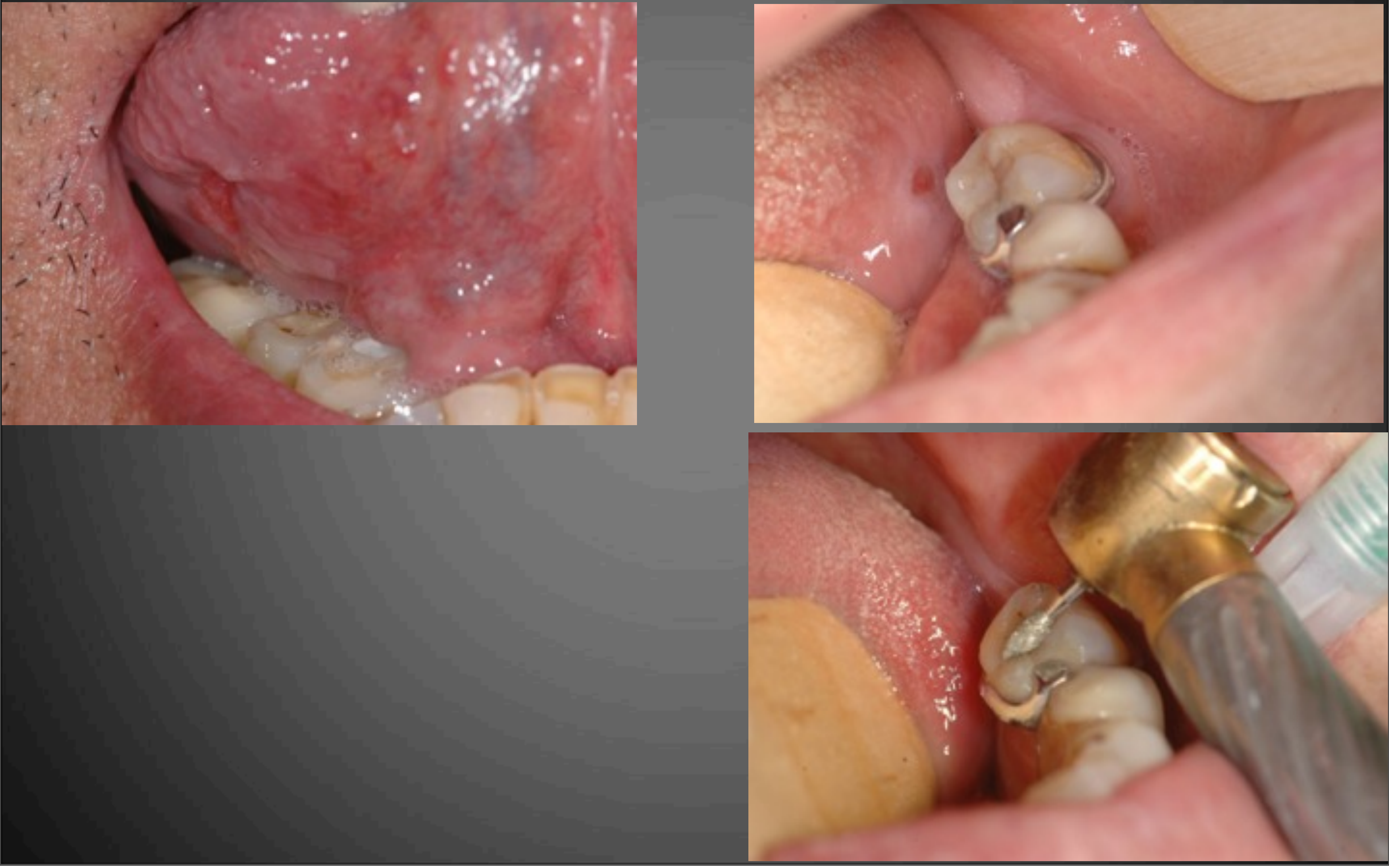

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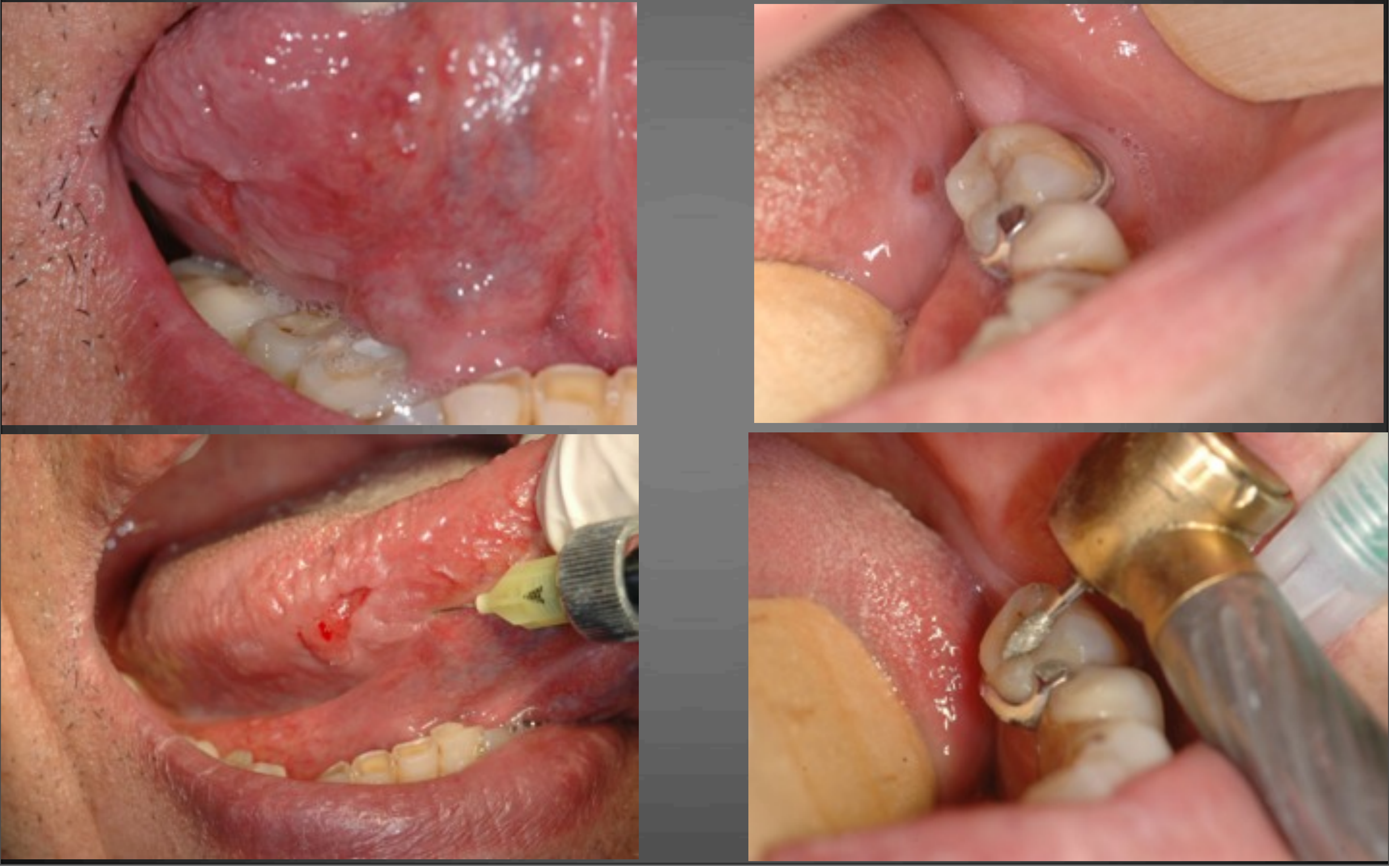

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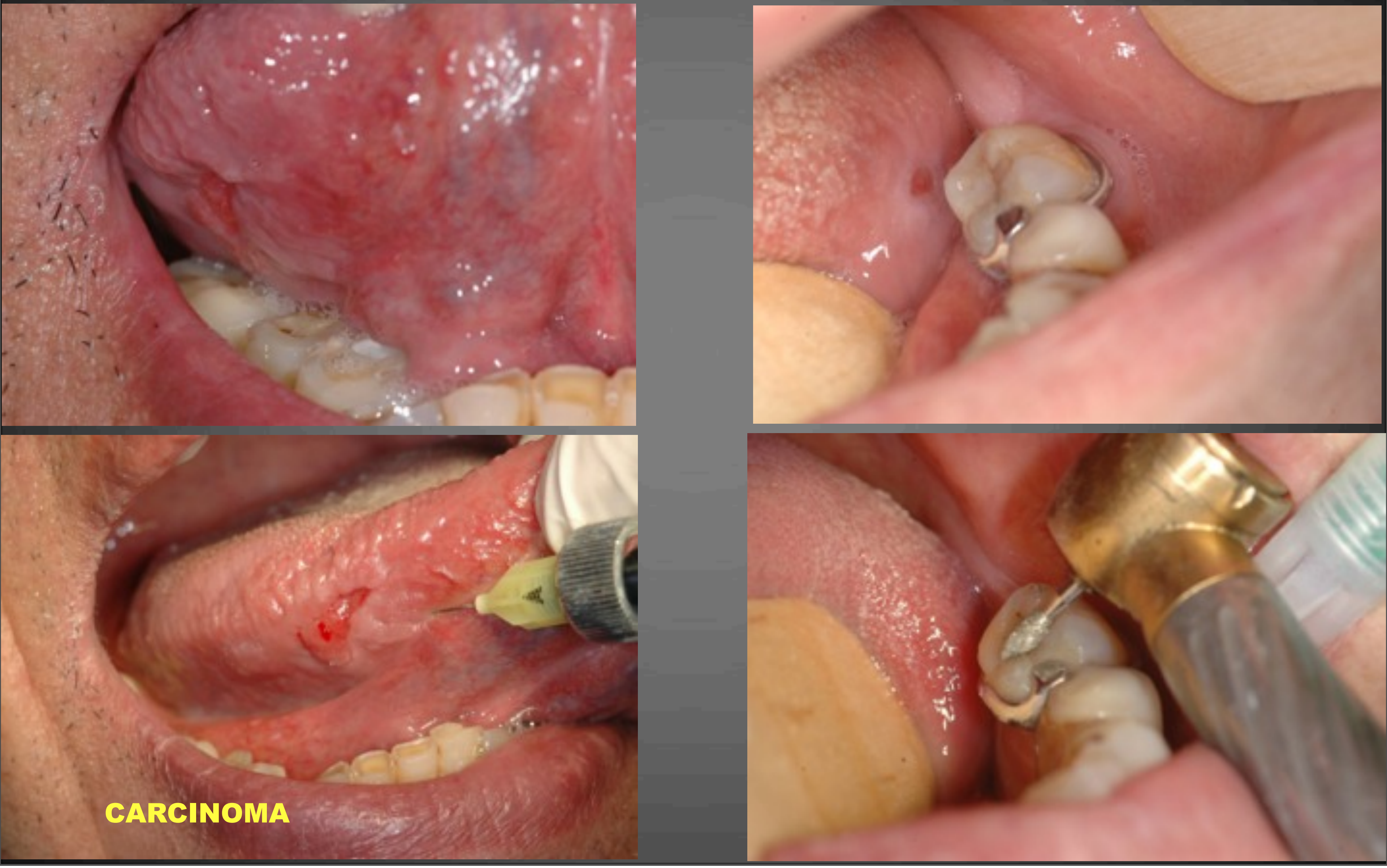

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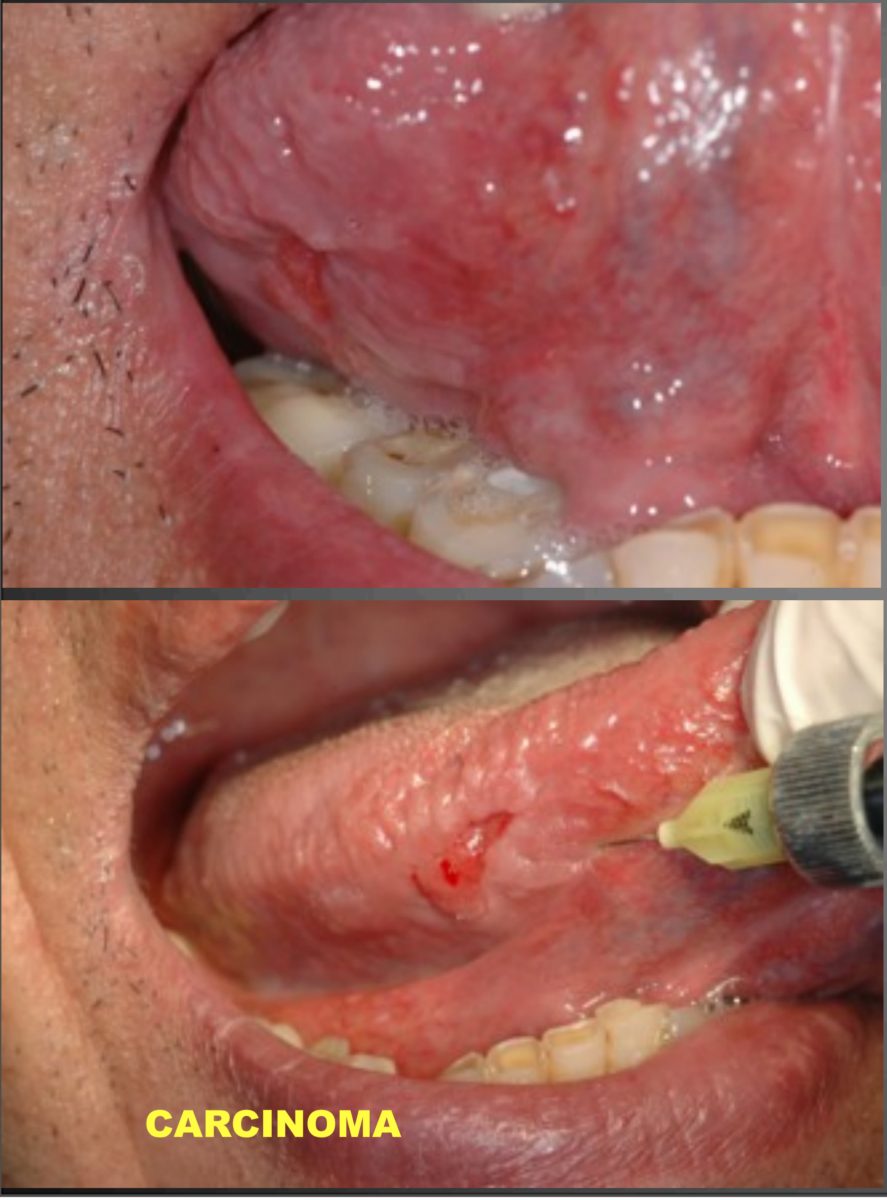
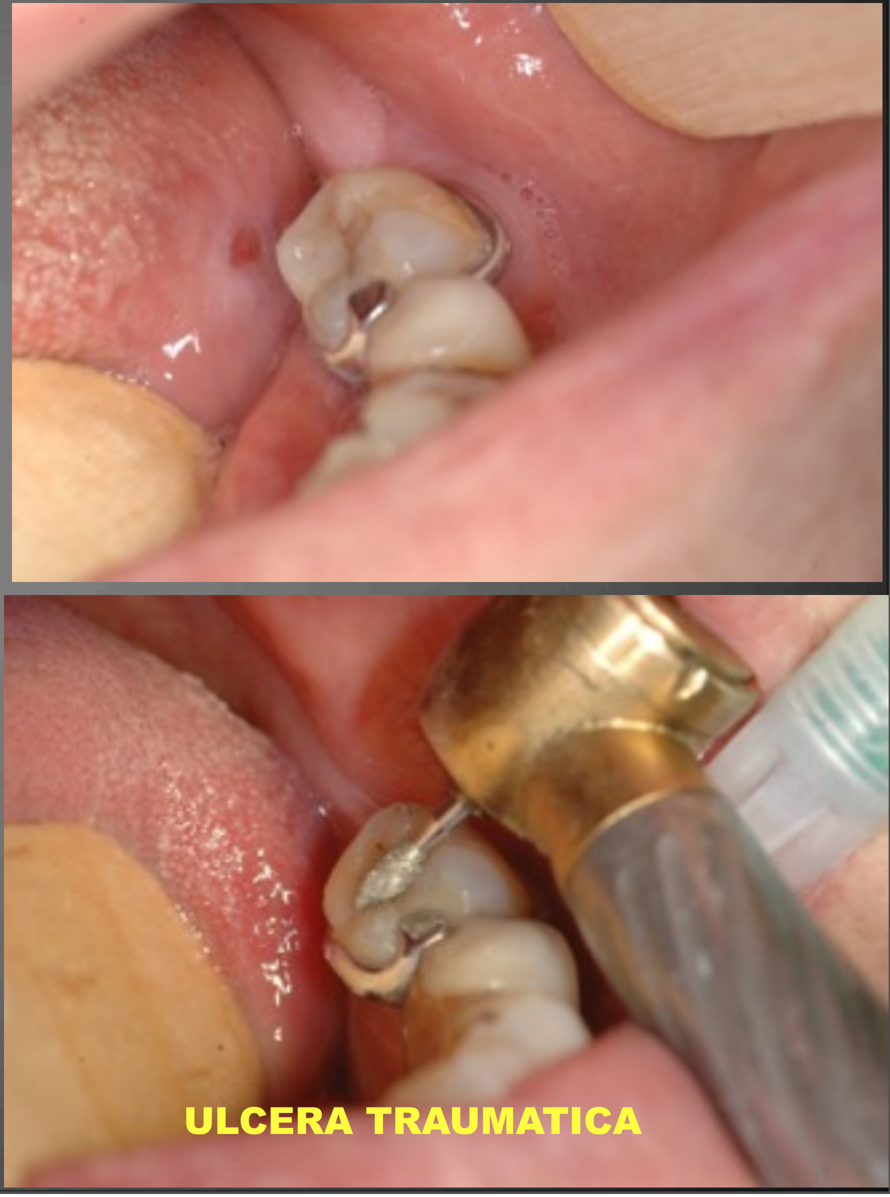
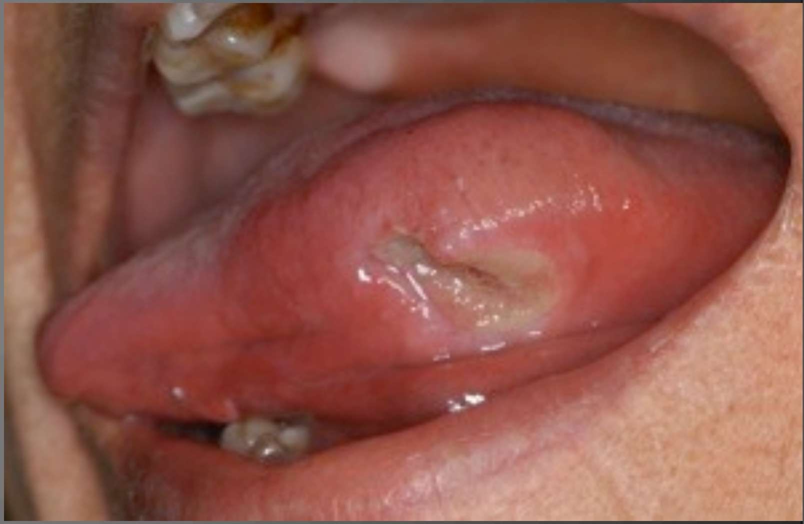

CARCINOMA


ULCERA TRAUMATICA

IN CONCLUSIONE: ATTENZIONE A QUELLO CHE NON DOVREBBE ESSERCI O CHE NON HA UNA SPIEGAZIONE RAZIONALE !!



- **ATTENZIONE ALLE LESIONI CHE NON GUARISCONO**
- le lesioni traumatiche migliorano in pochi giorni e guariscono totalmente dopo 15 giorni dalla rimozione dei fattori irritanti
- le afte guariscono al massimo dopo tre settimane
- le carenze vitaminiche sono rarissime nelle nostre zone
- ...il “riscaldo” non esiste !

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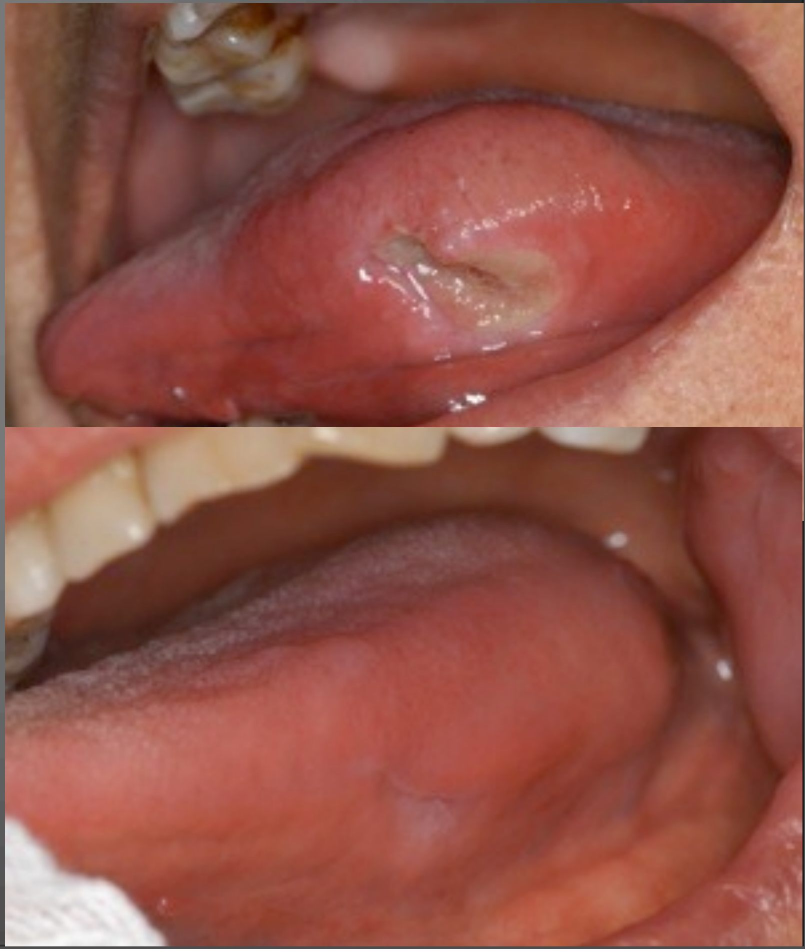

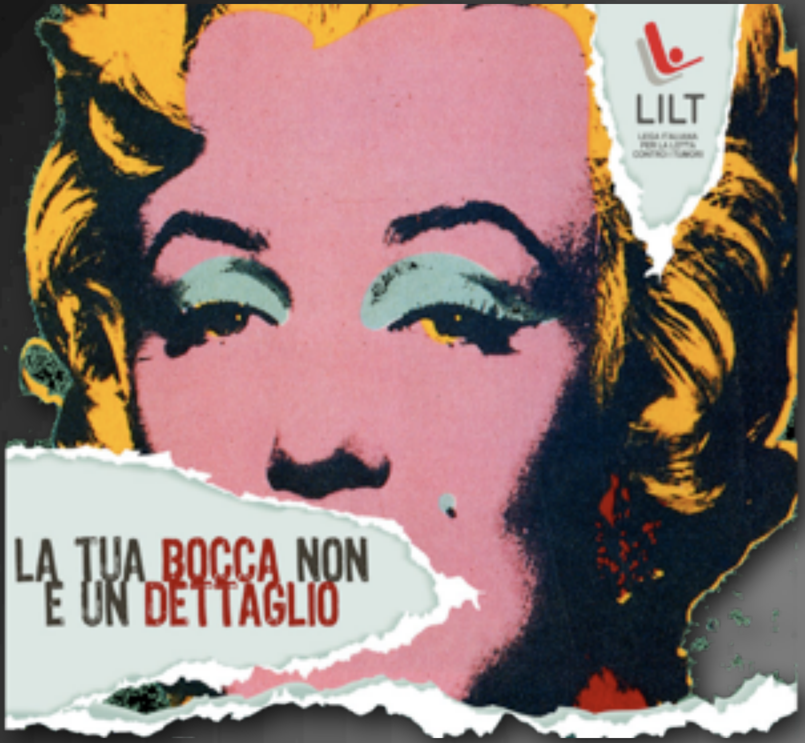
LILT
LEGA ITALIANA PER LA LOTTA CONTRO I TUMORI
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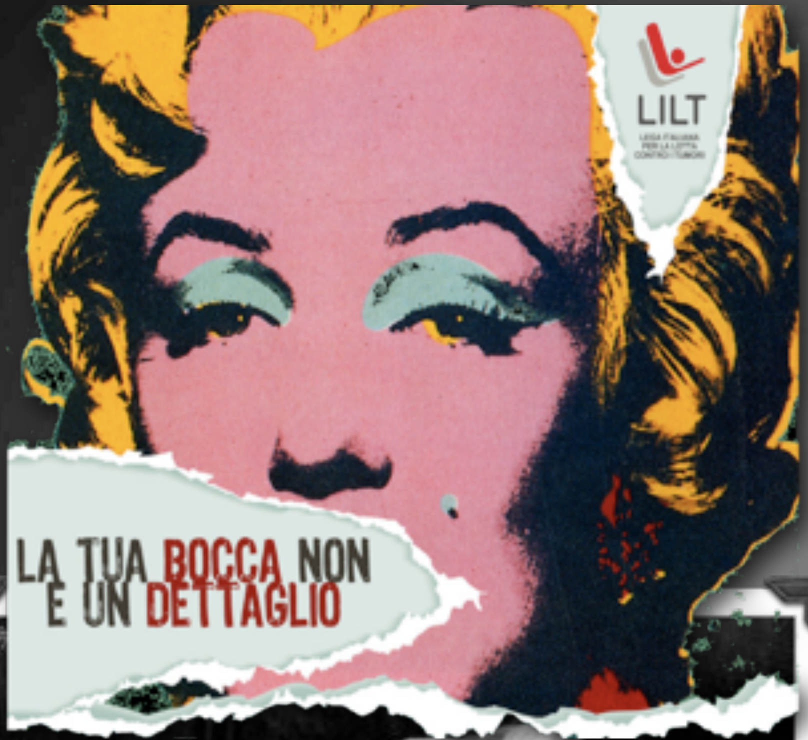
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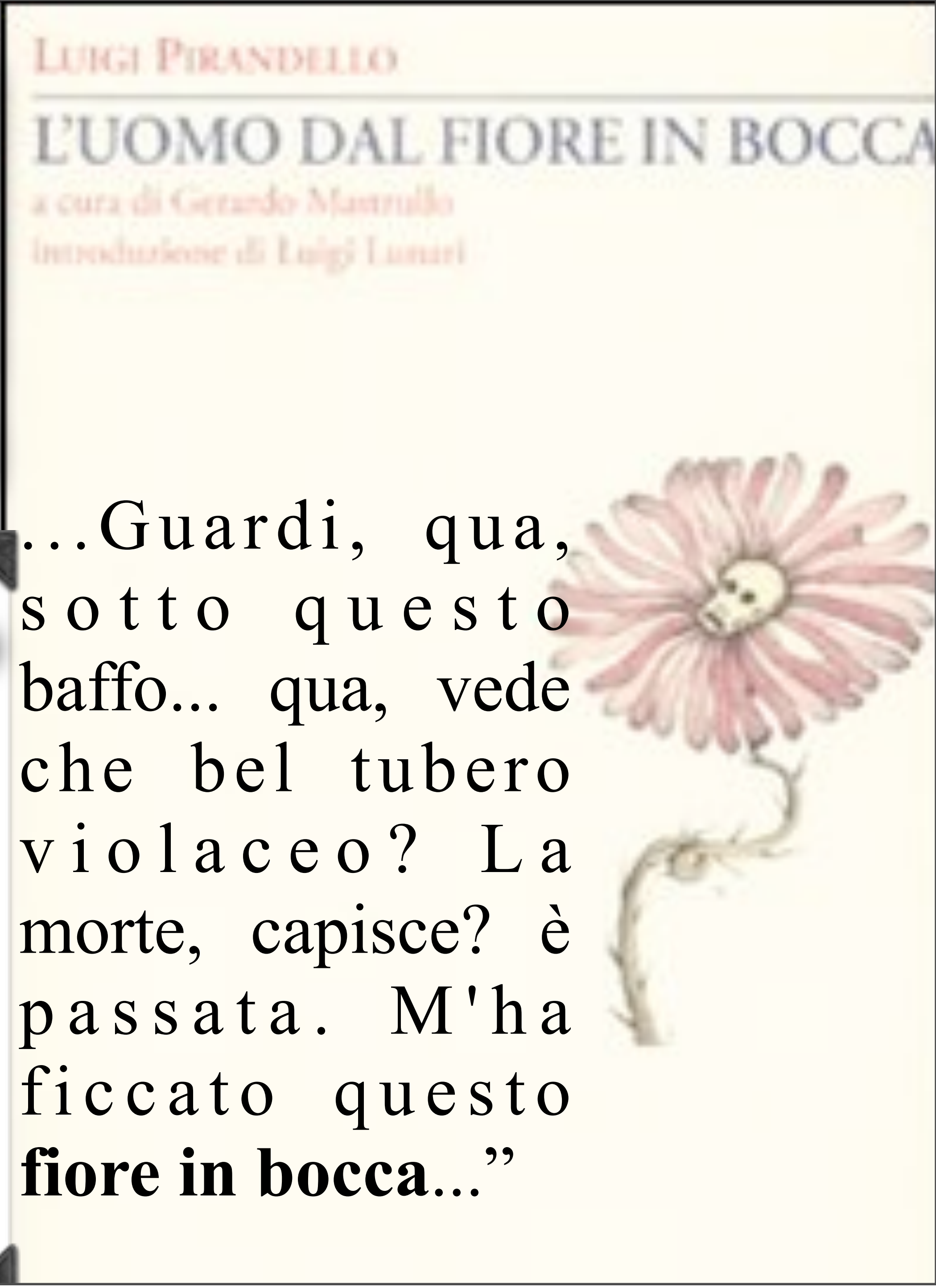


LUIGI PIRANDELLO

L'UOMO DAL FIORE IN BOCCA

a cura di Gerardo Mastrullo

introduzione di Luigi Lunari

...Guardi, qua, sotto questo baffo... qua, vede che bel tubero violaceo? La morte, capisce? è passata. M'ha ficcato questo **fiore in bocca**..."

Elisabetta Merigo

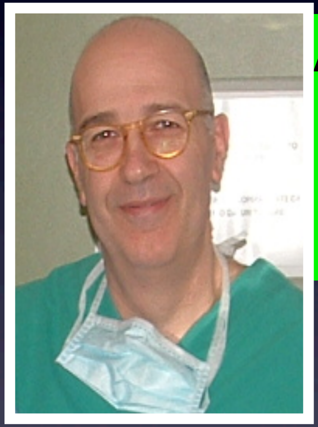
Maddalena Manfredi

Paolo Vescovi

Marco Meleti

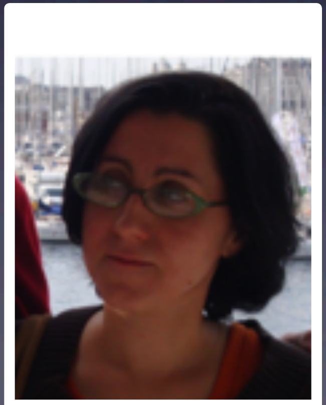
AMBULATORIO DI PATOLOGIA E CHIRURGIA ORALE LASER-ASSISTITA

Polo di Odontostomatologia
Azienda Ospedaliero-Universitaria di Parma

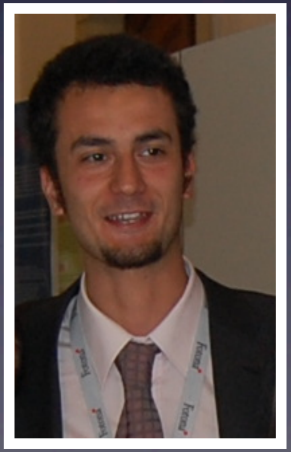


Carlo Fornaini

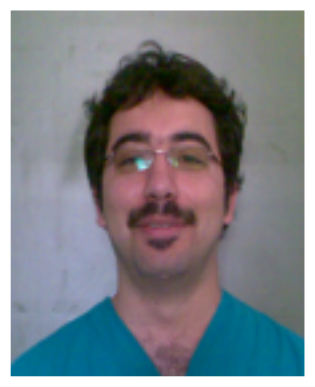
Luigi Corcione



Tamara Simonazzi



Giovanni Mergoni



Amin Sarraj

MASTER DI SECONDO LIVELLO IN

CHIRURGIA E PATOLOGIA ORALE

paolo.vescovi@unipr.it,

EU EMDOLA

EUROPEAN MASTER DEGREE: ORAL LASER APPLICATIONS

MASTER DI SECONDO LIVELLO IN CHIRURGIA E PATOLOGIA ORALE

GRAZIE PER L'ATTENZIONE !

paolo.vescovi@unipr.it,