Corsi Omceo Parma

MARTEDÌ DELL'ORDINE: DIAGNOSI, PREVENZIONE E TERAPIA DEL CARCINOMA ORALE

ORDINE DEI MEDICI CHIRURGHI E DEGLI ODONTOIATRI DELLA PROVINCIA DI PARMA

arco Meleti, DDS, PhD

Professore a Contratto 2008 – 2013

Leucoplachia ed eritroplachia

Ambulatorio di Patologia Orale e Chirurgia Orale Laser
Master in Chirurgia e Patologia Orale
European Master Degree on Oral Laser Applications (EMDOLA)
Direttore: Prof. Paolo Vescovi

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero - Universitaria di Parma

Centro Universitario di Odontoiatria – Università di Parm
Dir. Prof. Mauro Bonanini

Azienda Ospedaliero-Universitaria di Parma
Dipartimento Testa/Collo – Dir. Prof. Silvia Pizz

Tassonomia

~~“LESIONE PREMALIGNA”~~

~~“PRECANCEROSI”~~

→ “POTENZIALMENTE MALIGNA”

~~“LESIONI”~~

~~“CONDIZIONI”~~

→ “DISORDINI”

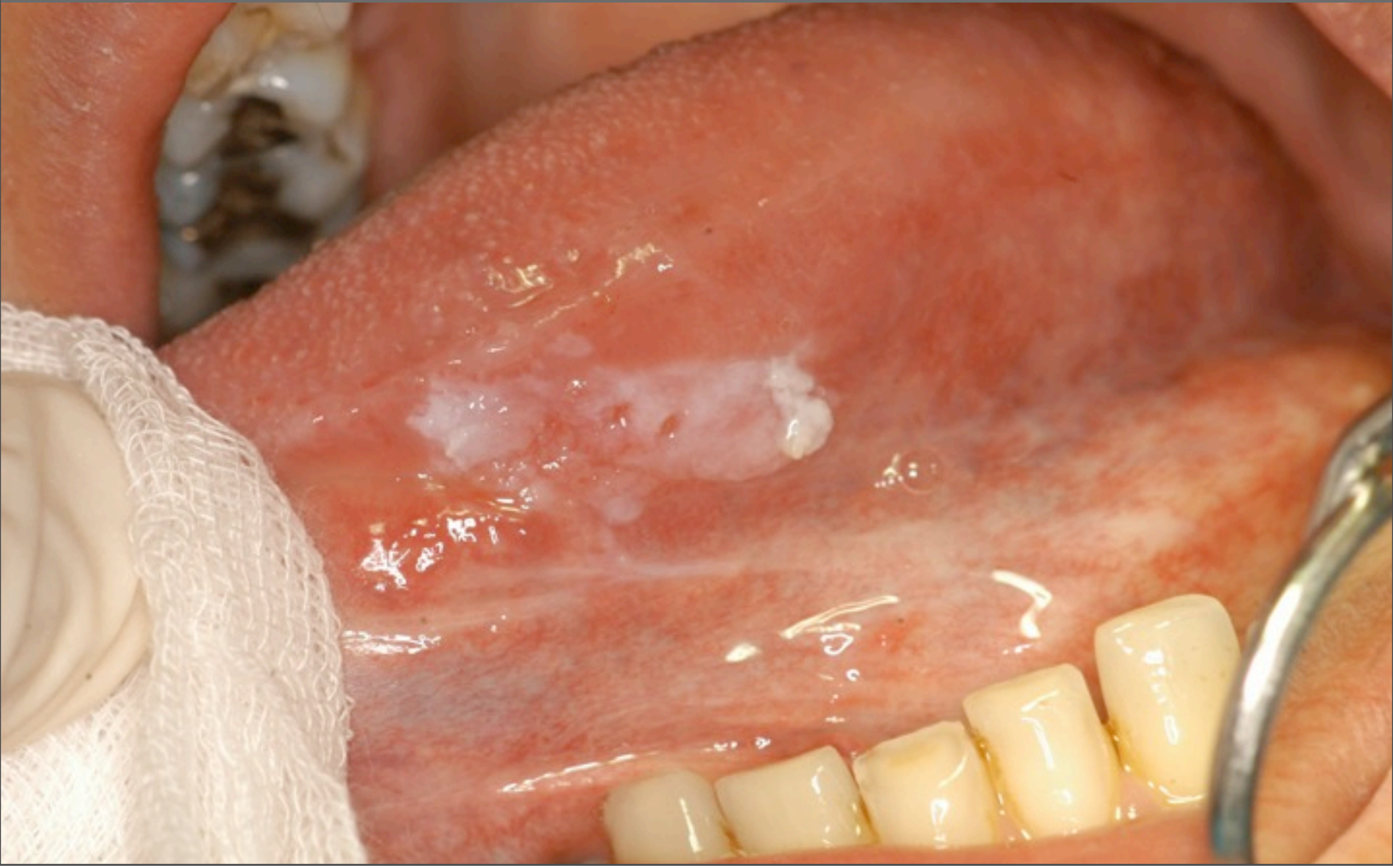
“DISORDINI POTENZIALMENTE MALIGN

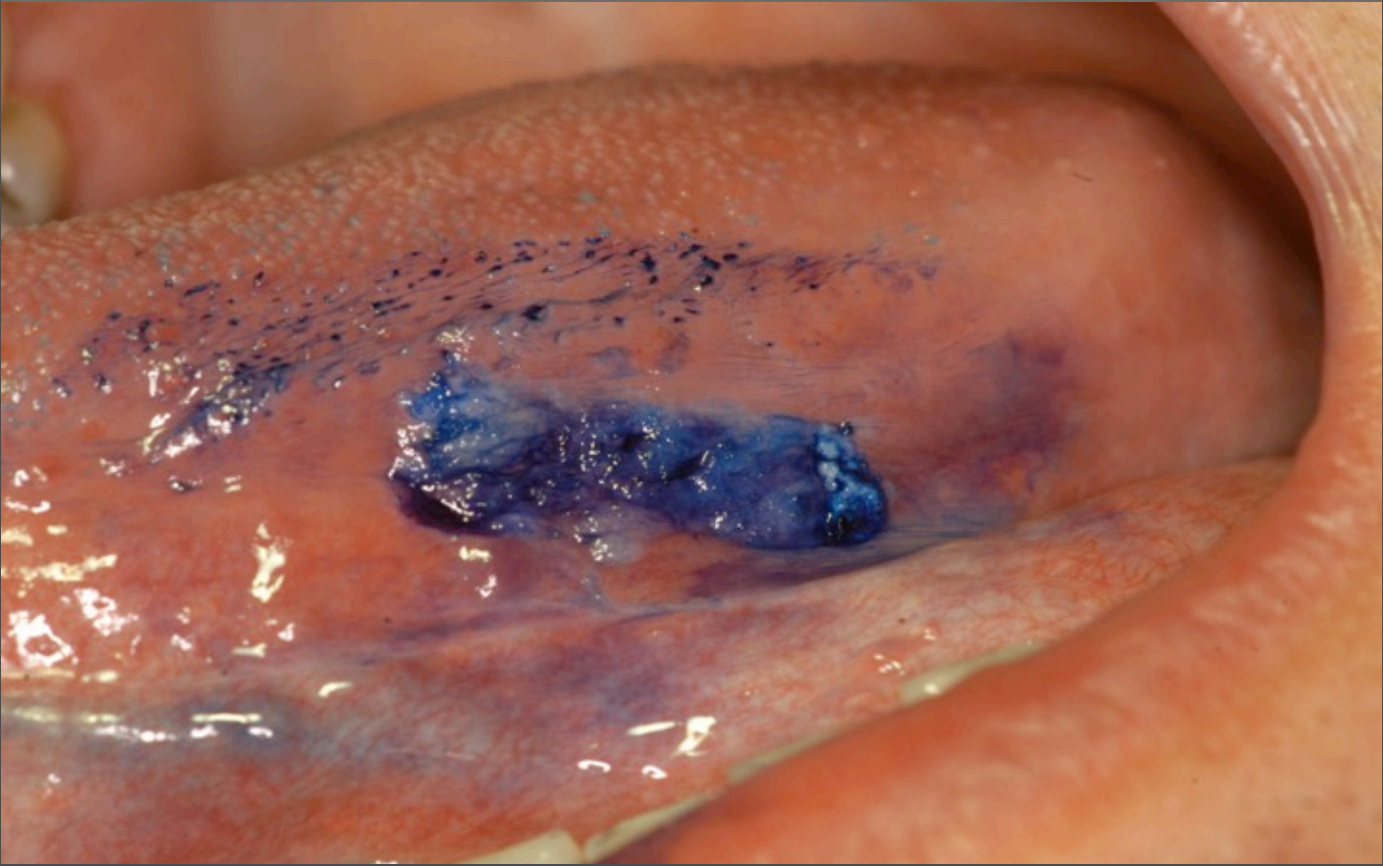
Warnakulasuriya S, Newell W, Johnson I, van der Waal I.
Nomenclature and classification of potentially malignant disorders of the oral mucosa.
J Oral Pathol Med 2007; 36:575–80

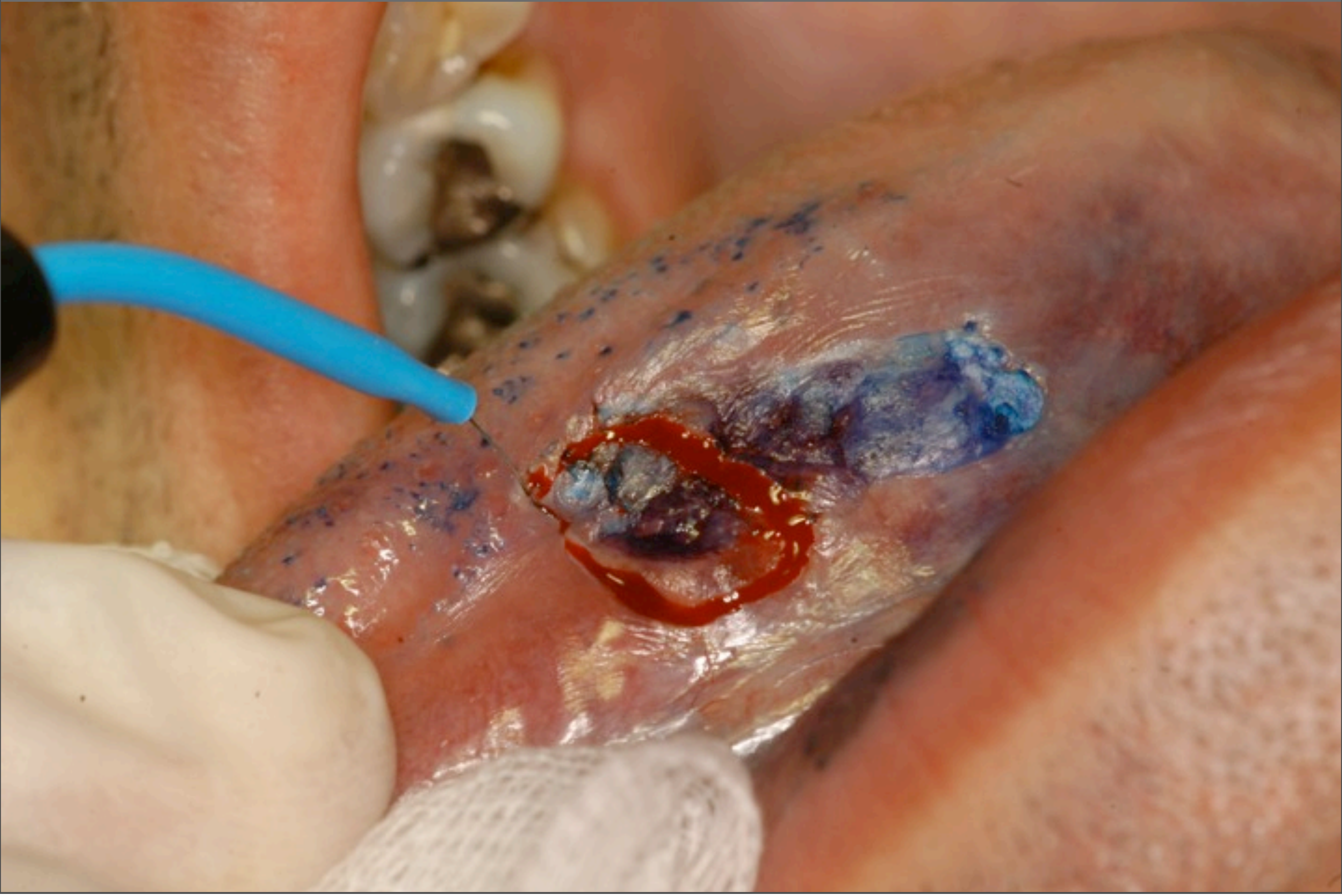
Disordini potenzialmente maligni del cavo orale

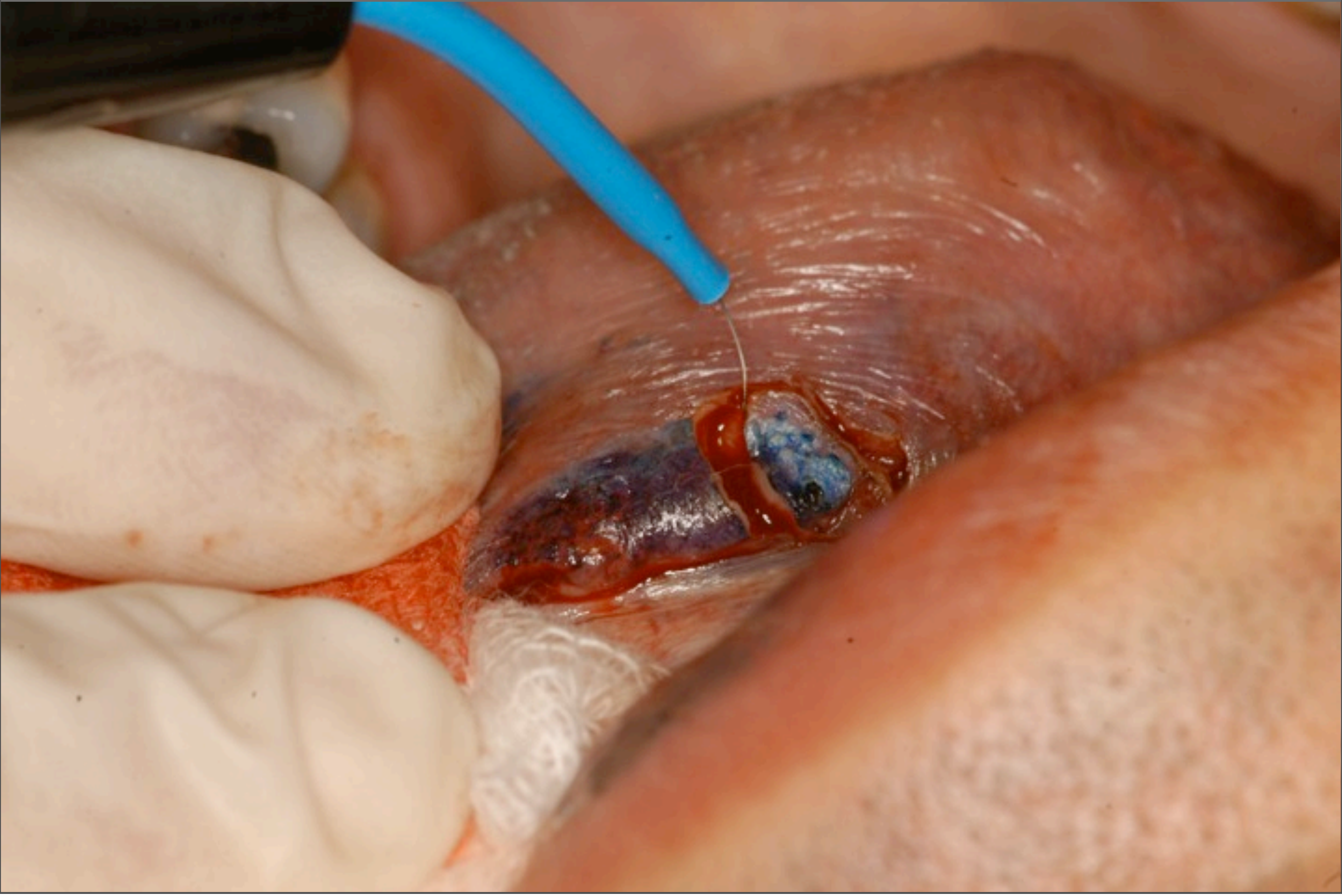
"Una lesione che comporta un maggior rischio di trasformazione maligna rispetto alla mucosa orale

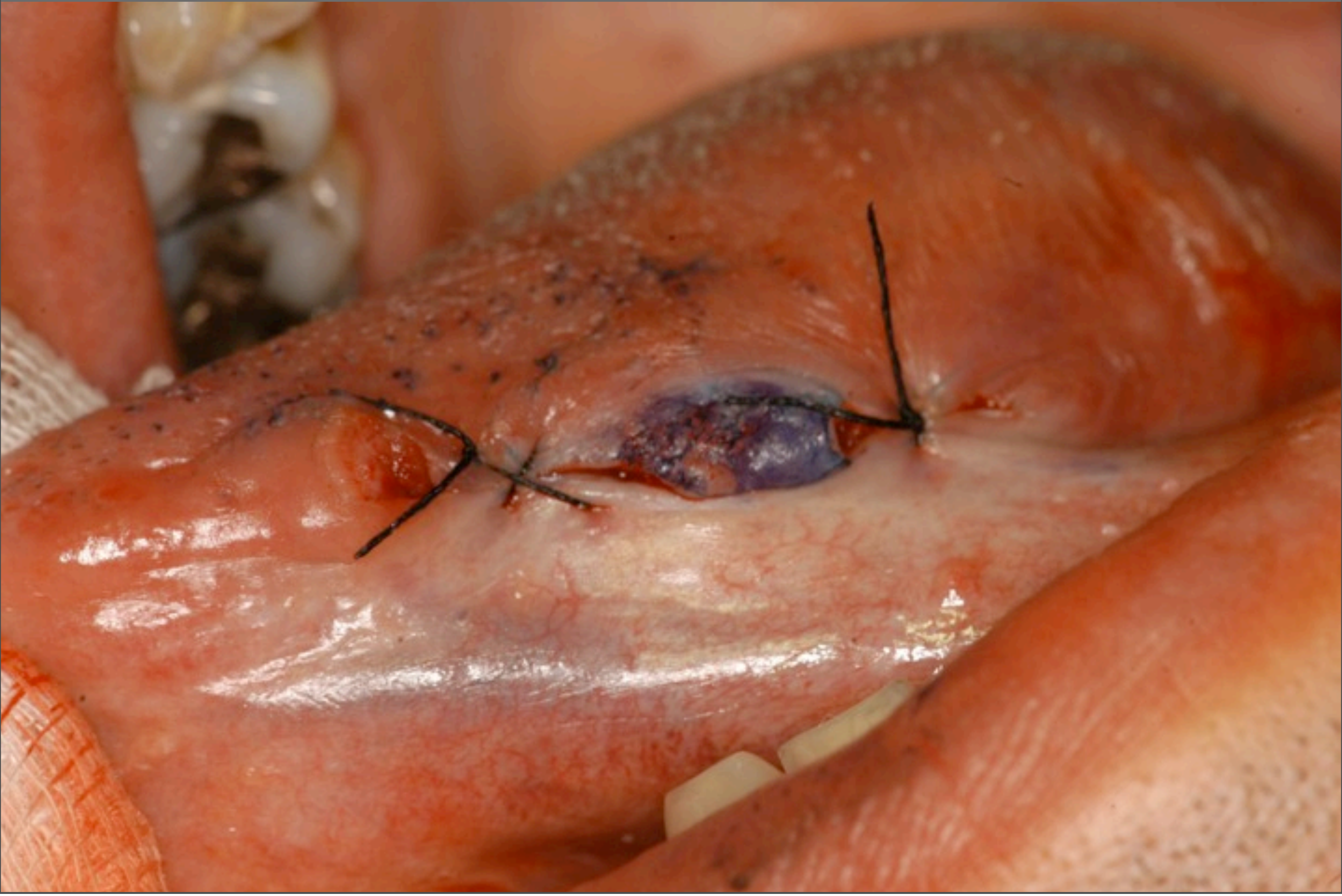
- Leucoplachia
- Eritroplachia
- Lichen planus orale
- Fibrosi sottomucosa

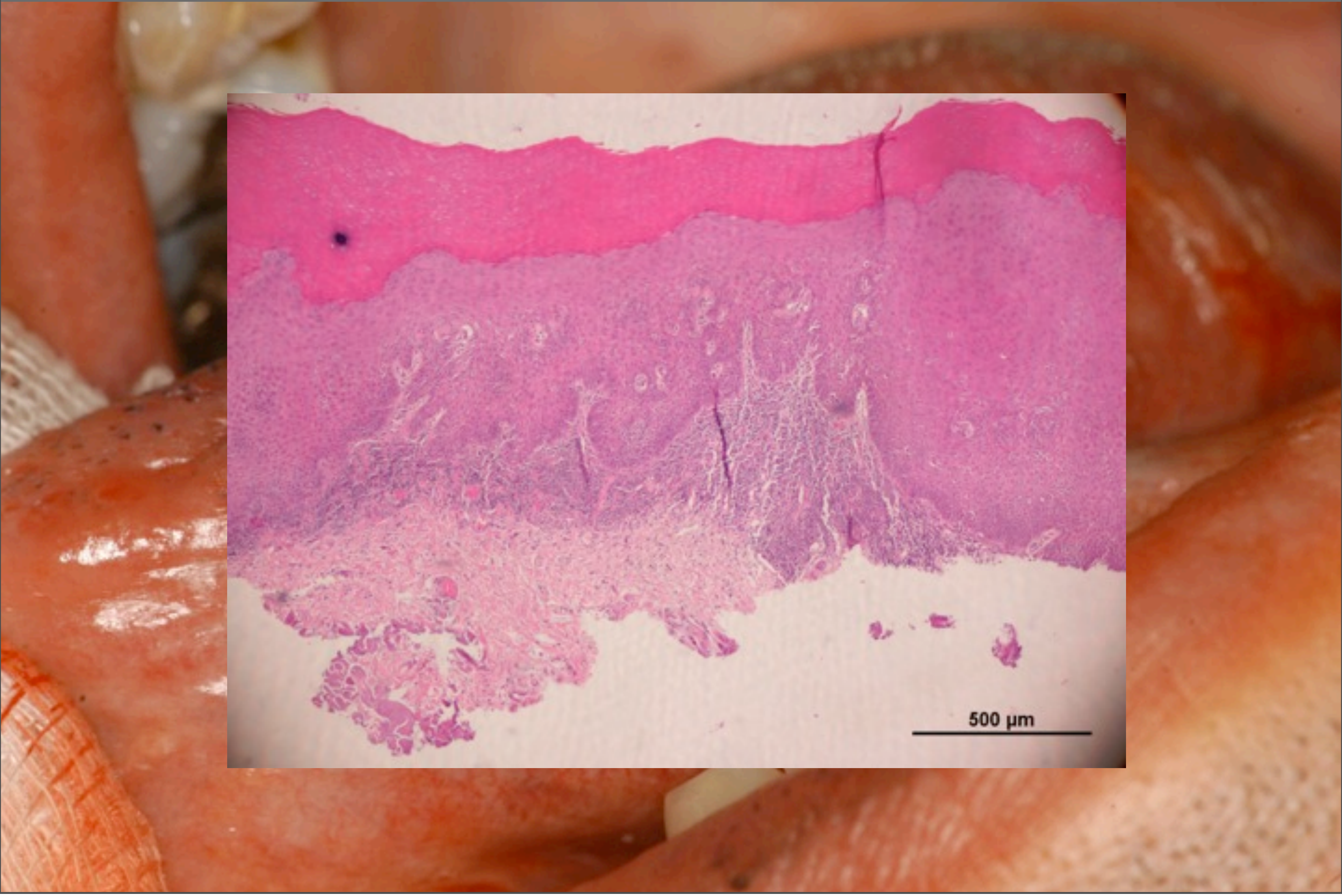




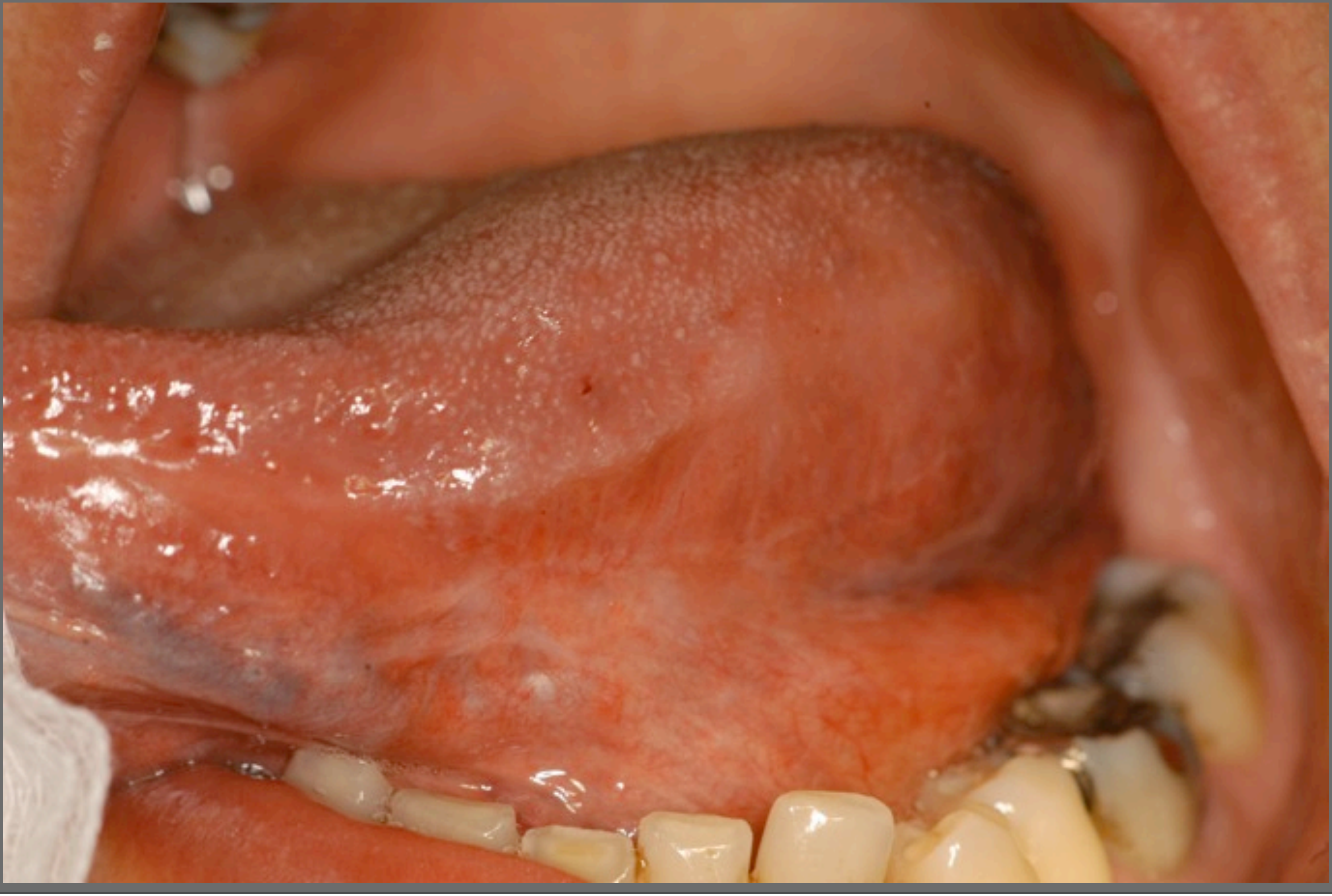







500 µm

24 mesi dopo



Leucoplachia – Definizione

WHO Collaborating Centre of Oral Cancer and

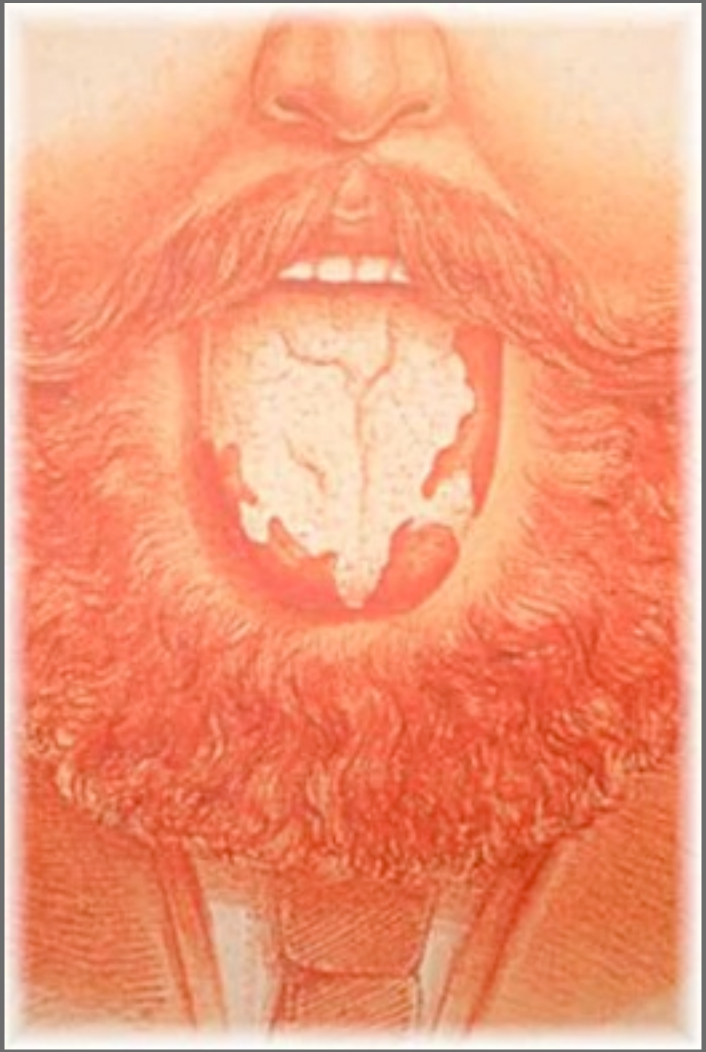
Il termine **leucoplachia** dovrebbe essere utilizzato per indicare

“Una placca bianca “a rischio” di trasformazione, dopo aver escluso (altre) patologie conosciute o disordini non caratterizzati da un aumentata probabilità di progressione maligna”

Warnakulasuriya S, Newell W, Johnson I, van der Waal I.
Nomenclature and classification of potentially malignant disorders of the oral mucosa.
J Oral Pathol Med 2007; 36:575–80

(QUASI) NULLA E’ CAMBIATO IN 135

“Prima ipotesi di correlazione tra le placche bianche della lingua osservate prima dello sviluppo di un



Schwimmer E. Die Idiopathischen Schleimhautplaques der Mundhohle (Leukoplaki
Arch. Dermat Syph 9:611-570, 1877

(QUASI) NULLA E’ CAMBIATO IN 135

(QUASI) NULLA E' CAMBIATO IN 135

voda IT
09.30
10%
Giovedì
14
Calendario
Messaggi
Immagini
Foto
YouTube
Borsa
280
Mappe
23°
Meteo
Note
Memo vocali
Calcolatrice
Orologio
Impostazioni
iTunes
3
App Store
Bussola
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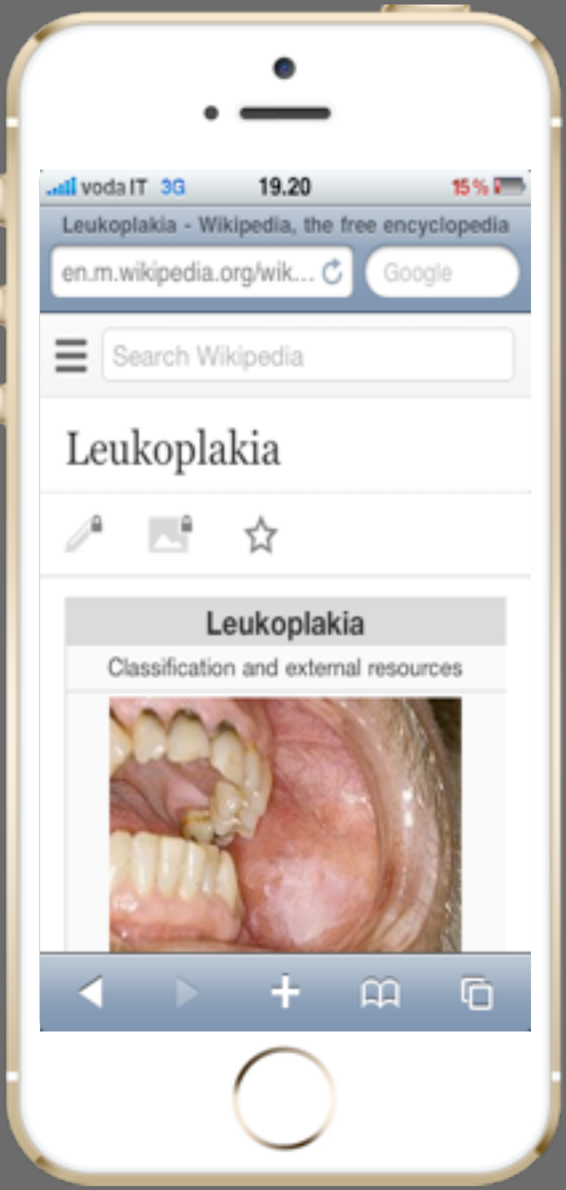
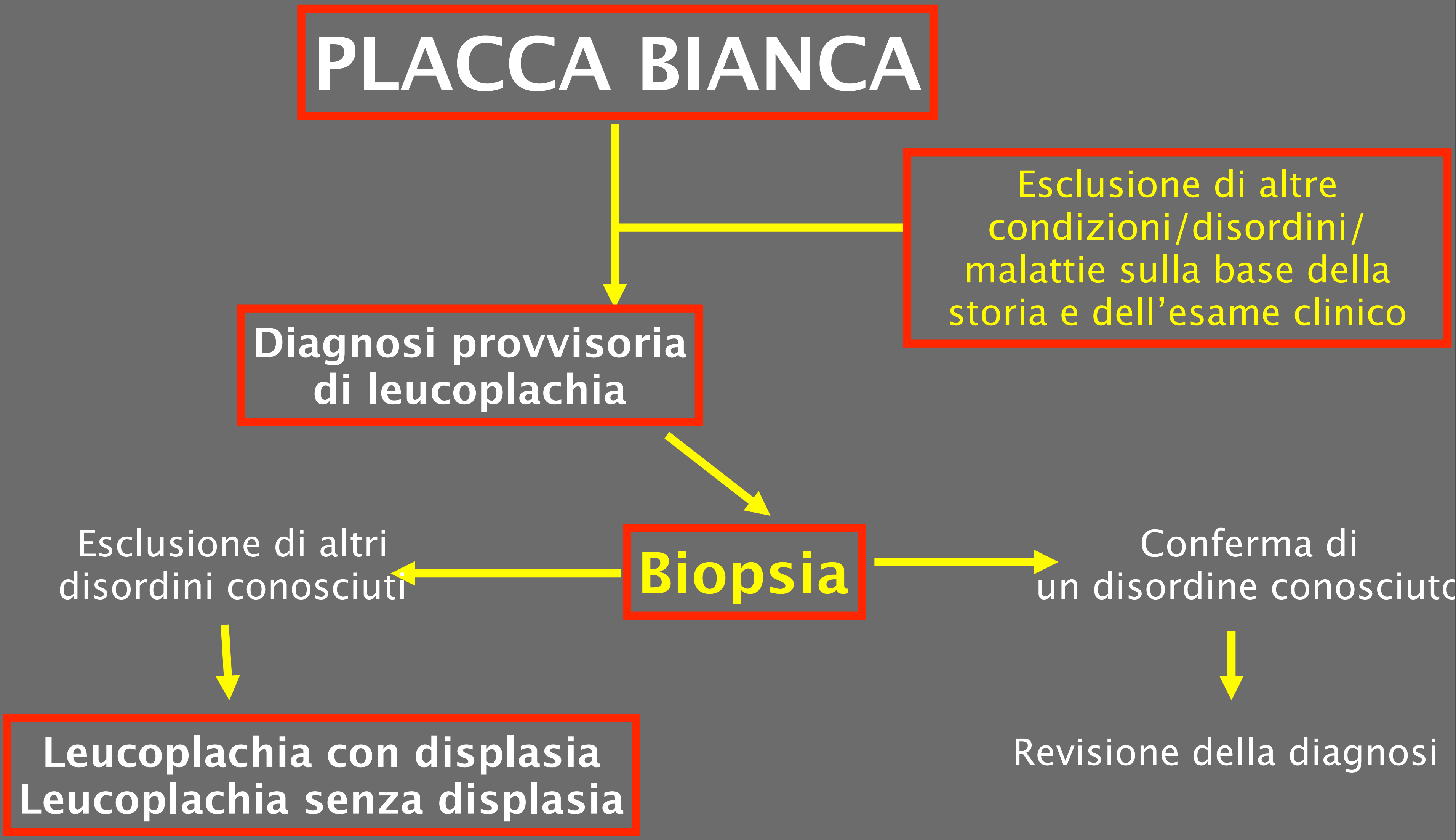
Safari
Telefono
Mail
iPod

(QUASI) NULLA E’ CAMBIATO IN 135


voda IT 3G
19.20
15 %
Leukoplakia - Wikipedia, the free encyclopedia
en.m.wikipedia.org/wik...
Google
Search Wikipedia
Leukoplakia
Leukoplakia
Classification and external resources

Leucoplachia – diagnosi



PLACCA BIANCA

Esclusione di altre condizioni/disordini/ malattie sulla base della storia e dell'esame clinico

Diagnosi provvisoria di leucoplachia

Biopsia

Esclusione di altri disordini conosciuti

Leucoplachia con displasia
Leucoplachia senza displasia

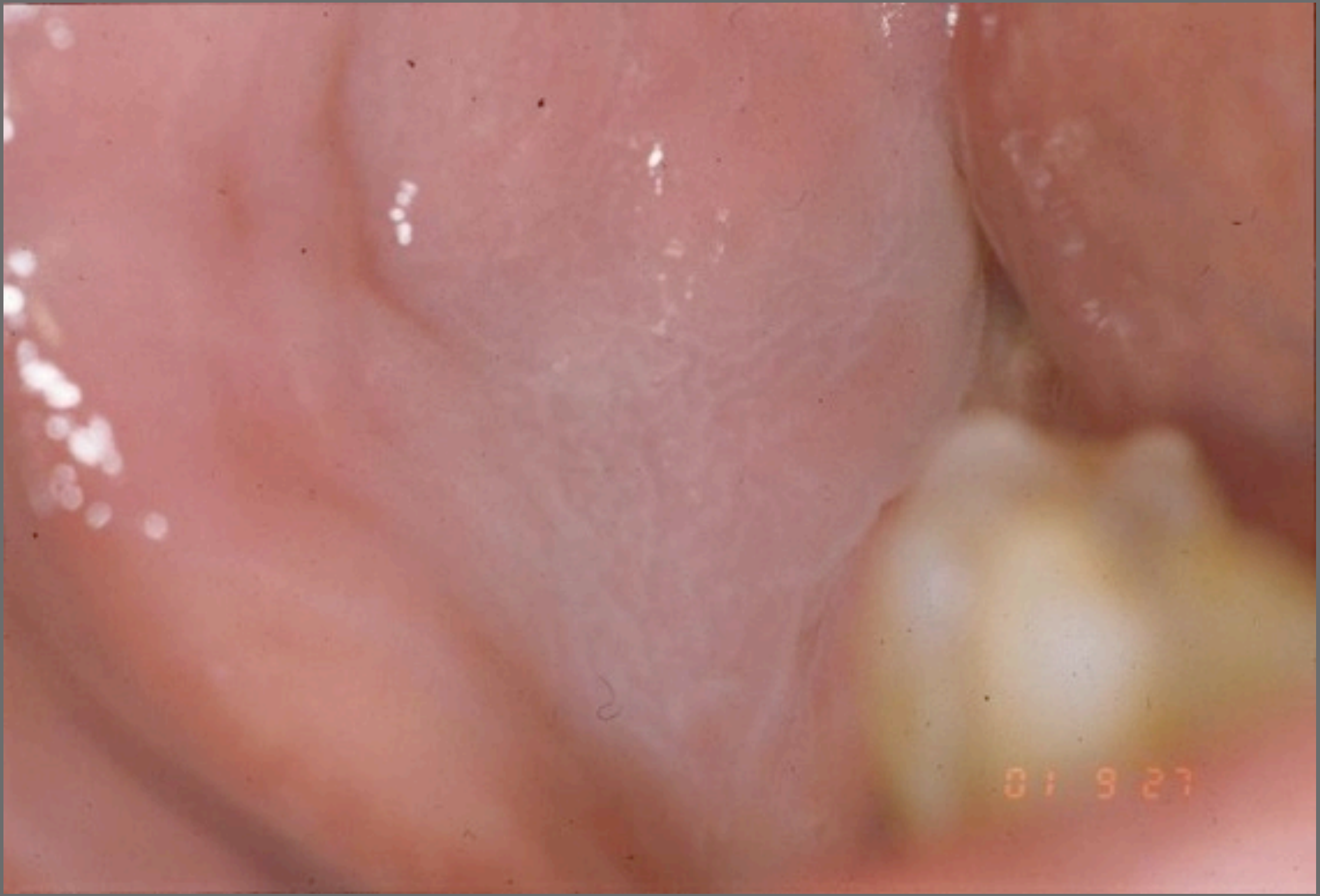
Conferma di un disordine conosciut

Revisione della diagnosi

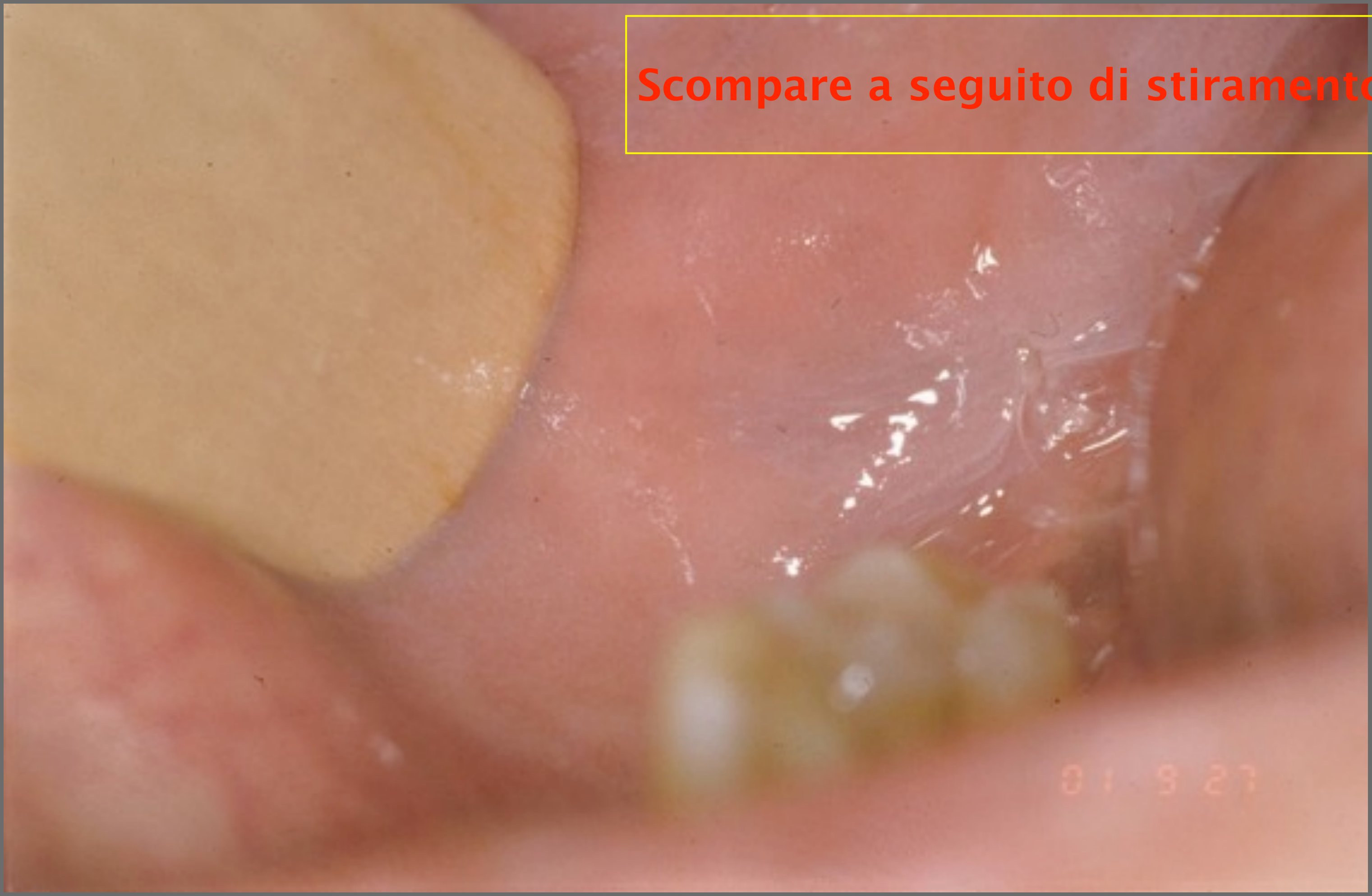
Lesioni bianche benigne (possibilmente) escluse sulla base clinica

- Leucoedema
- Linea alba
- Nevo bianco spongioso
- Morsicatio (“mordicatio” buccarum)
- Palato del fumatore (sin: leucocheratosi nicotinica del palato; stomatite nicotinica)
- Ustione chimica (p.e. aspirina; cocaina)
- (Alcuni) papillomi (ipercheratotici)
- Candidosi pseudomembranosa (anche la variante iperplastica ?)
- Innesti di cute

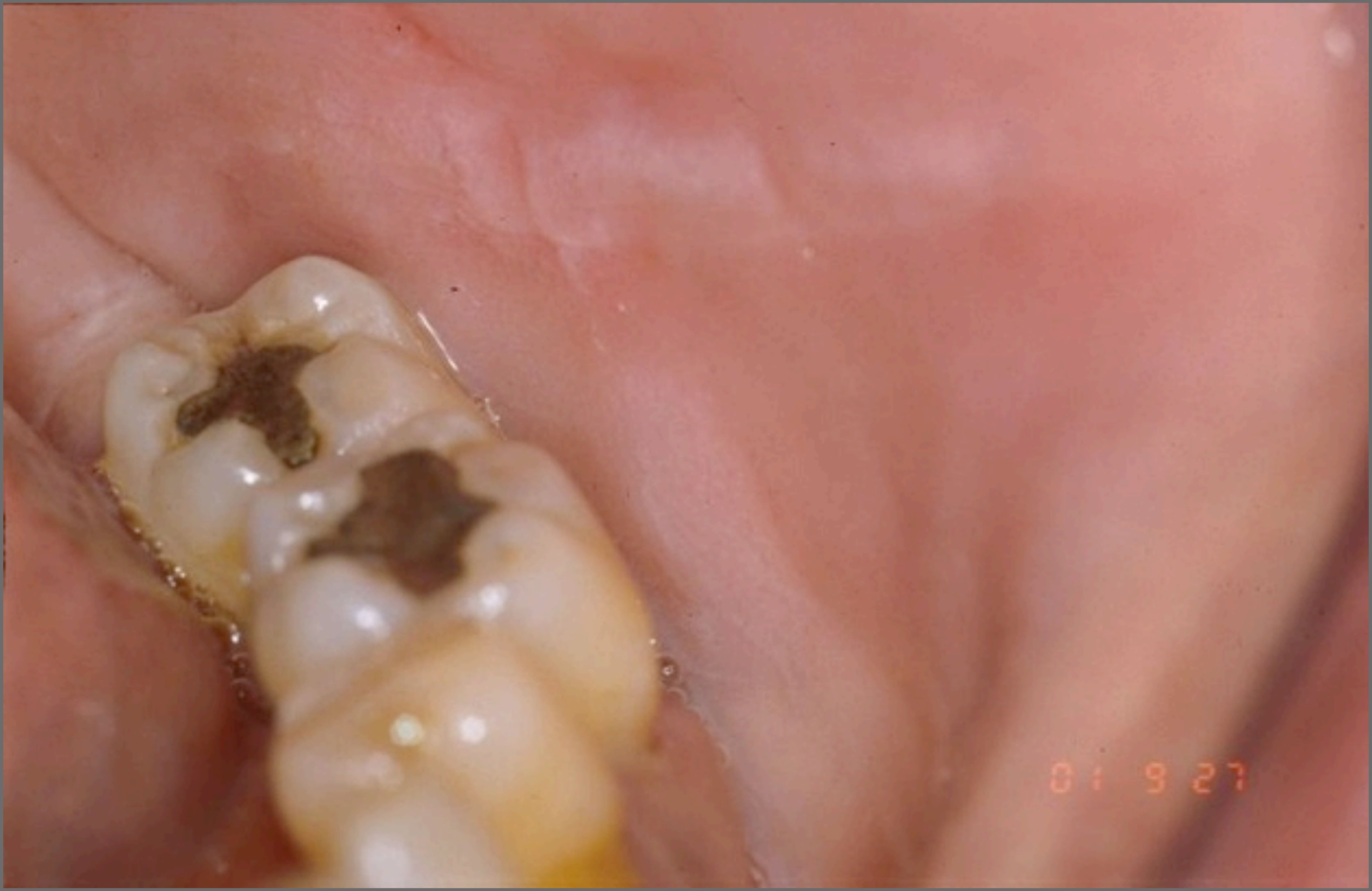
Leucoedema



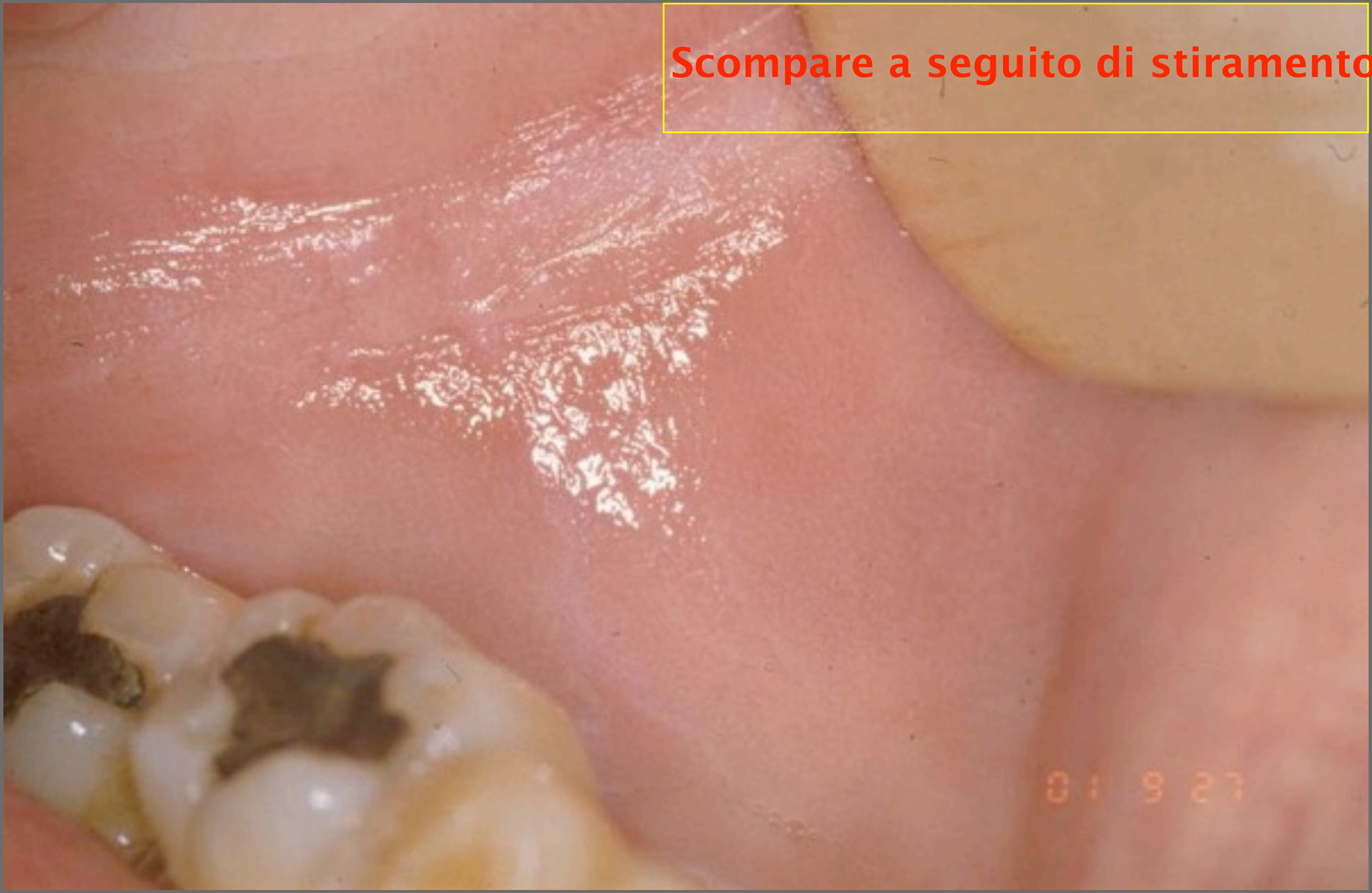
Leucoedema


Scompare a seguito di stiramento

Leucoedema

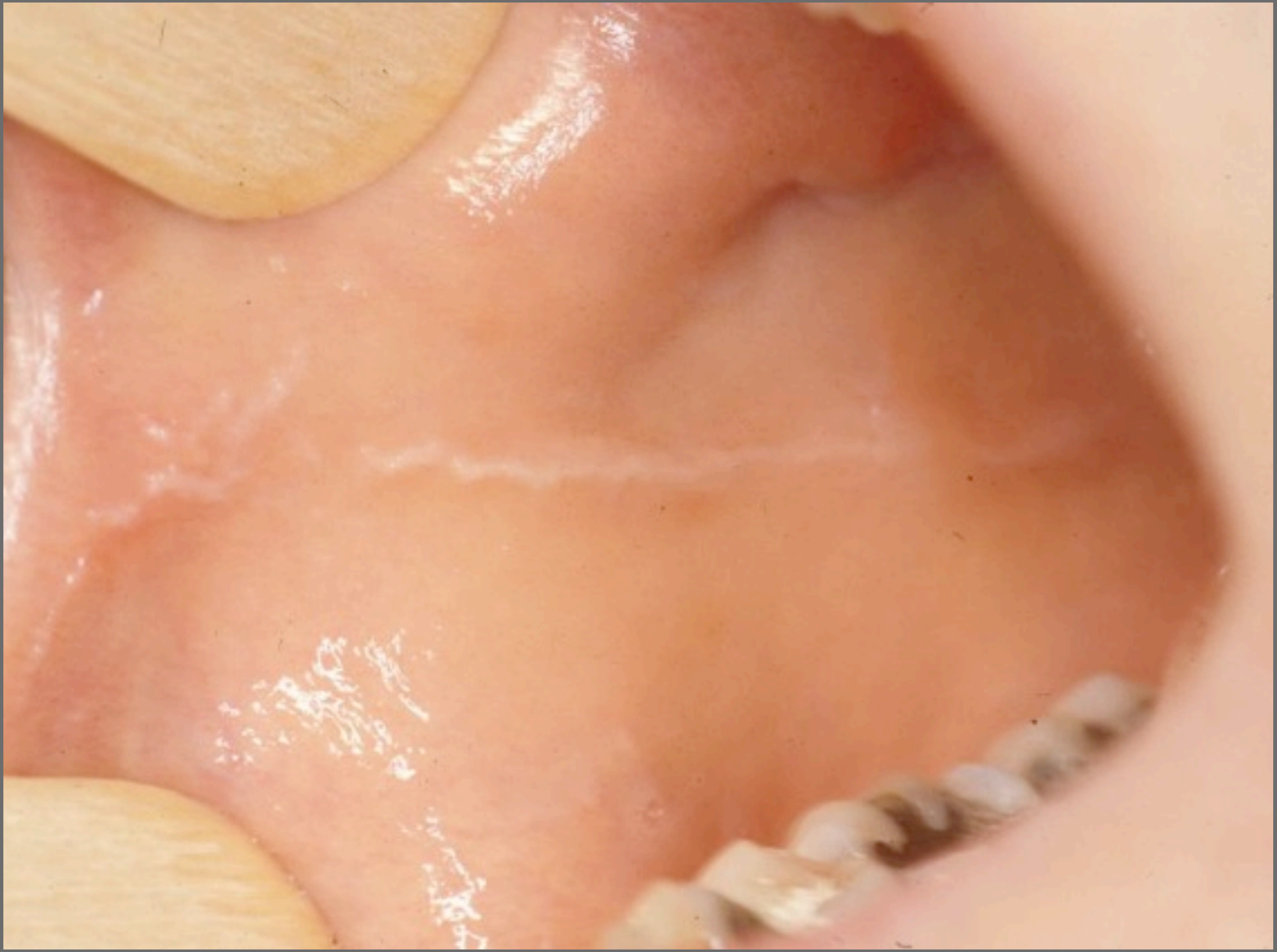


Leucoedema

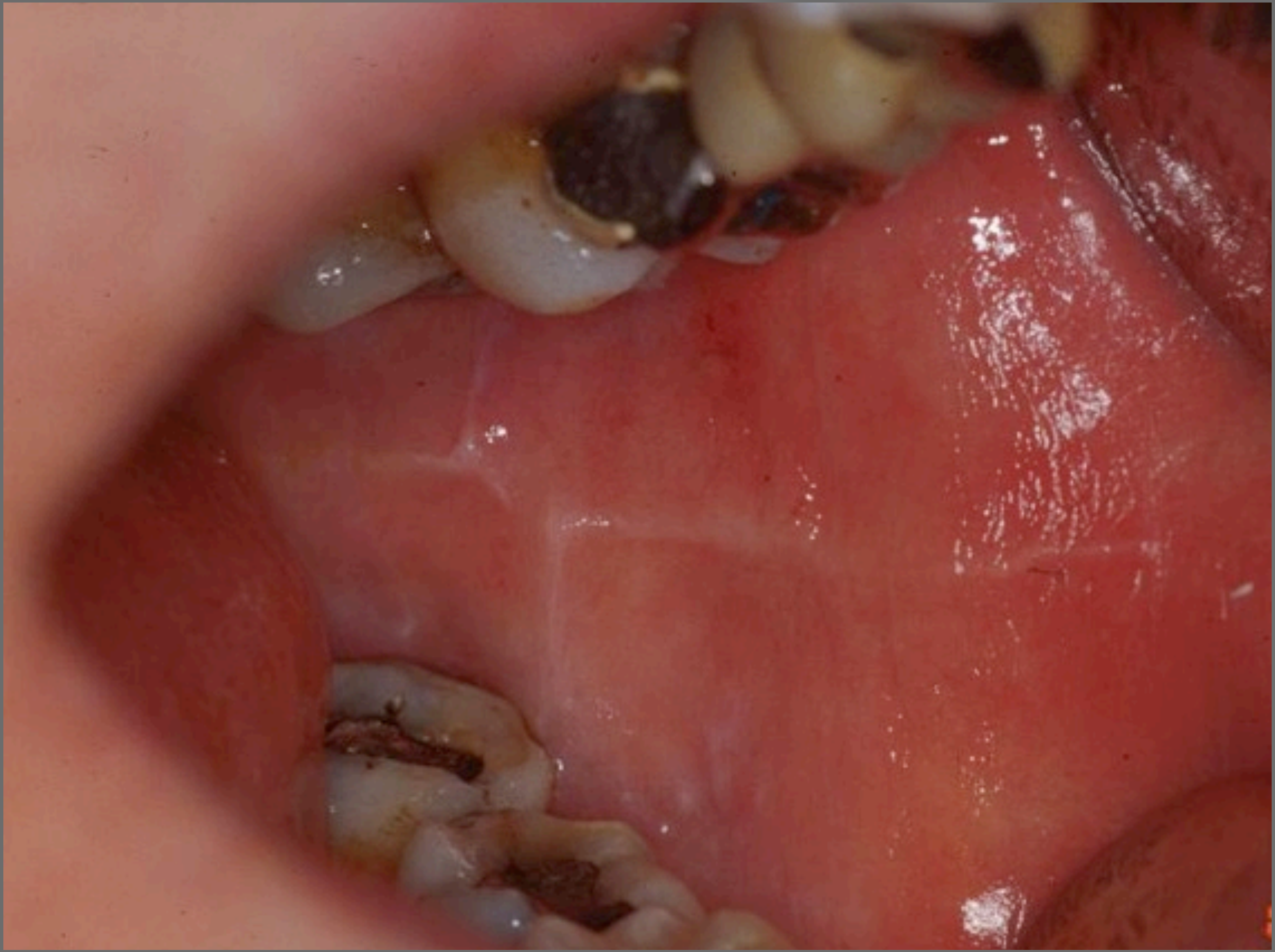


Scompare a seguito di stiramento

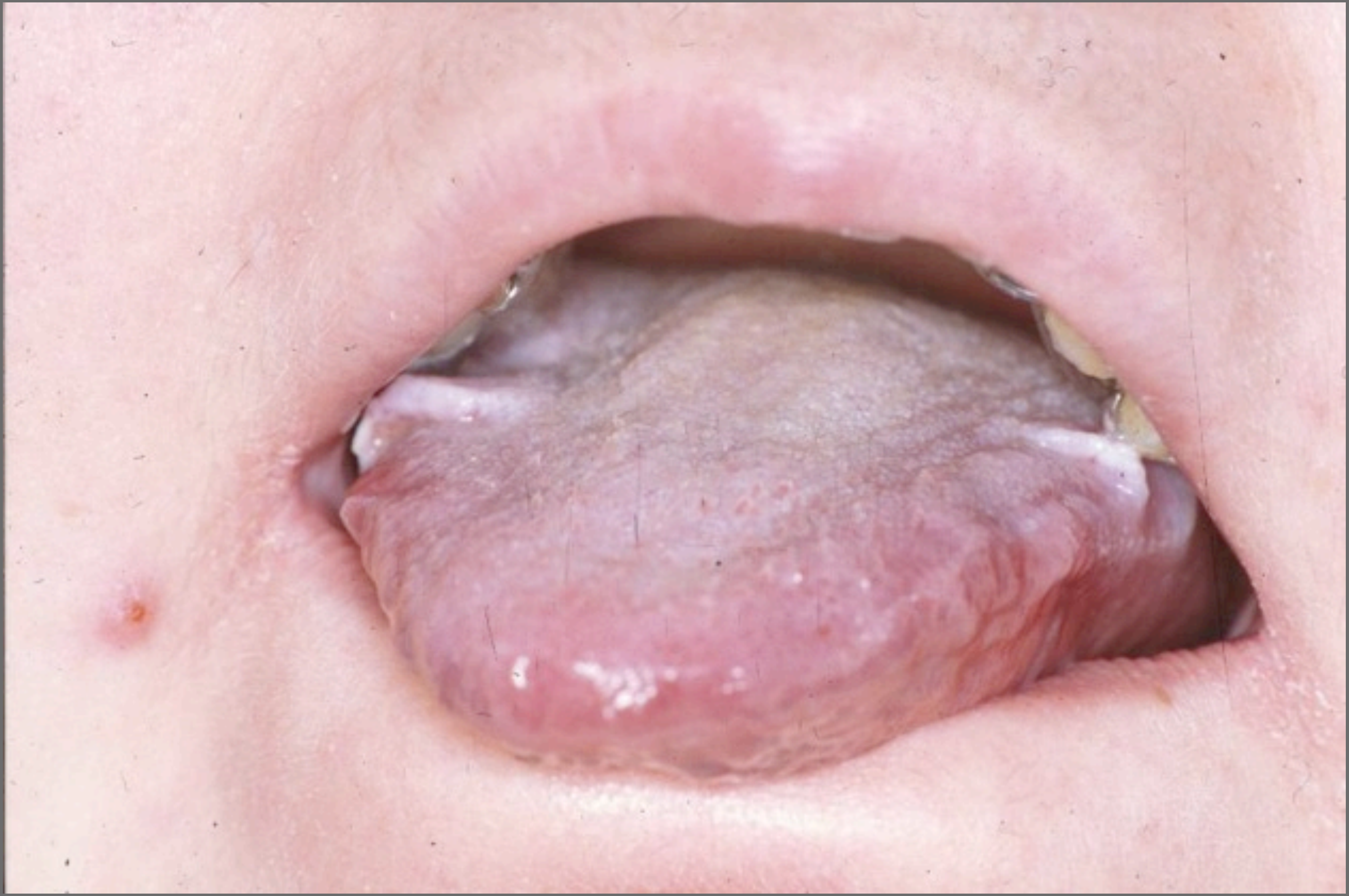
Linea alba



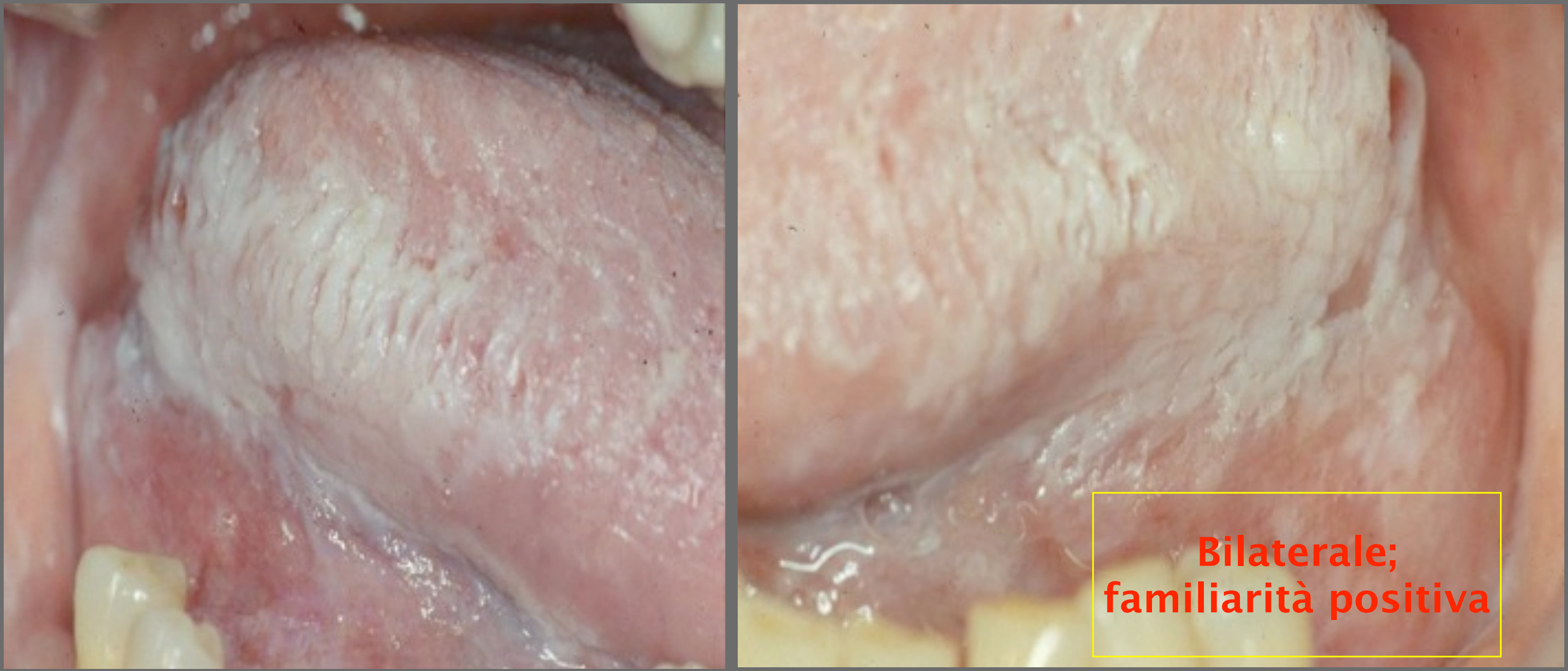
Linea alba



“Lingua Crenata” (linea alba della lingua) (di solito associata a macroglossia)

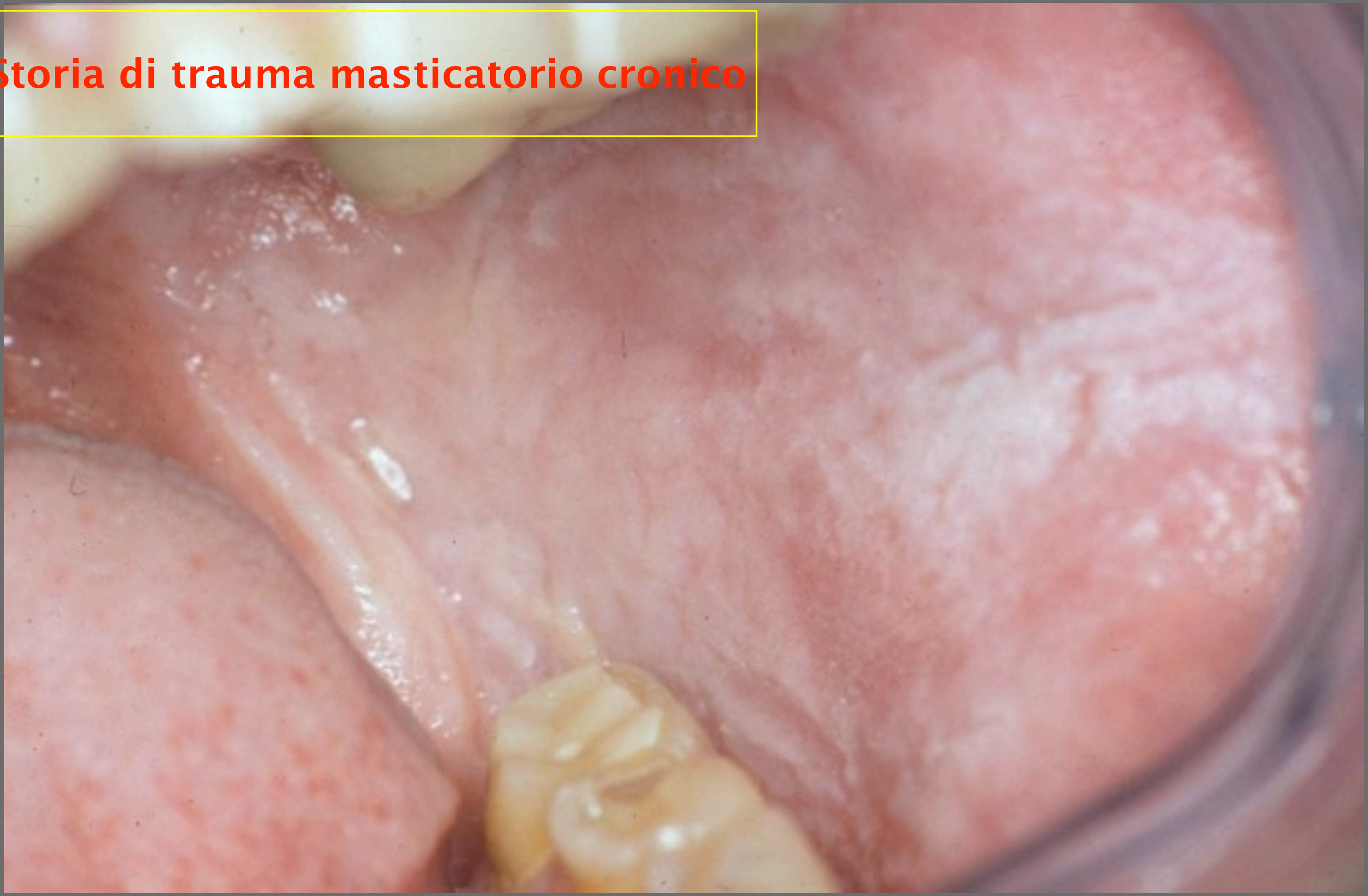


Nevo bianco spongioso



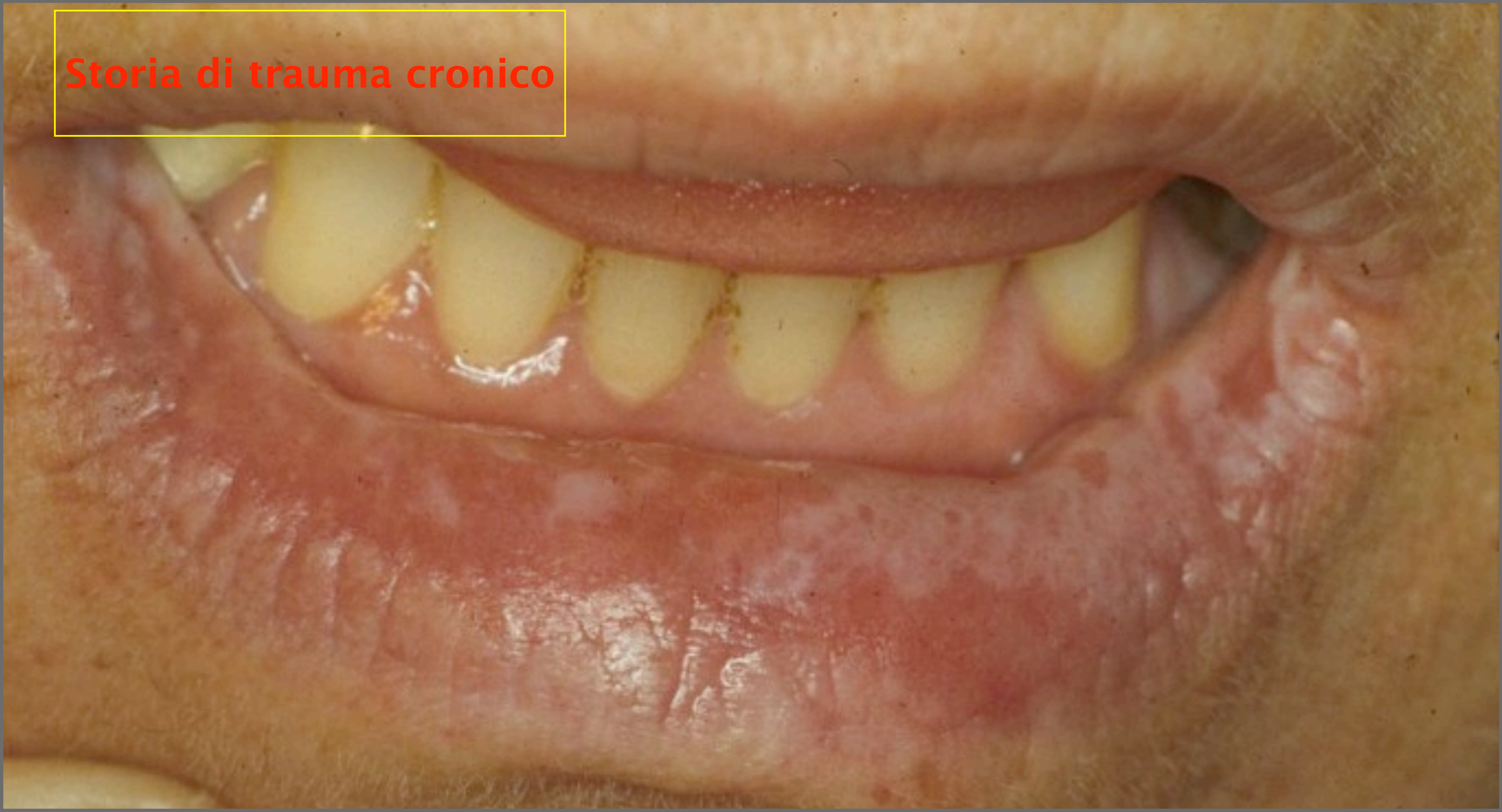
Bilaterale;
familiarità positiva

Morsicatio (“mordicatio”) buccarum (masticazione della mucosa geniena)



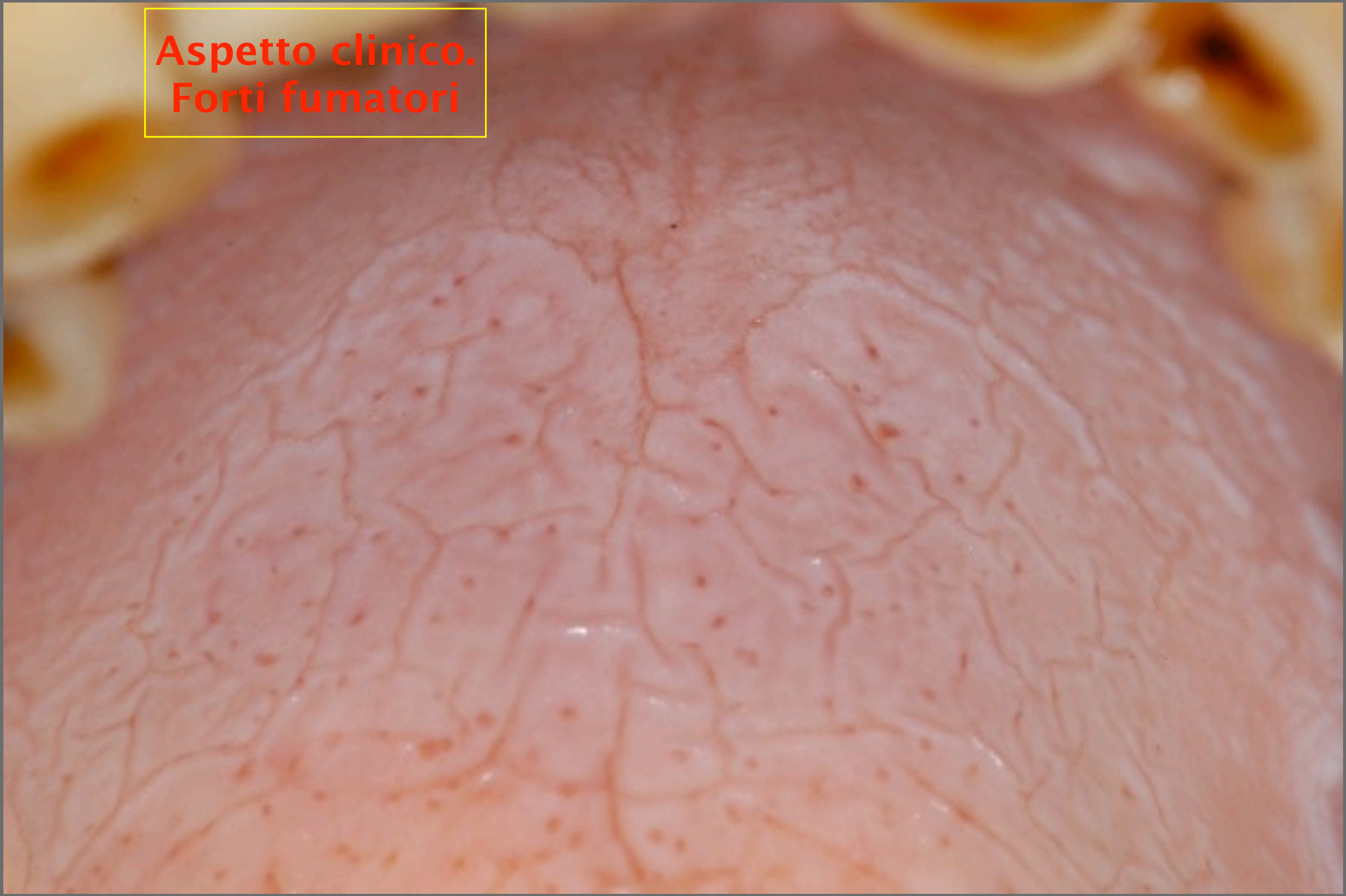
Storia di trauma masticatorio cronico

Morsicatio ("mordicatio") labiorum (lip biting, cheilofagia)



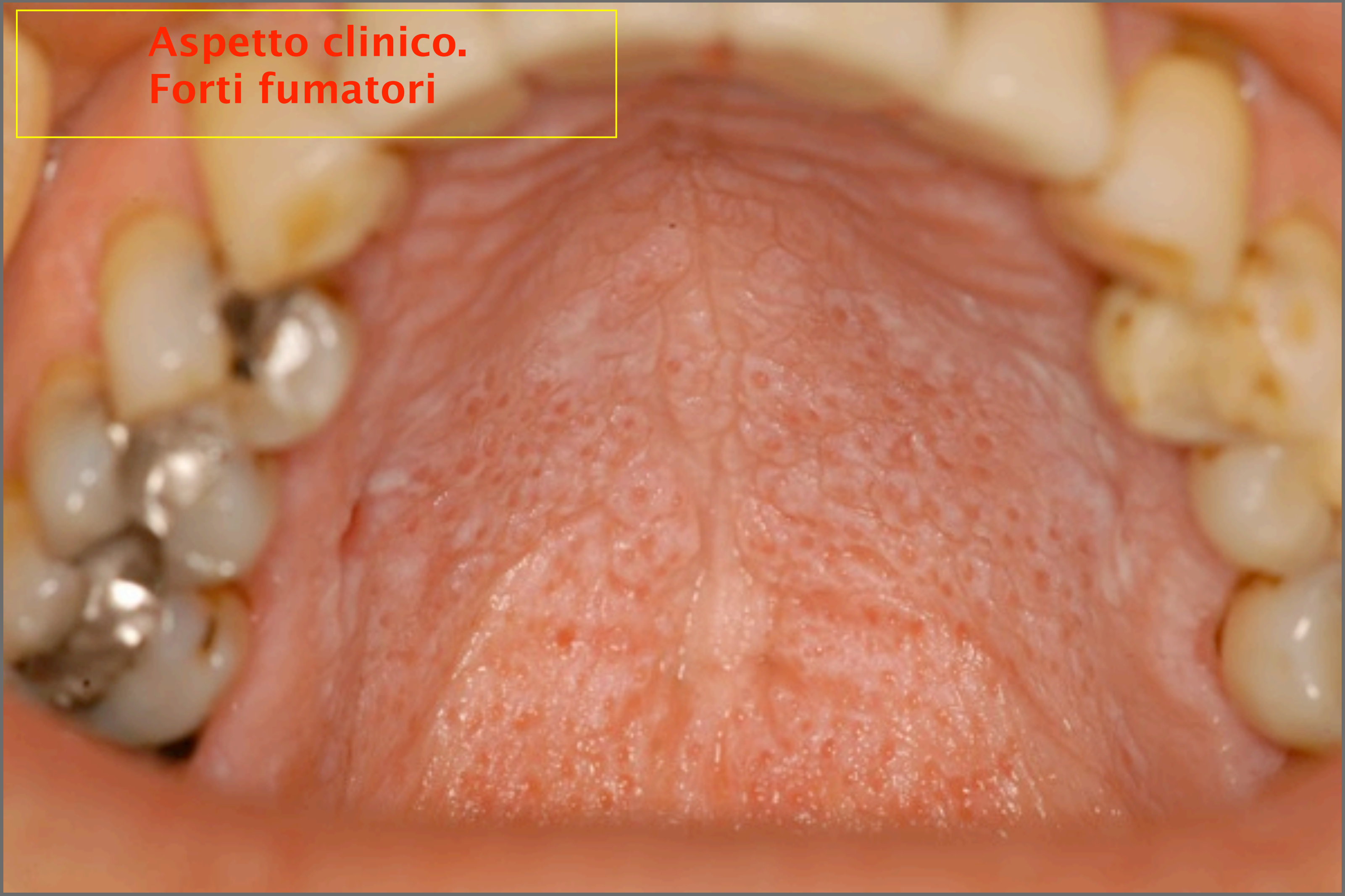
Storia di trauma cronico

Palato del fumatore (Leucocheratosi nicotinica)



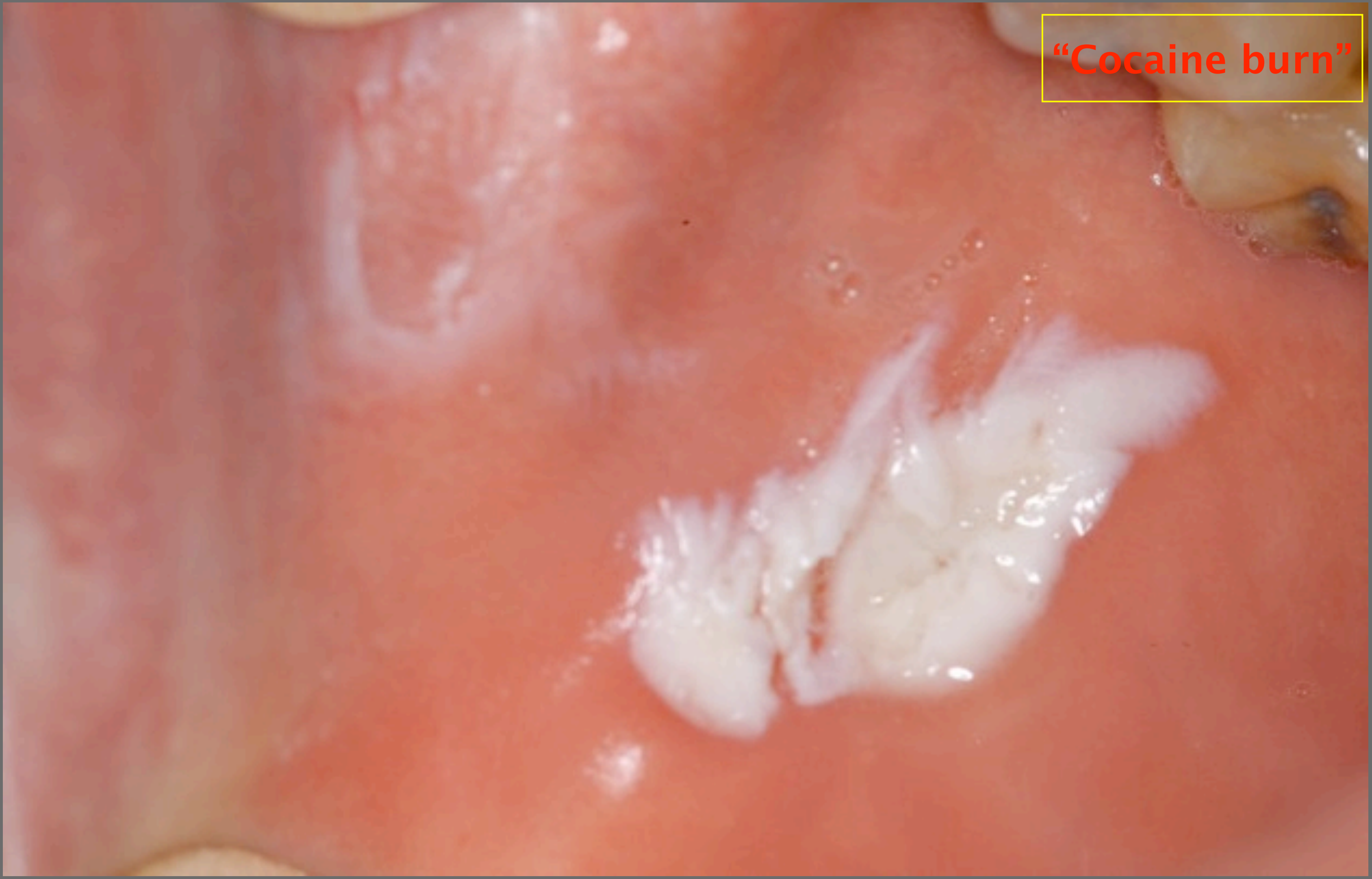
Aspetto clinico.
Forti fumatori

Palato del fumatore (Leucocheratosi nicotinica)



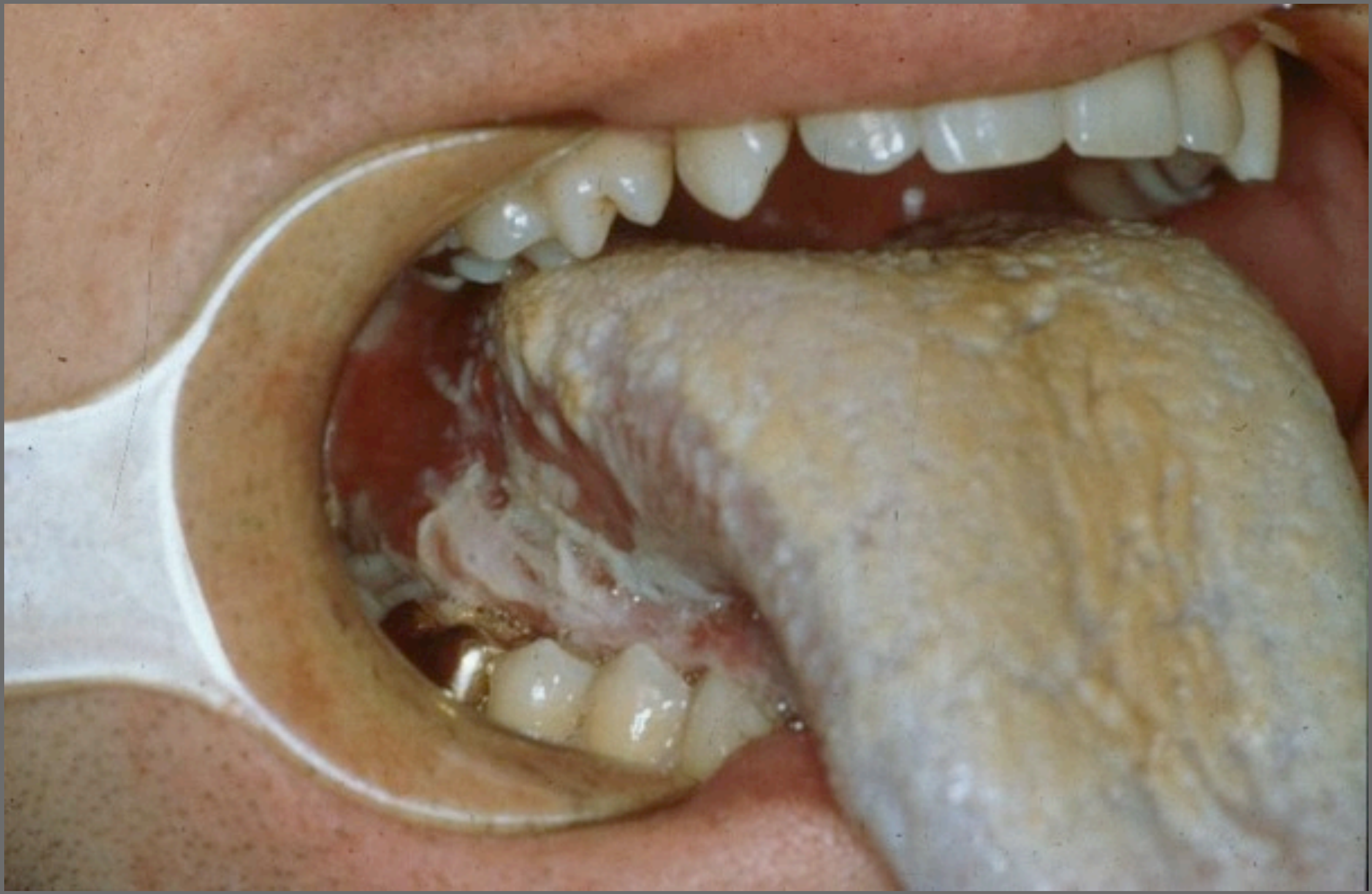
Aspetto clinico.
Forti fumatori

Ustione chimica

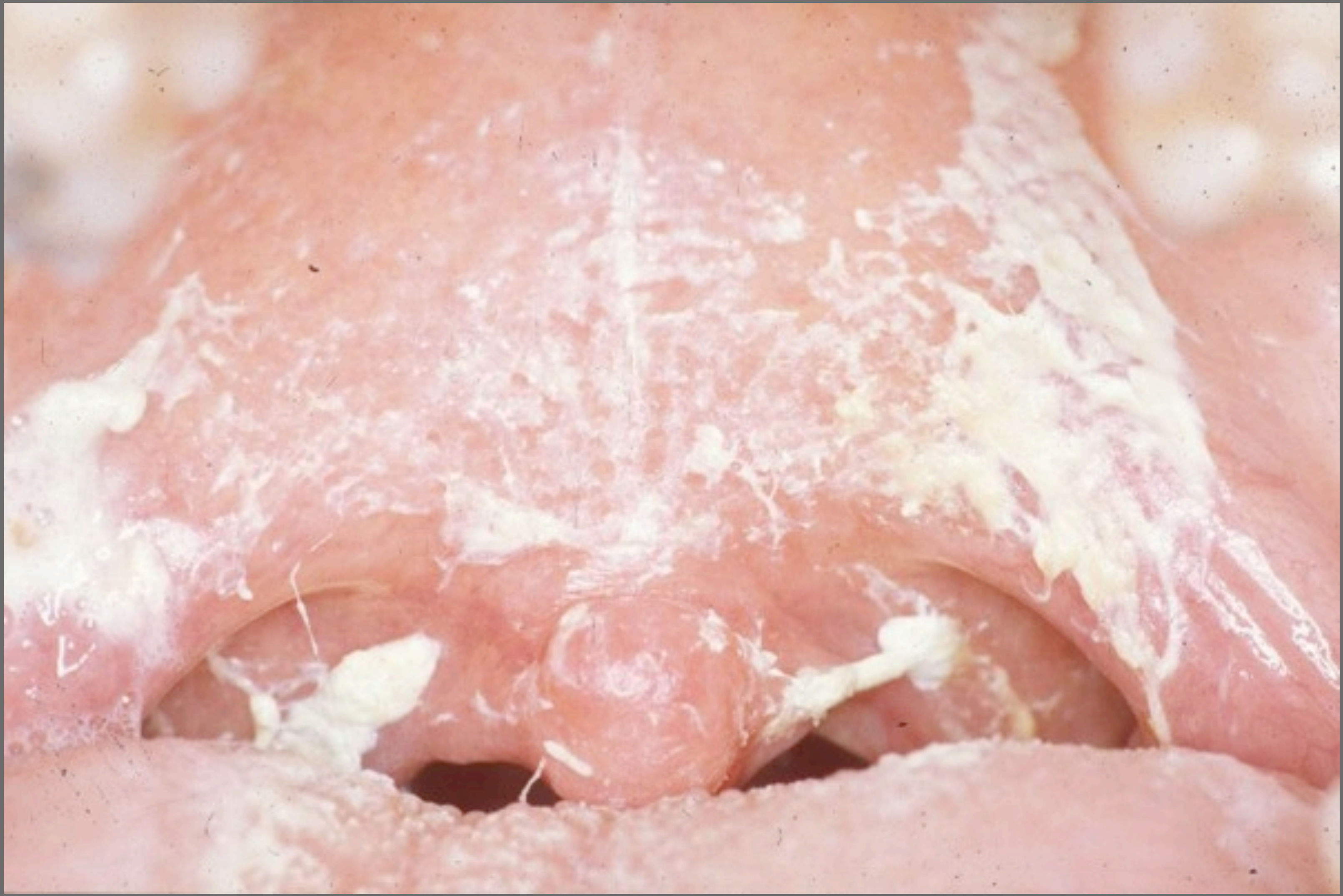


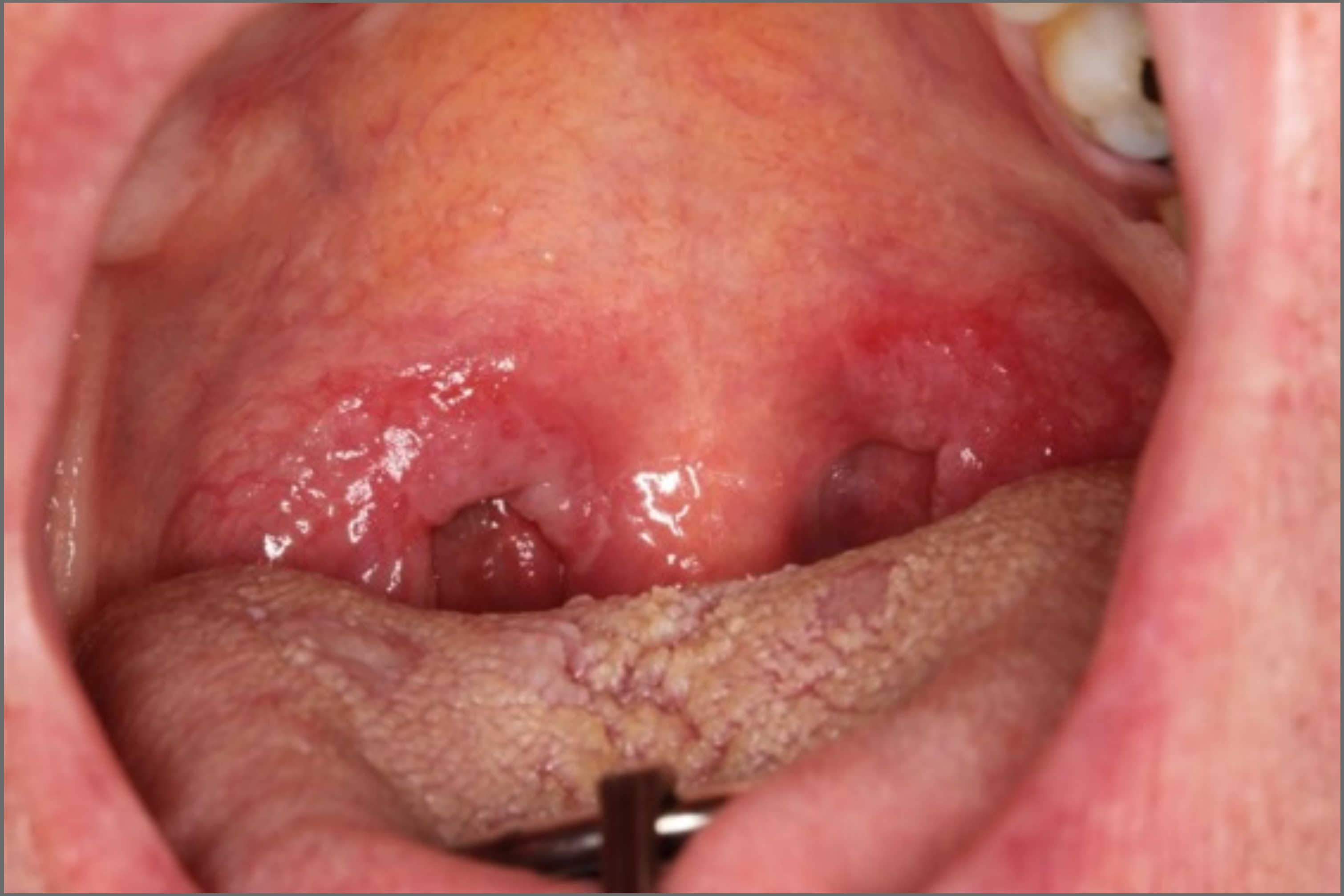
"Cocaine burn"

Candidosi

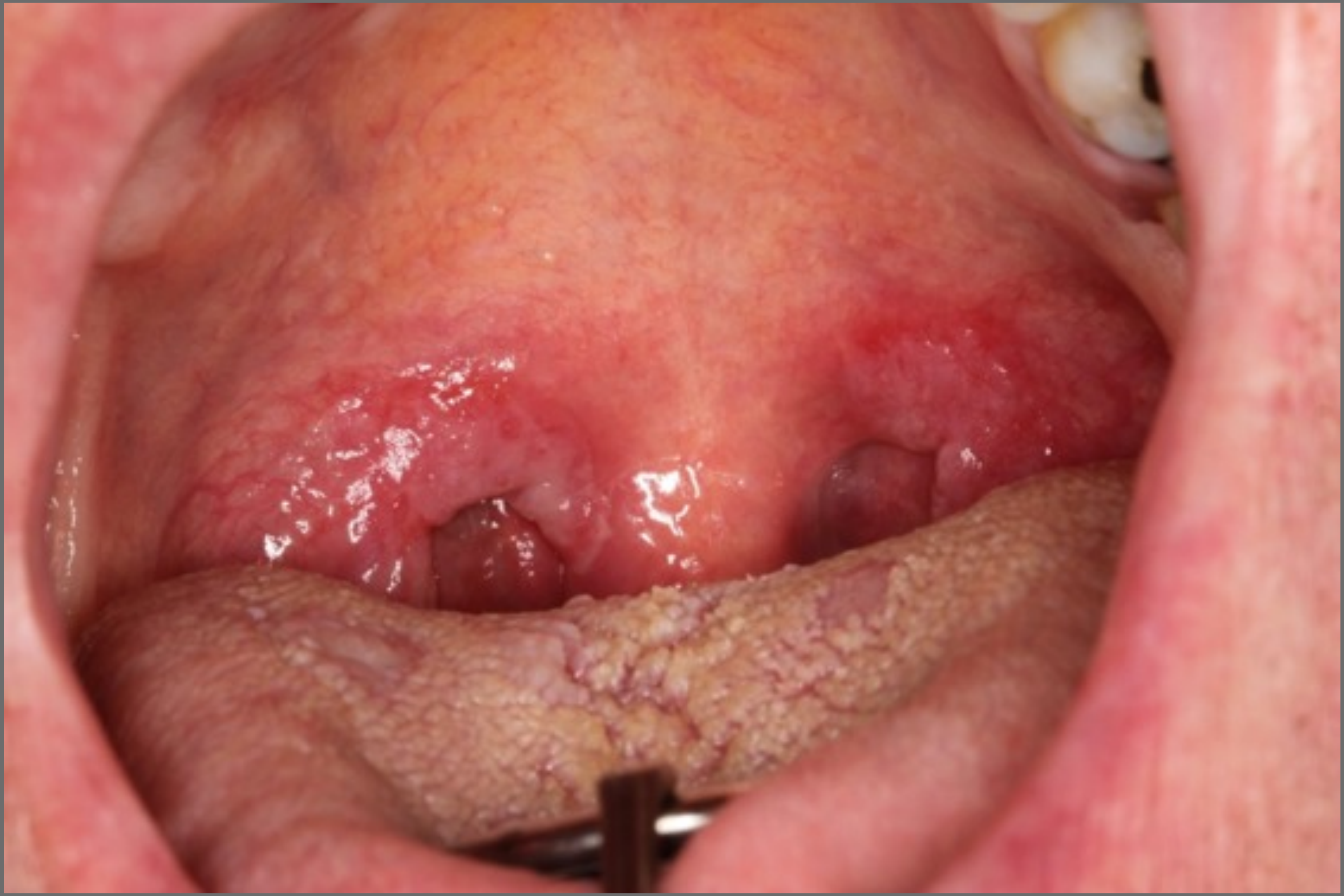


Candidosi

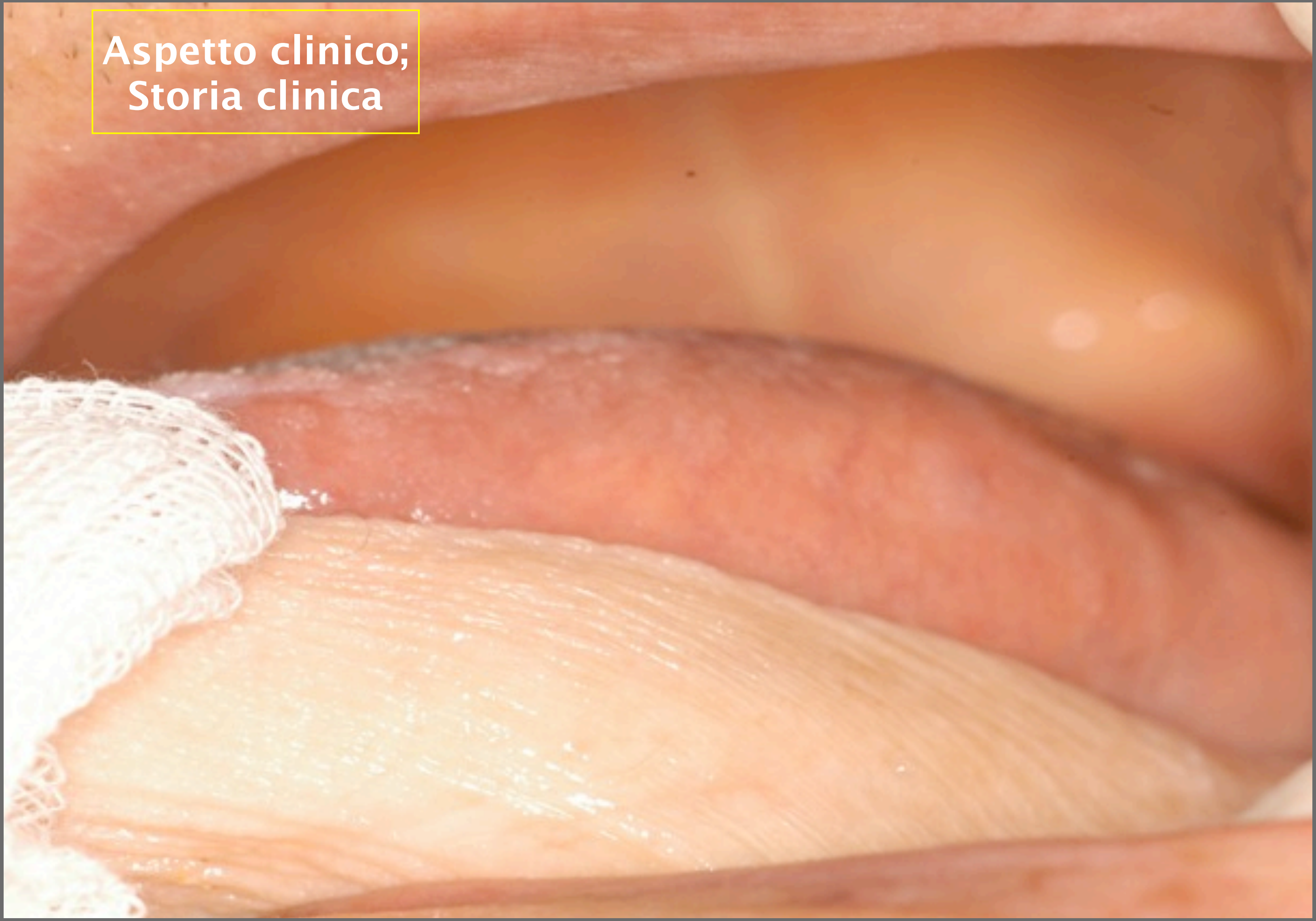




Sifilide secondaria

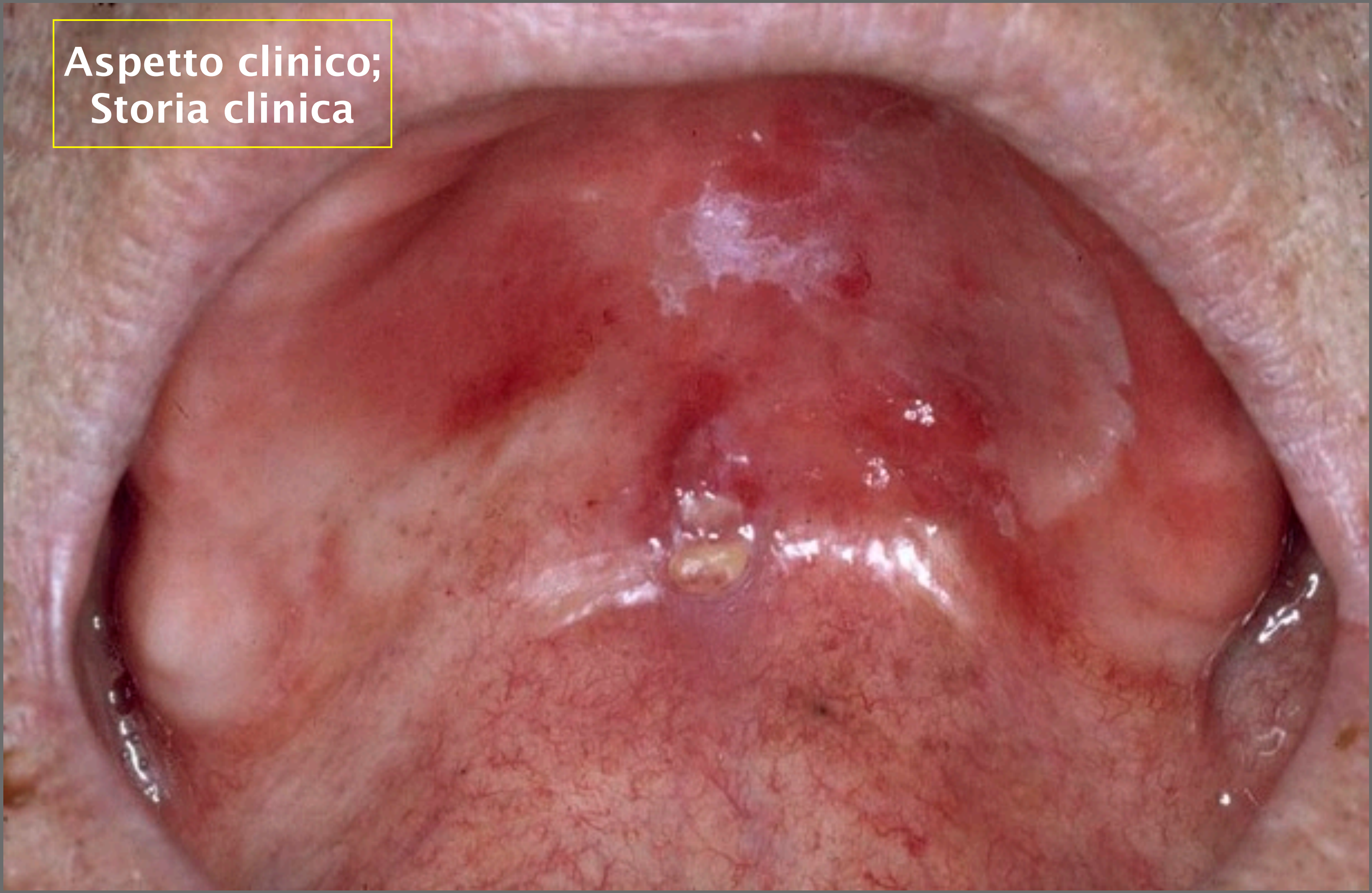


Innesto cutaneo



Aspetto clinico;
Storia clinica

Innesto cutaneo

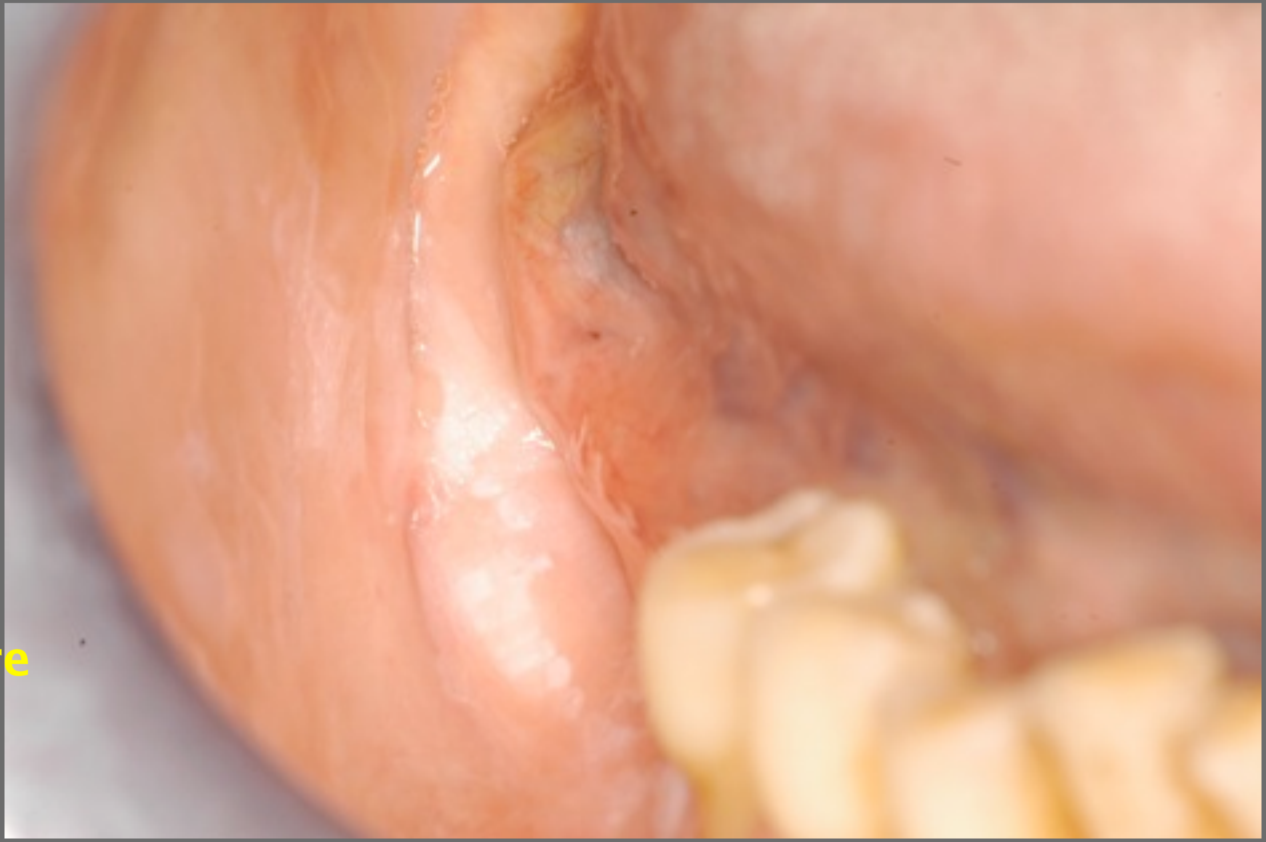


Aspetto clinico;
Storia clinica

Cortesia del Prof. Dr. I. van der Waal

Esempio

Diagnosi clinica provvisoria di leucoplachia

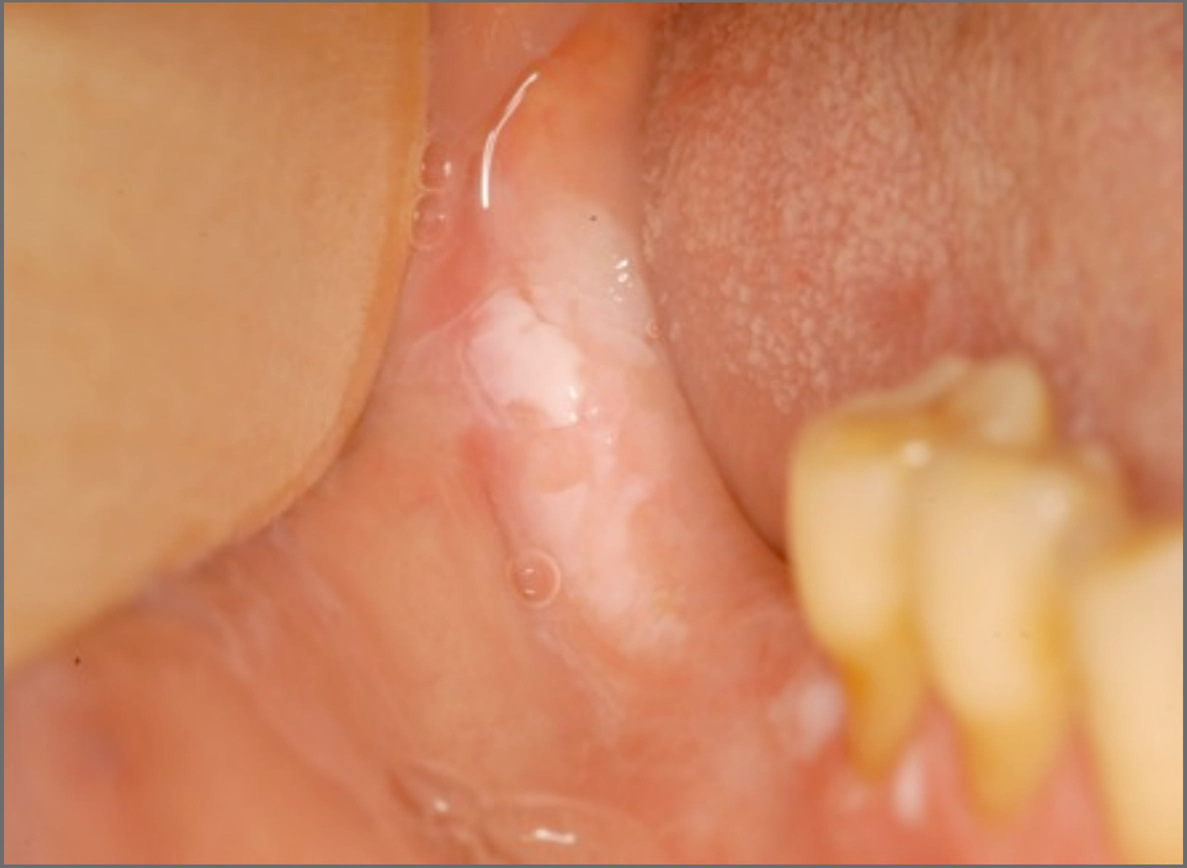


- F – 55 anni
- Portatrice di protesi mobile parziale
- Non fumatrice
- Working diagnosis : Cheratosi frizionale
- (accetta di non portare la protesi per 3 settimane)

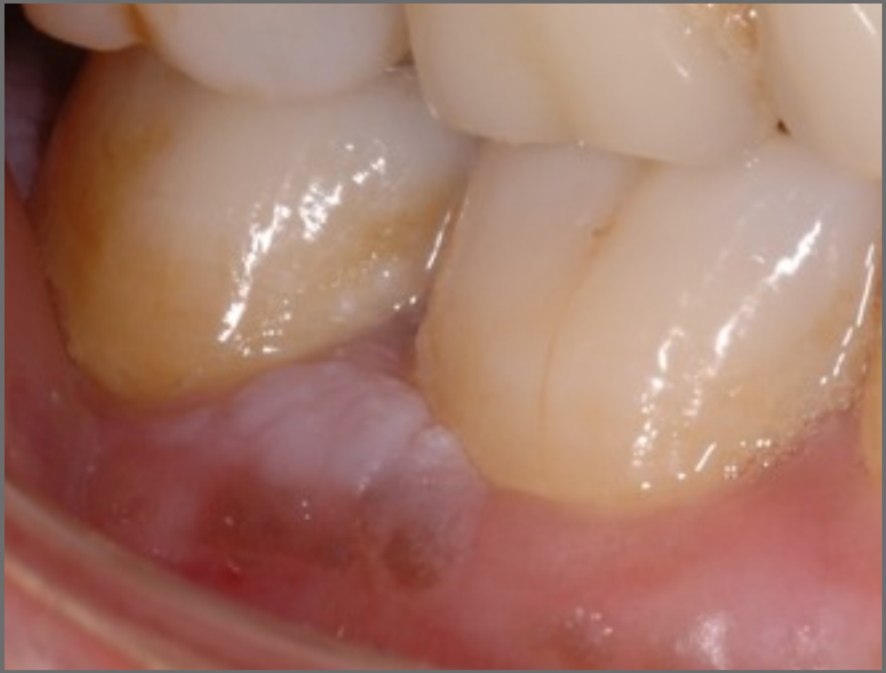
Esempio

- **Dopo 3 settimane :**
Nessuna variazione dell' aspetto della lesione

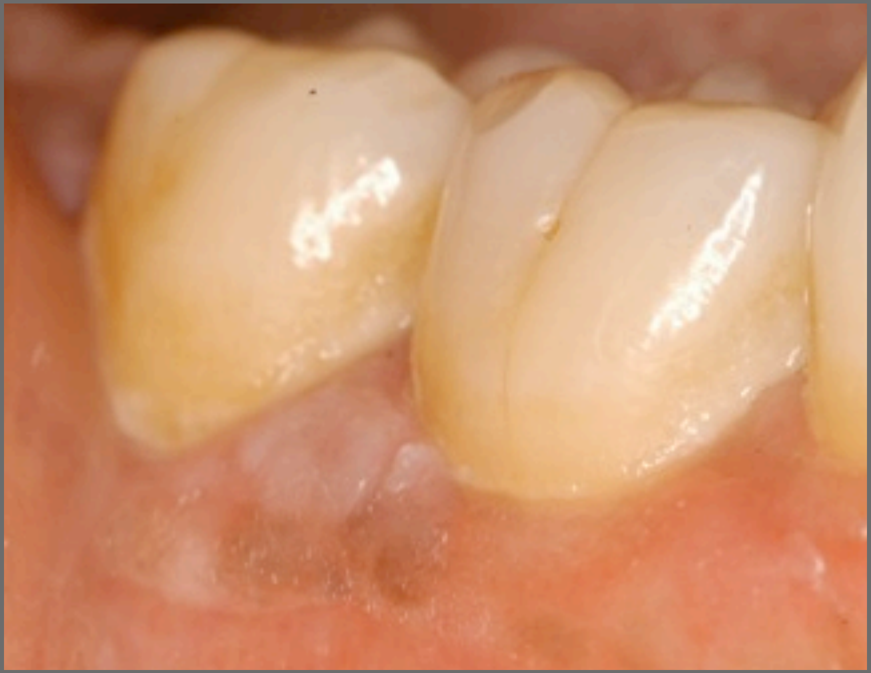
(compatibile con) Diagnosi clinica definitiva di leucoplachia



Esempio



- F – 58 anni
- L’anamnesi rivela utilizzo vigoroso e sbagliato dello spazzolino
- Fuma moderatamente
- Working diagnosis : cheratosi frizionale



2 settimane dopo utilizzo più appropriato dello spazzolino

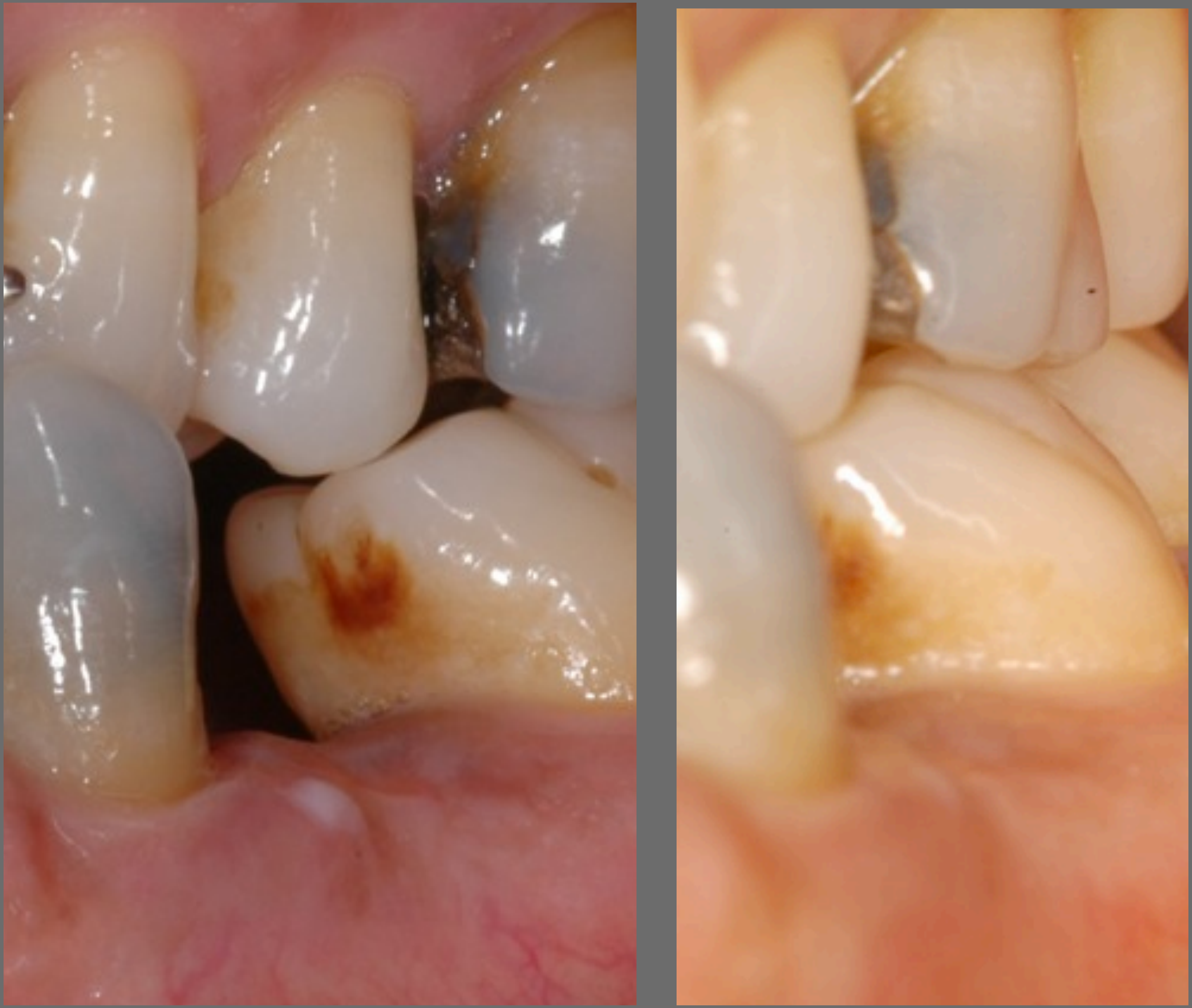
(compatibile con)
“Cheratosi frizionale (da spazzolamento) in regressione”

Esempio

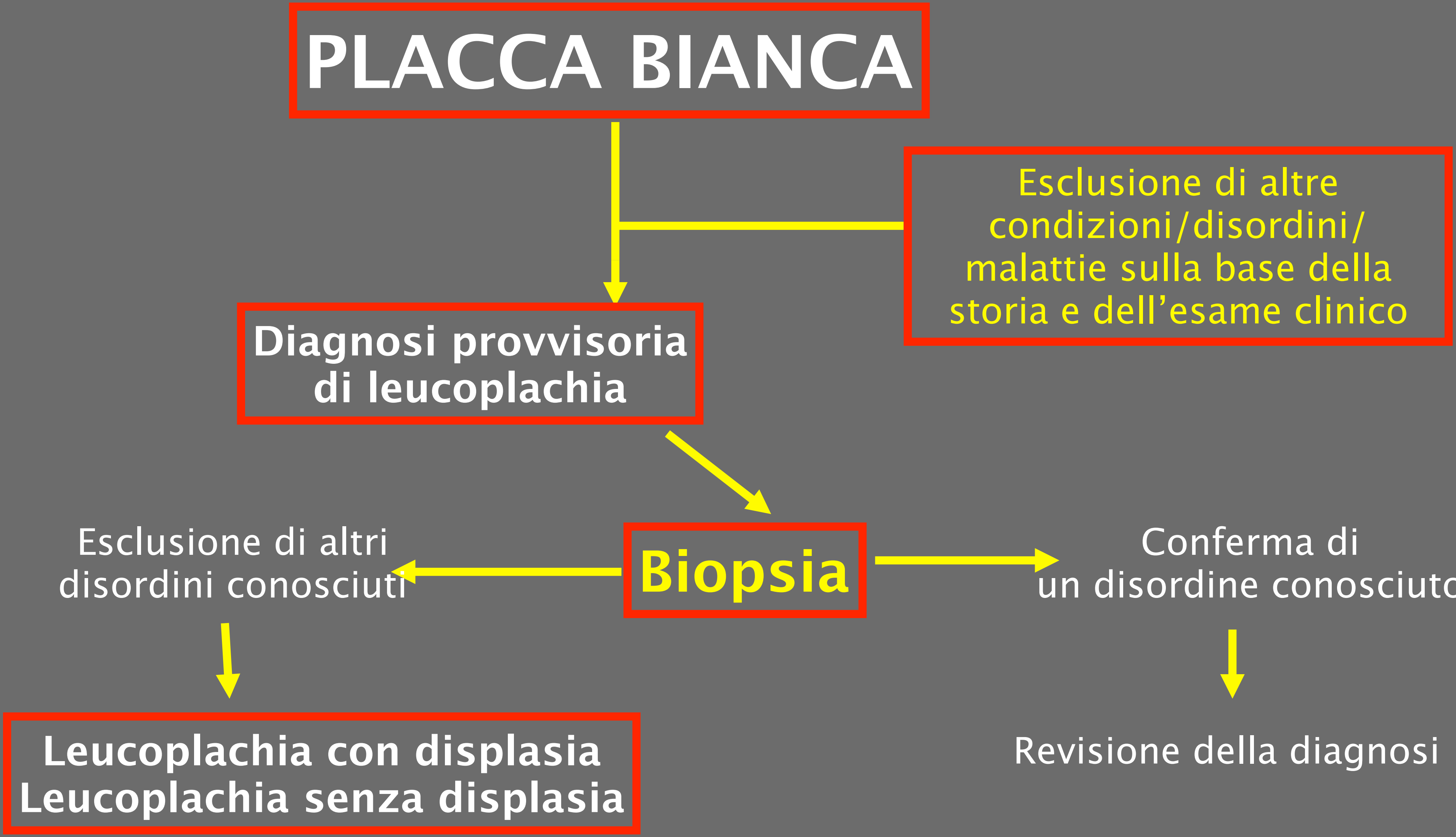
Paziente precedente

2 settimane dopo utilizzo più appropriato dello spazzolino

(compatibile con) “Cheratosi frizionale (da spazzolamento) in regressione”



Leucoplachia – diagnosi



PLACCA BIANCA

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Conferma di un disordine conosciuto

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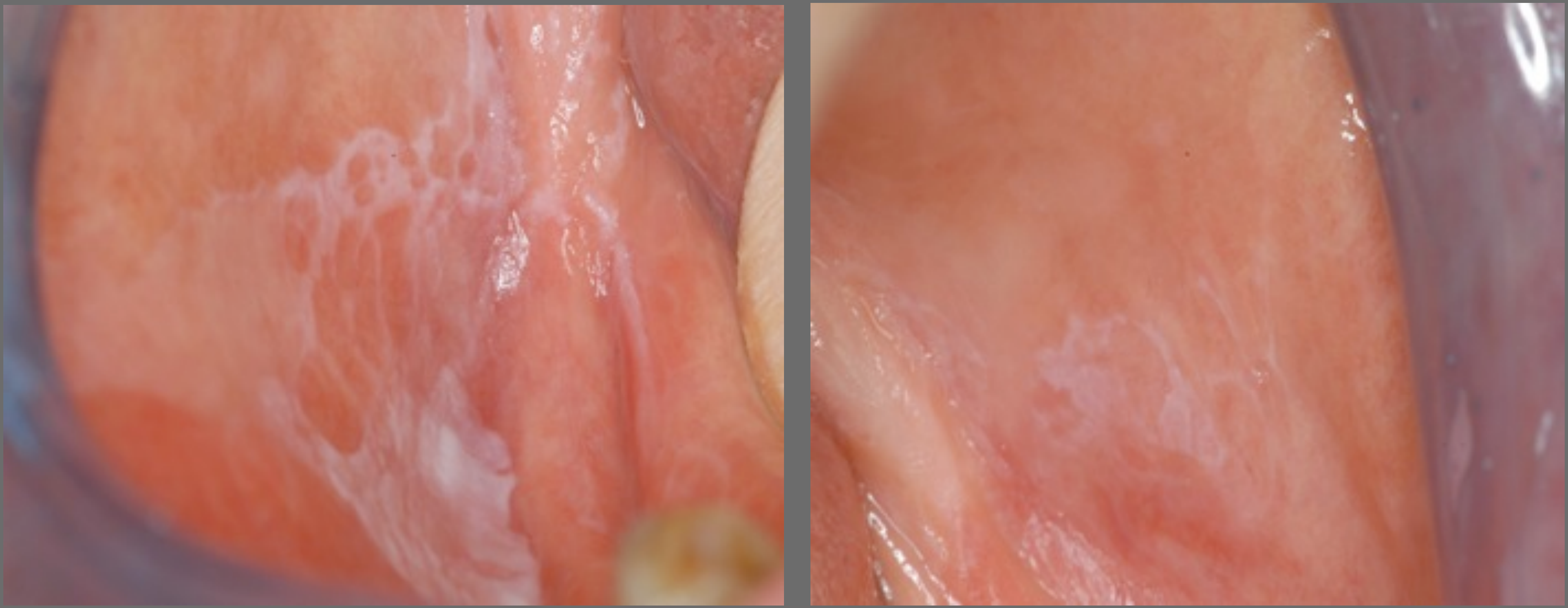
Leucoplachia senza displasia

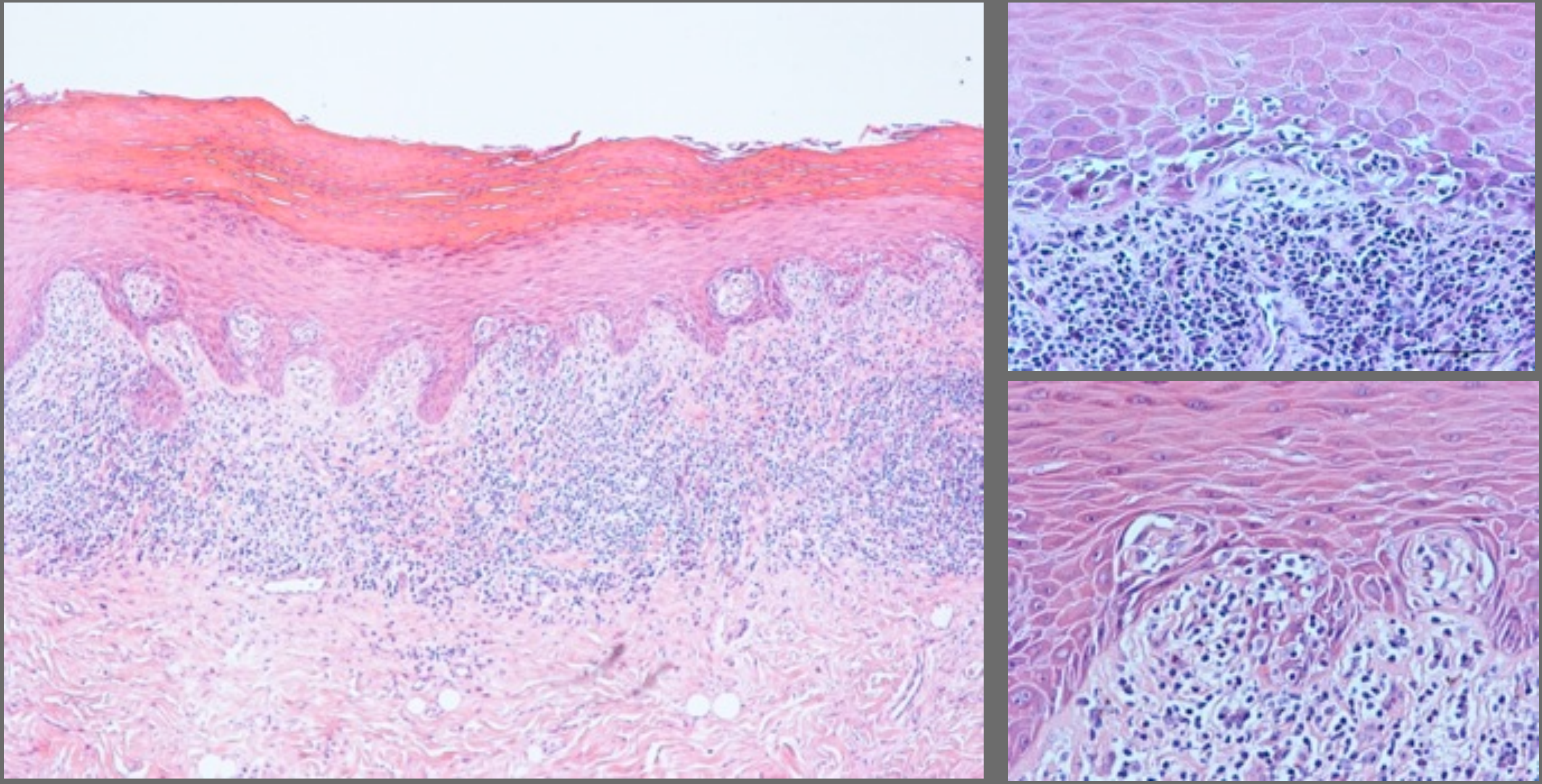
Revisione della diagnosi

Esempio diagnostico



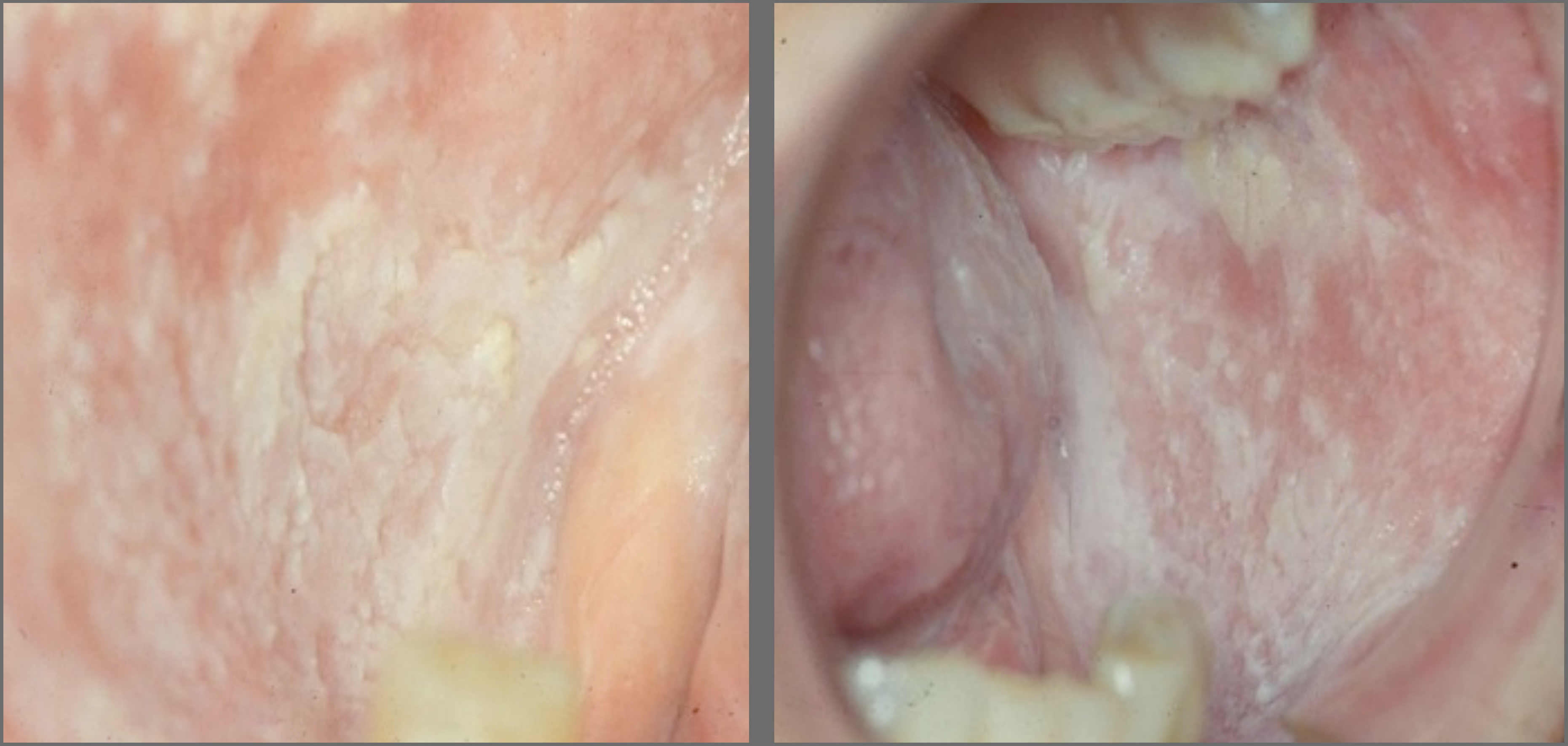
- M – 44 anni
- placche bianche bilaterali, asintomatiche associate a lieve presenza di reticoli

Esempio diagnostico



LICHEN PLANUS ORALE (variante clinica “a placca”)

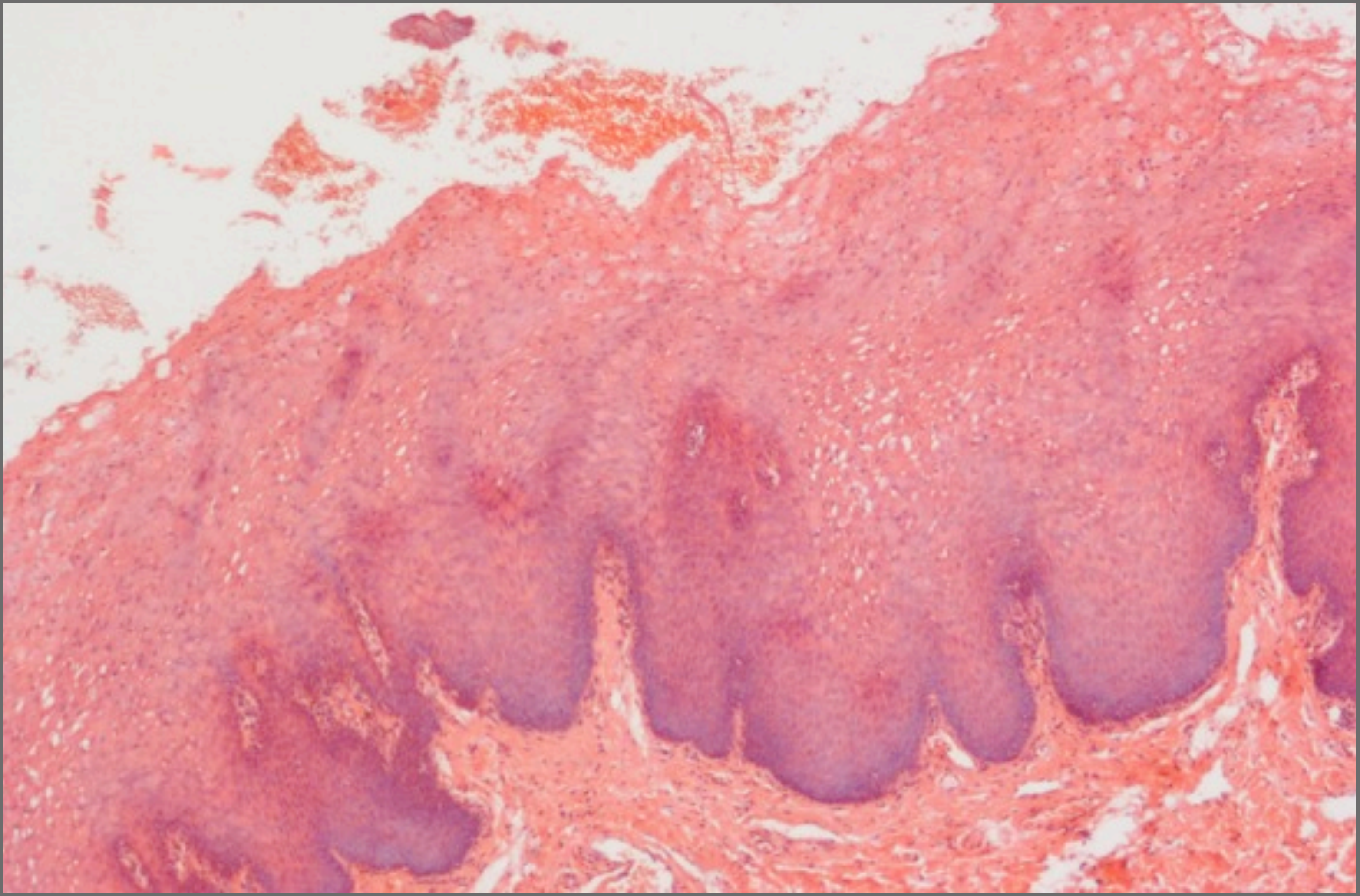
Esempio diagnostico



- F 32 anni
- Lesioni bianche della mucosa geniena bilaterali, asintomatiche
- Le lesioni non possono essere asportate meccanicamente
- Assenza di possibili fattori eziologici

- La paziente non ricorda quando le lesioni sono comparse
- Non fumatrice

Esempio diagnostico



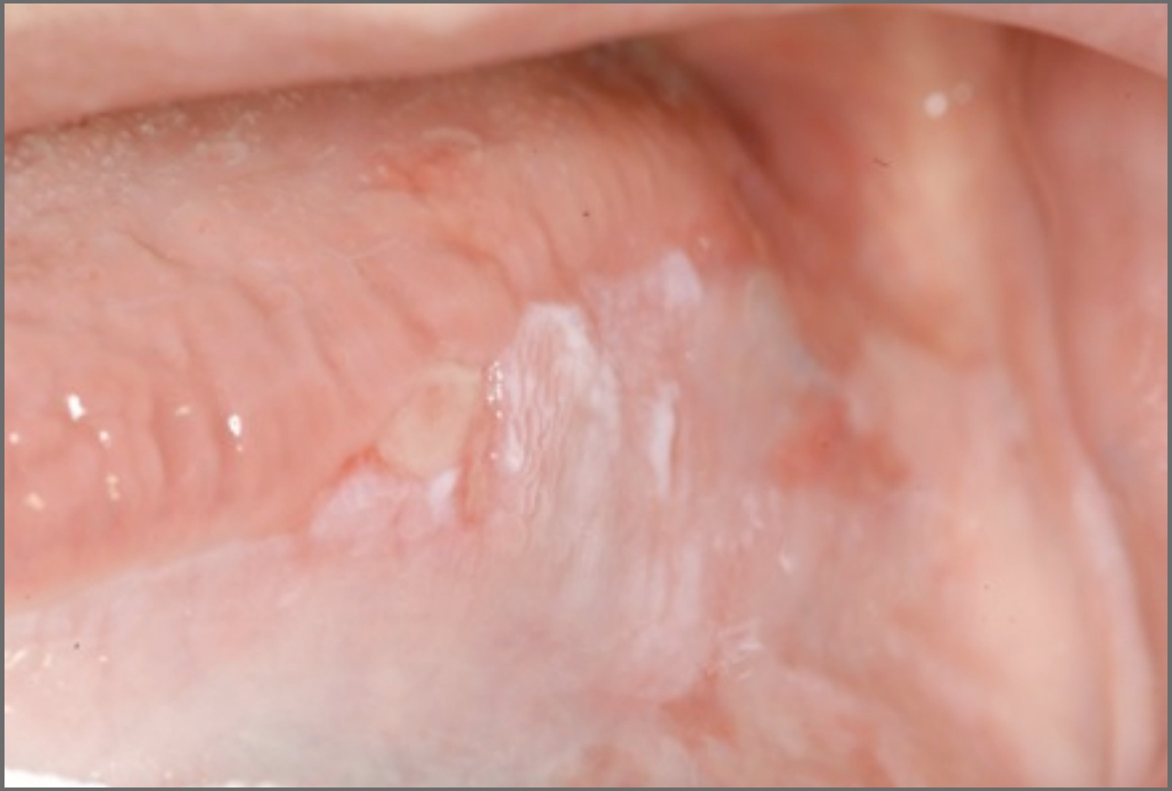
Nevo bianco spongioso

Esempio diagnostico

- **F - 84 anni**
- **Non fumatrice**

DIAGNOSI CLINICA

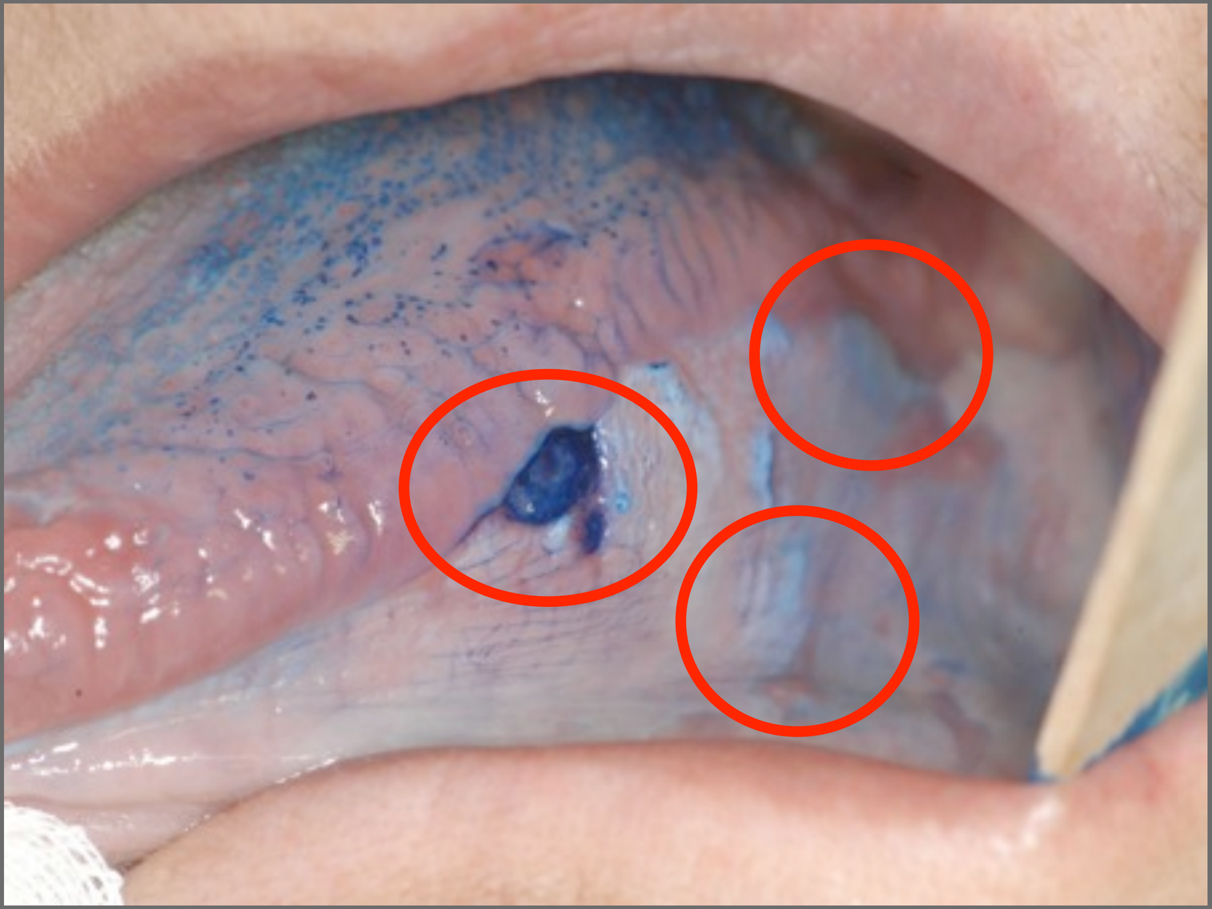
LEUCOPLACHIA NON OMOGENEA



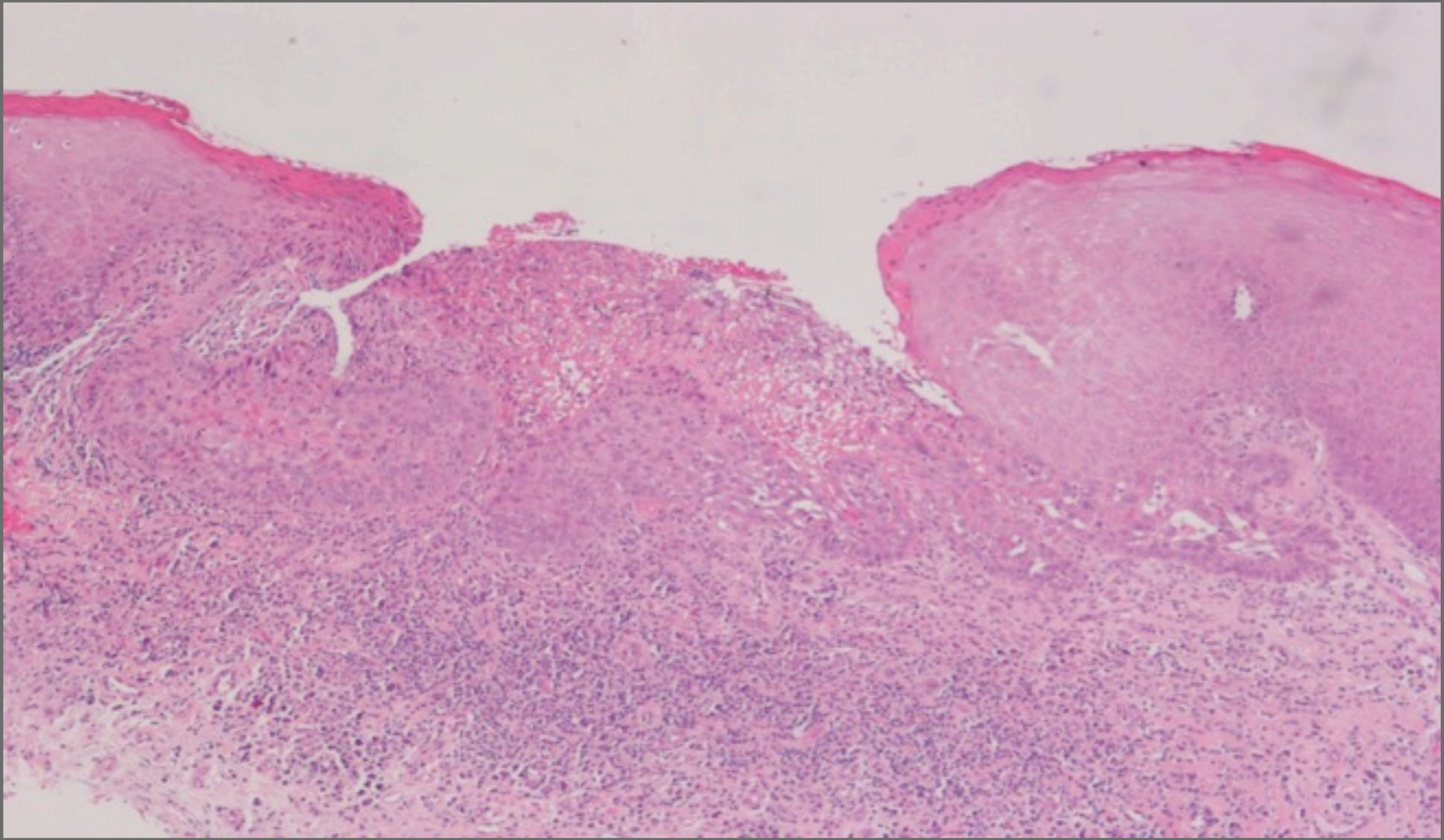
Esempio diagnostico

Biopsie incisionali multiple (a mappa)

(Utilizzo del blu di Toluidina)



Esempio diagnostico

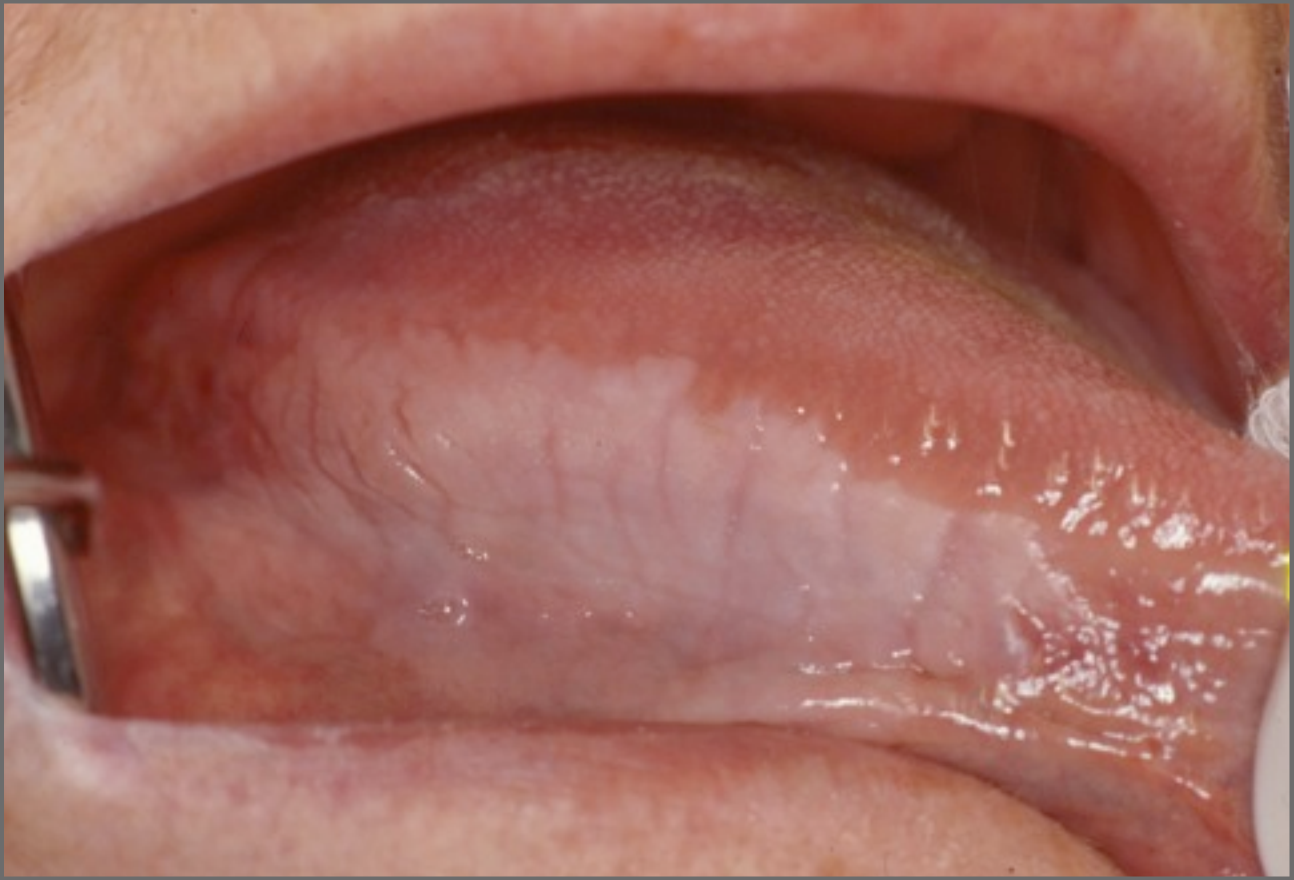


Carcinoma squamocellulare inizialmente infiltrante e displasia severa

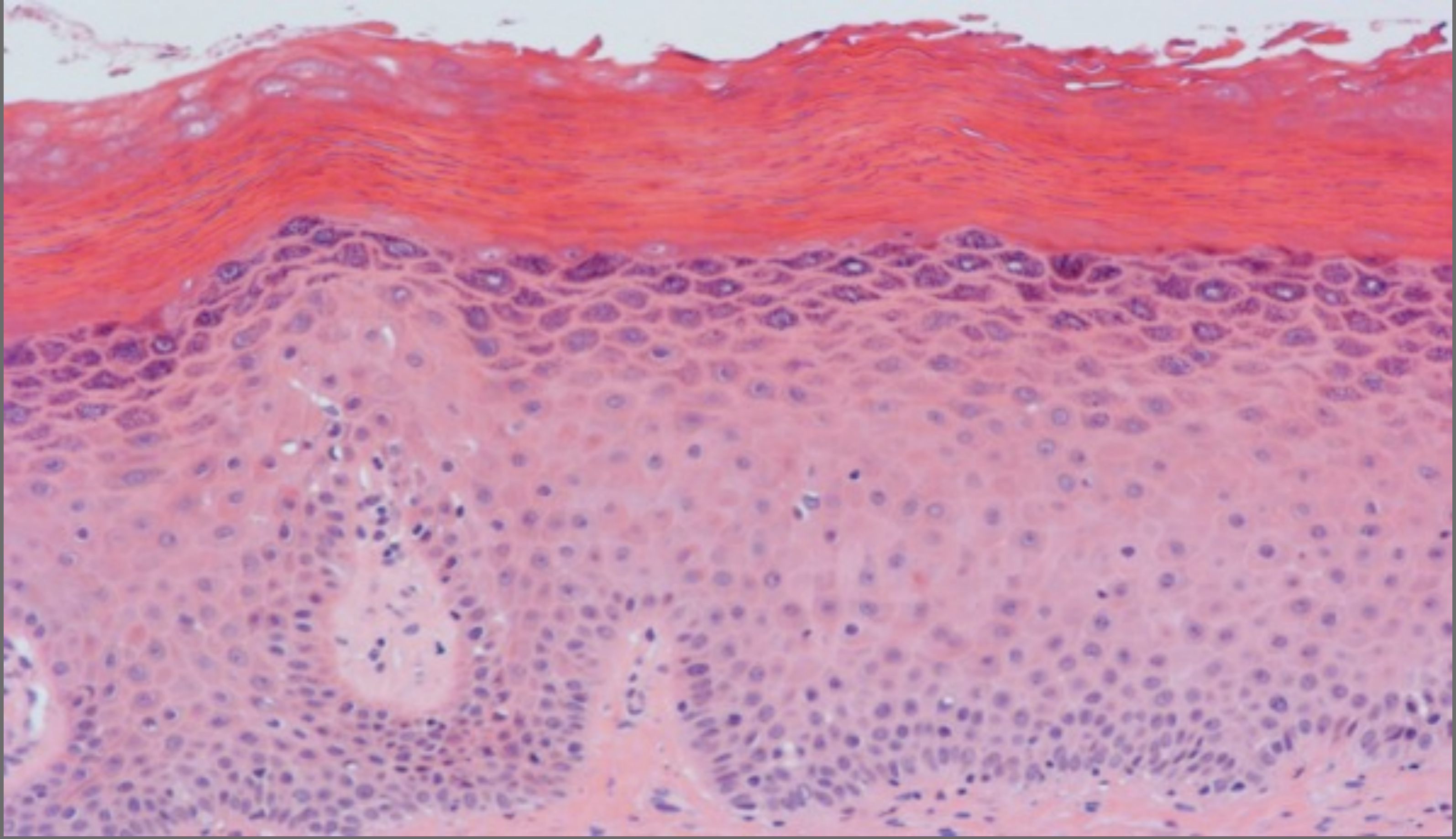
La leucoplachia viene esclusa

Esempio diagnostico

Placca bianca sul margine destro della lingua



Esempio diagnostico

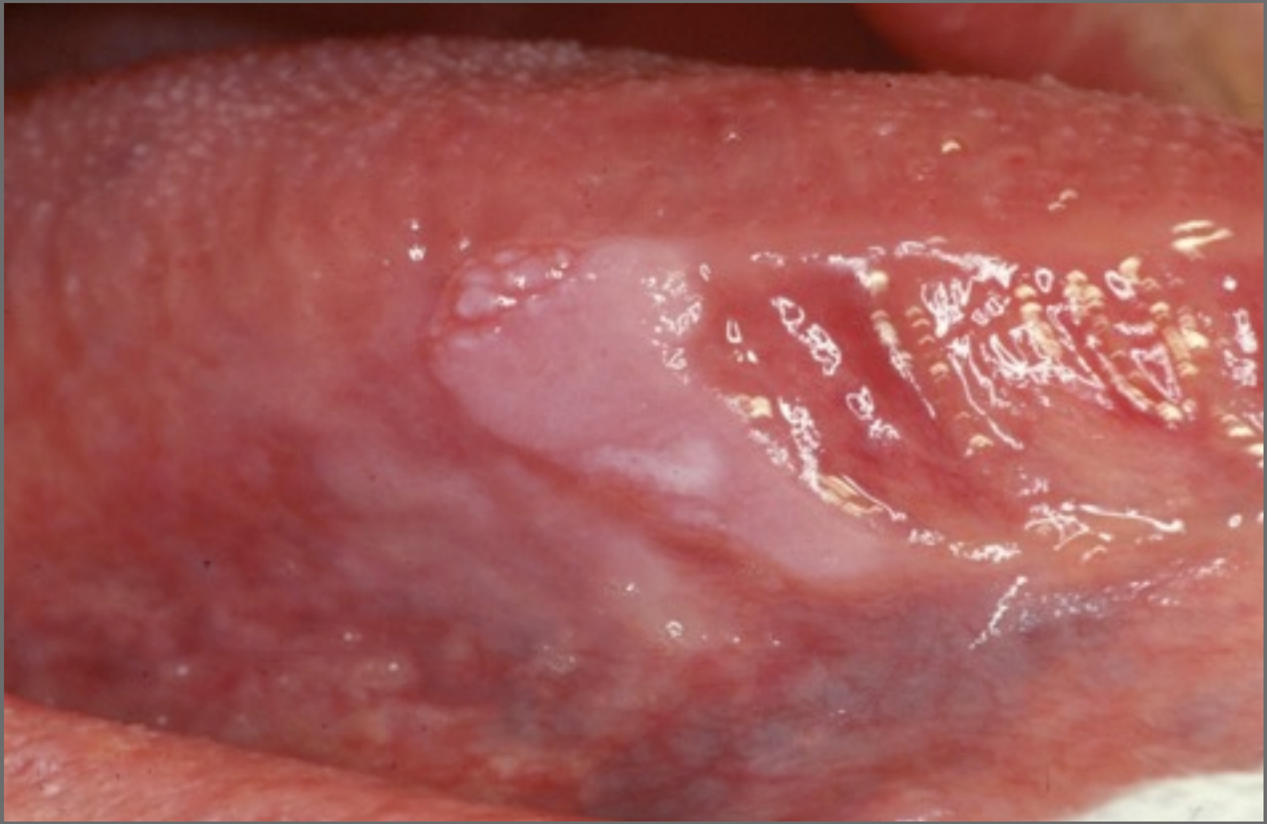


IPERCHERATOSI E ACANTOSI. (In associazione con l'apparenza clinica è compatibile con) Leucoplachia.

ASSENZA DI DISPLASIA

Esempio diagnostico

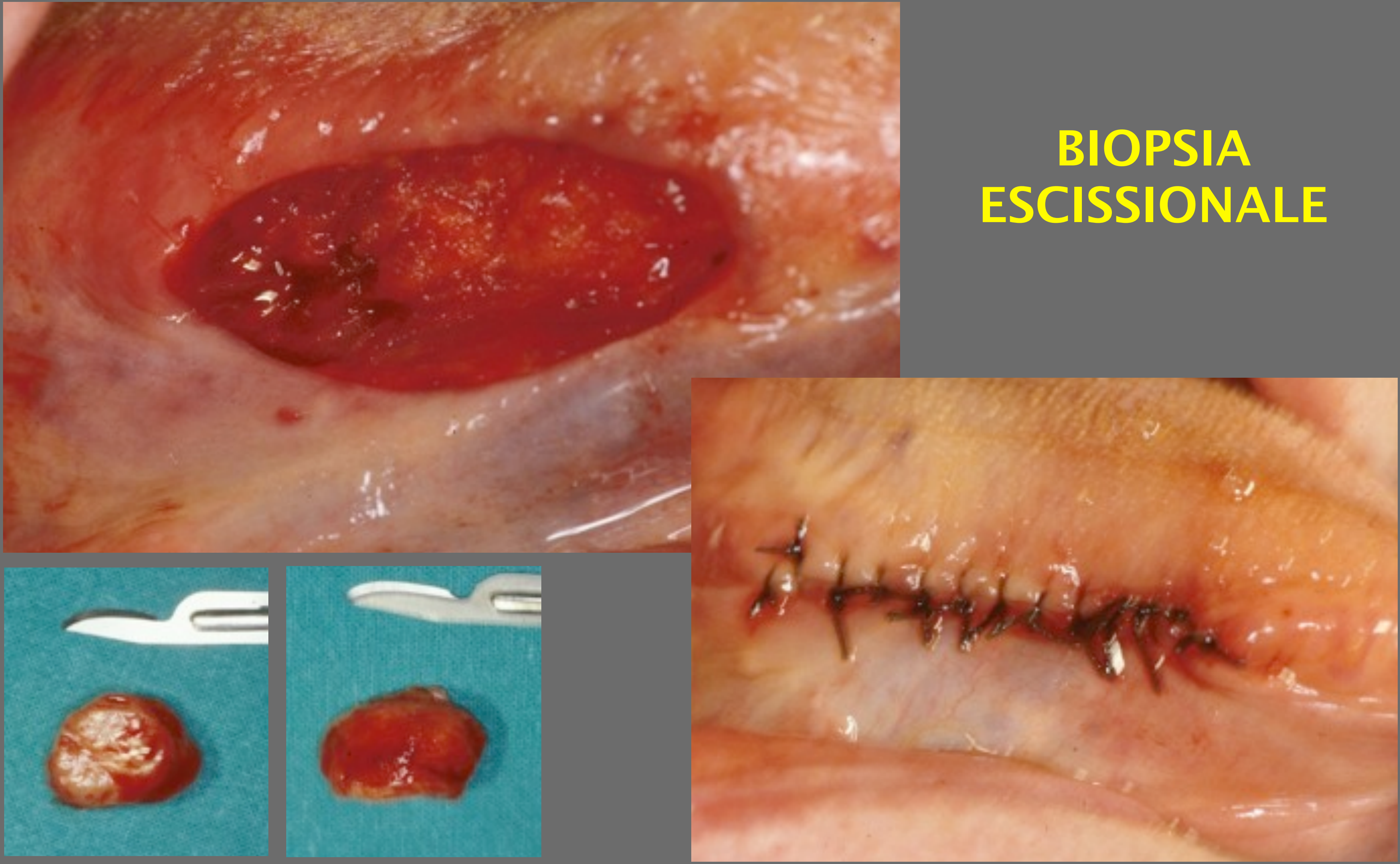
- F – 77 anni
- Non fumatrice



Diagnosi clinica

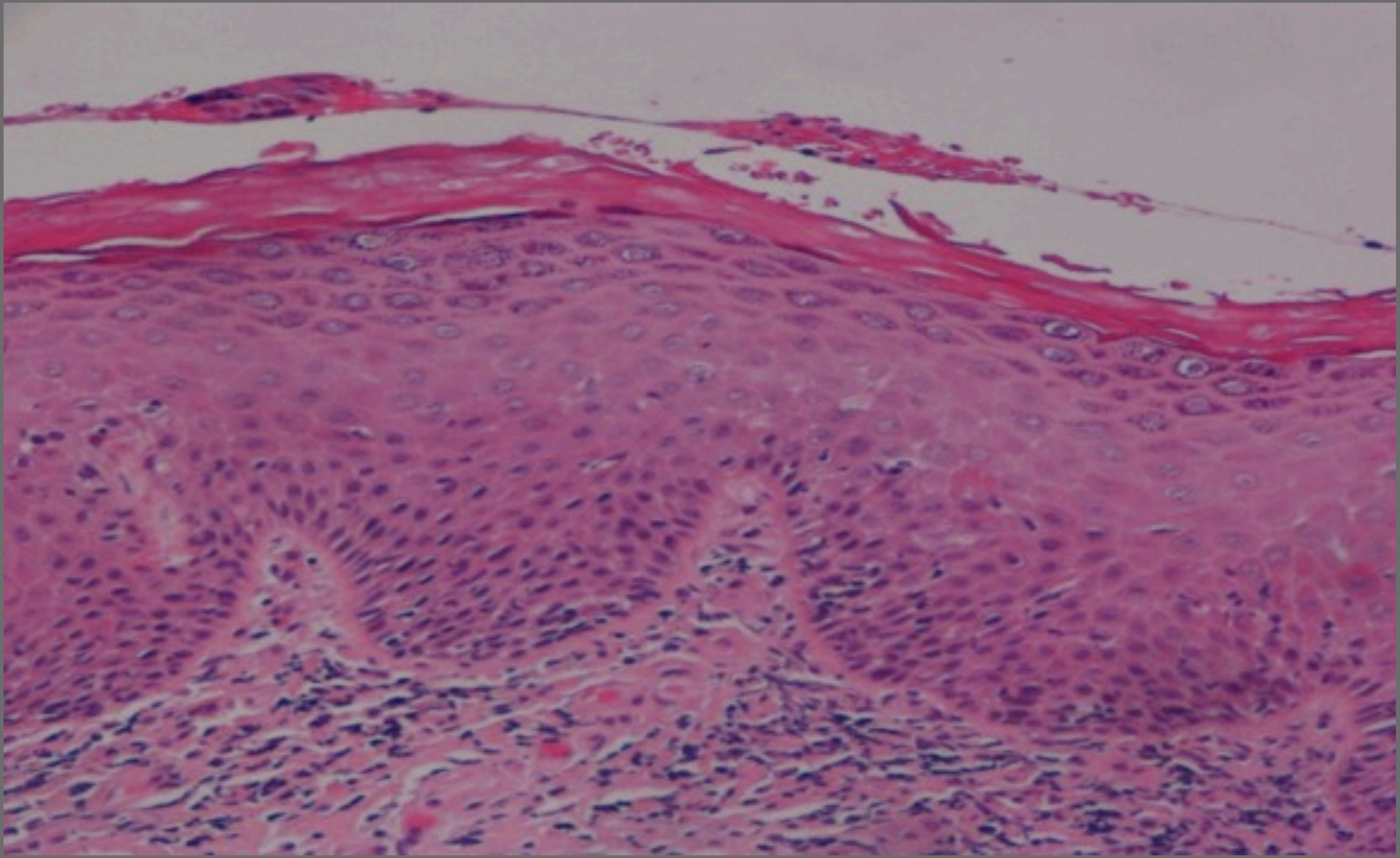
LEUCOPLACHIA NON OMOGENEA

Esempio diagnostico



BIOPSIA ESCISSIONALE

Esempio diagnostitoco



Ipercheratosi e acantosi. (Insieme alla manifestazione clinica può essere compatibile con) LEUCOPLACHIA NON OMOGENEA.

DISPLASIA MODERATA

Leucoplachia – Varianti cliniche

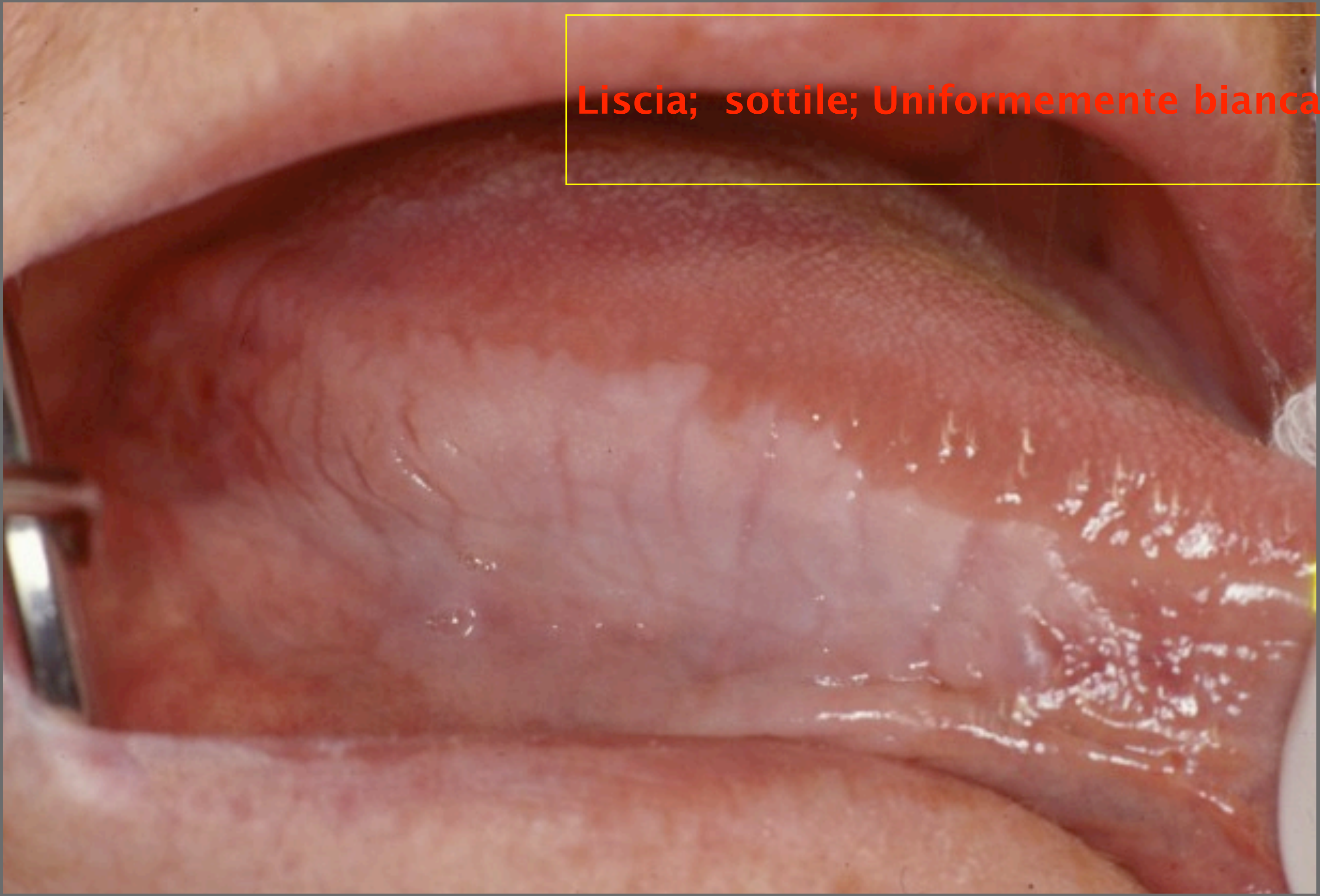
- Omogenea: liscia, sottile, uniformemente bianca

- Non omogenea: lesione bianca e rossa (“eritroleucoplachia”) che potrebbe essere a superficie irregolare (spekled) o nodulare

  (Incluse la leucoplachia verrucosa e la leucoplachia verrucosa proliferativa)

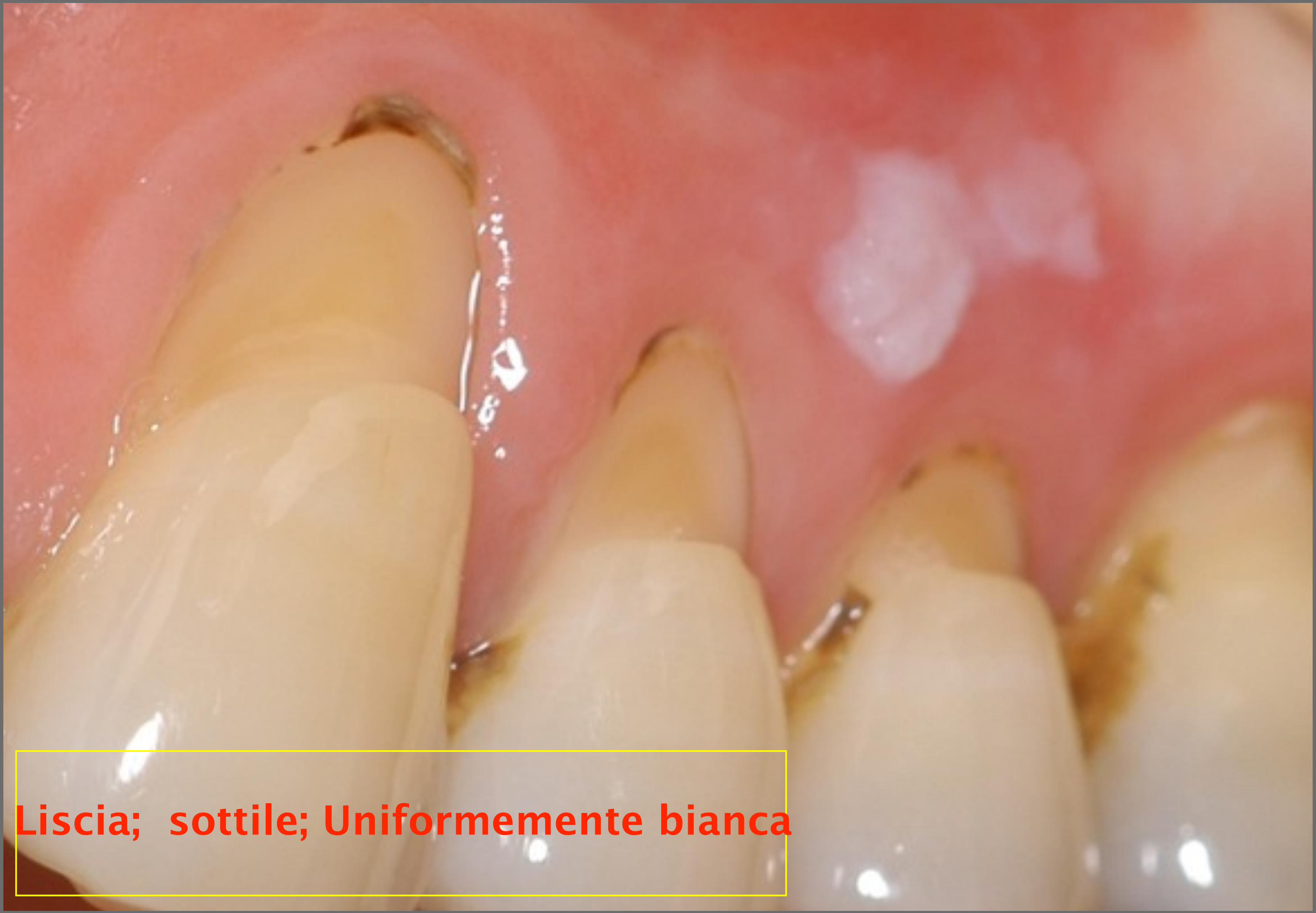
van der Waal I. Potentially malignant disorders of the oral and oropharyngeal mucosa; terminology, classification and present concepts of management. Oral Oncol (2008). Epup ahead of print

Leucoplachia omogenea



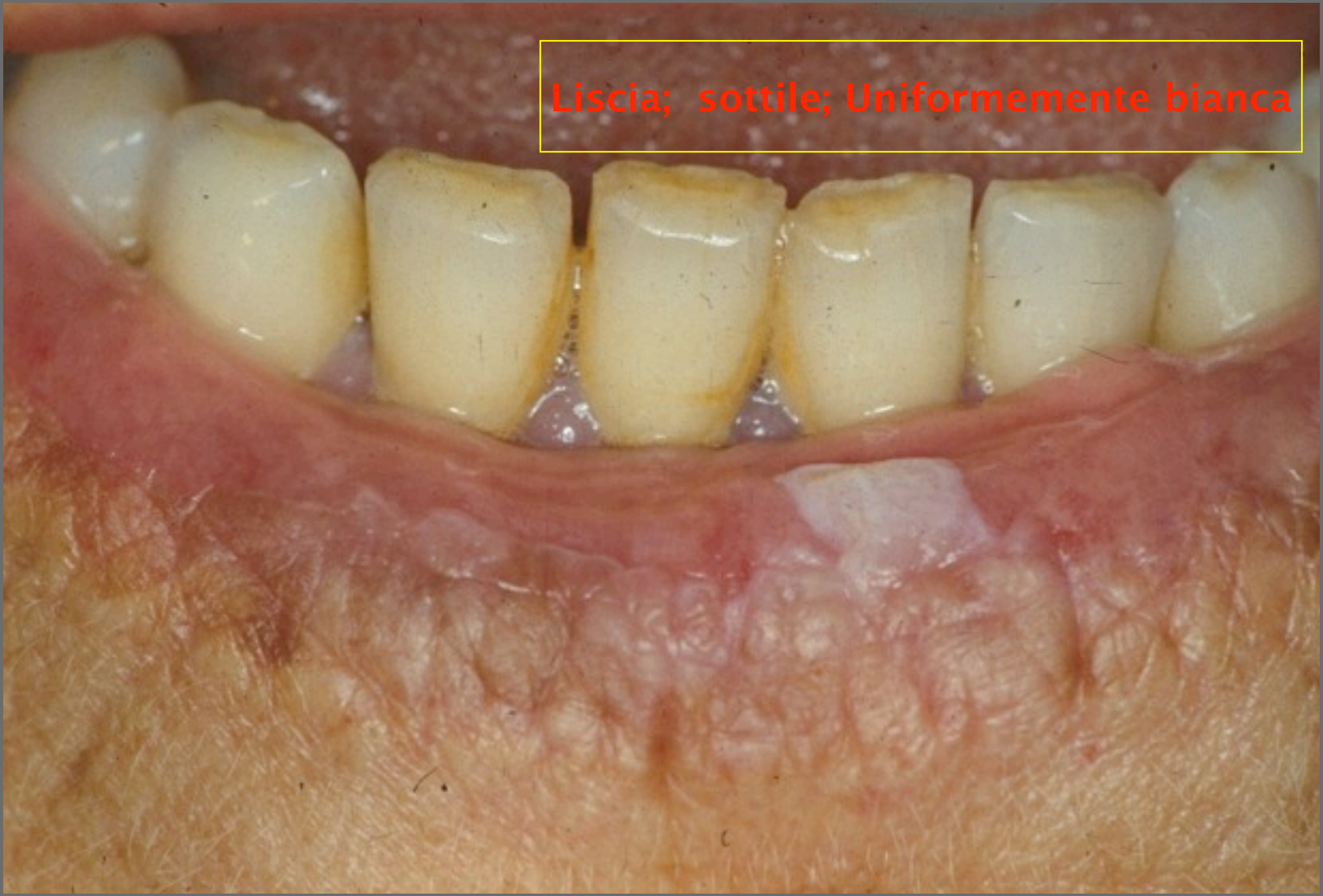
Liscia; sottile; Uniformemente bianca

Leucoplachia omogenea



Liscia; sottile; Uniformemente bianca

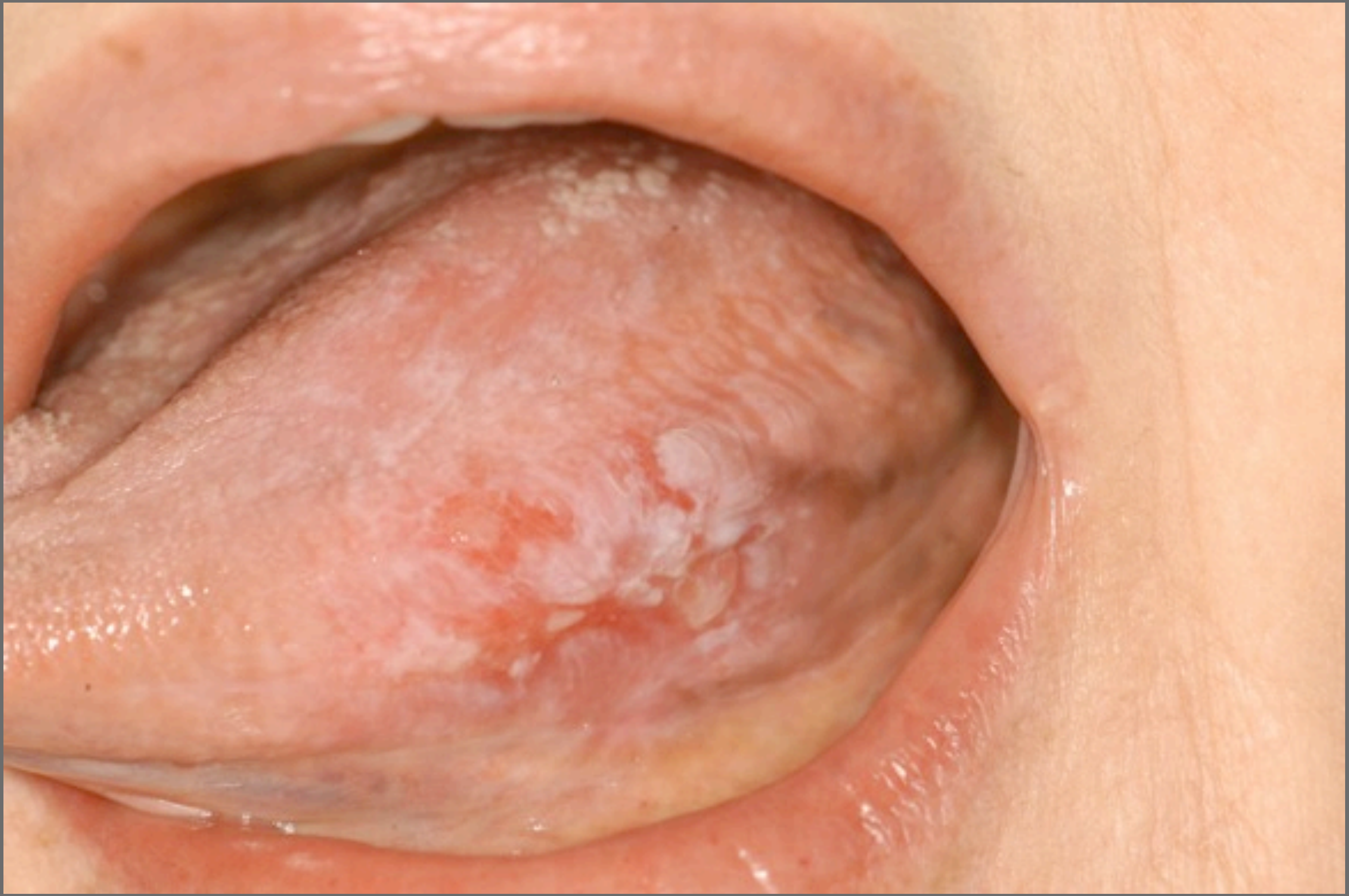
Leucoplachia omogenea



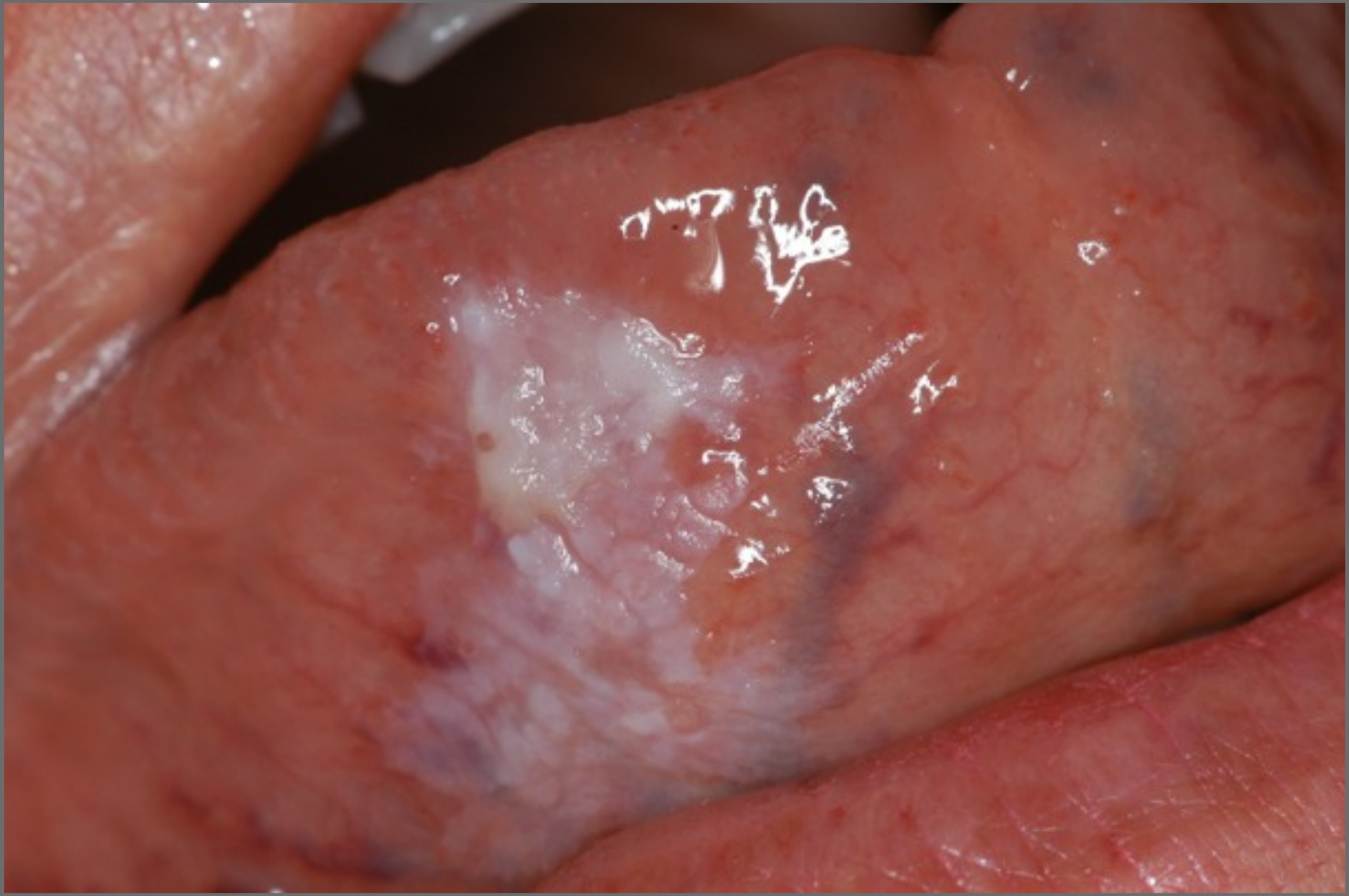
Liscia; sottile; Uniformemente bianca

Leucoplachia non omogenea

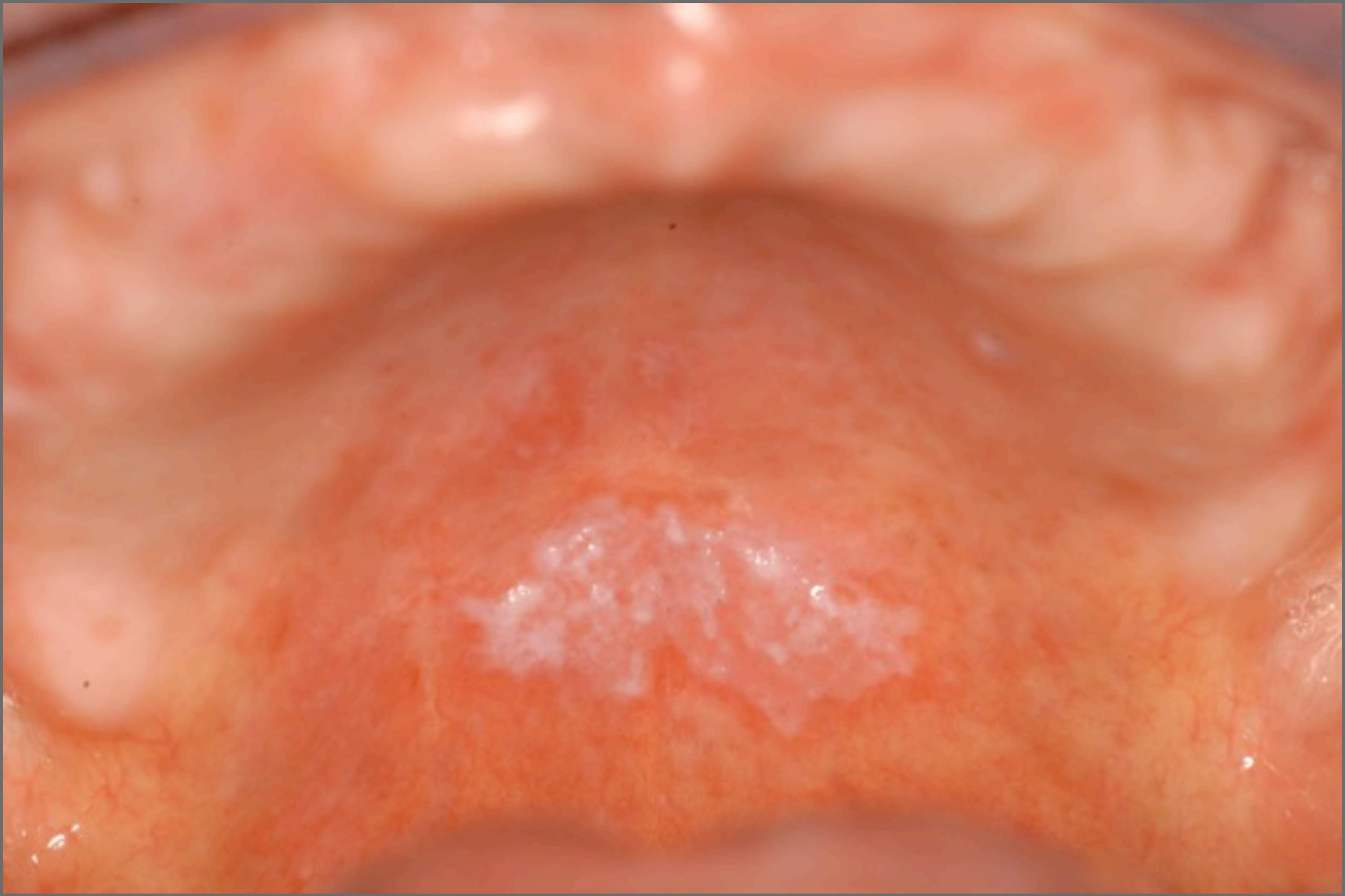
(con riferimento al colore: eritroleucoplachia)



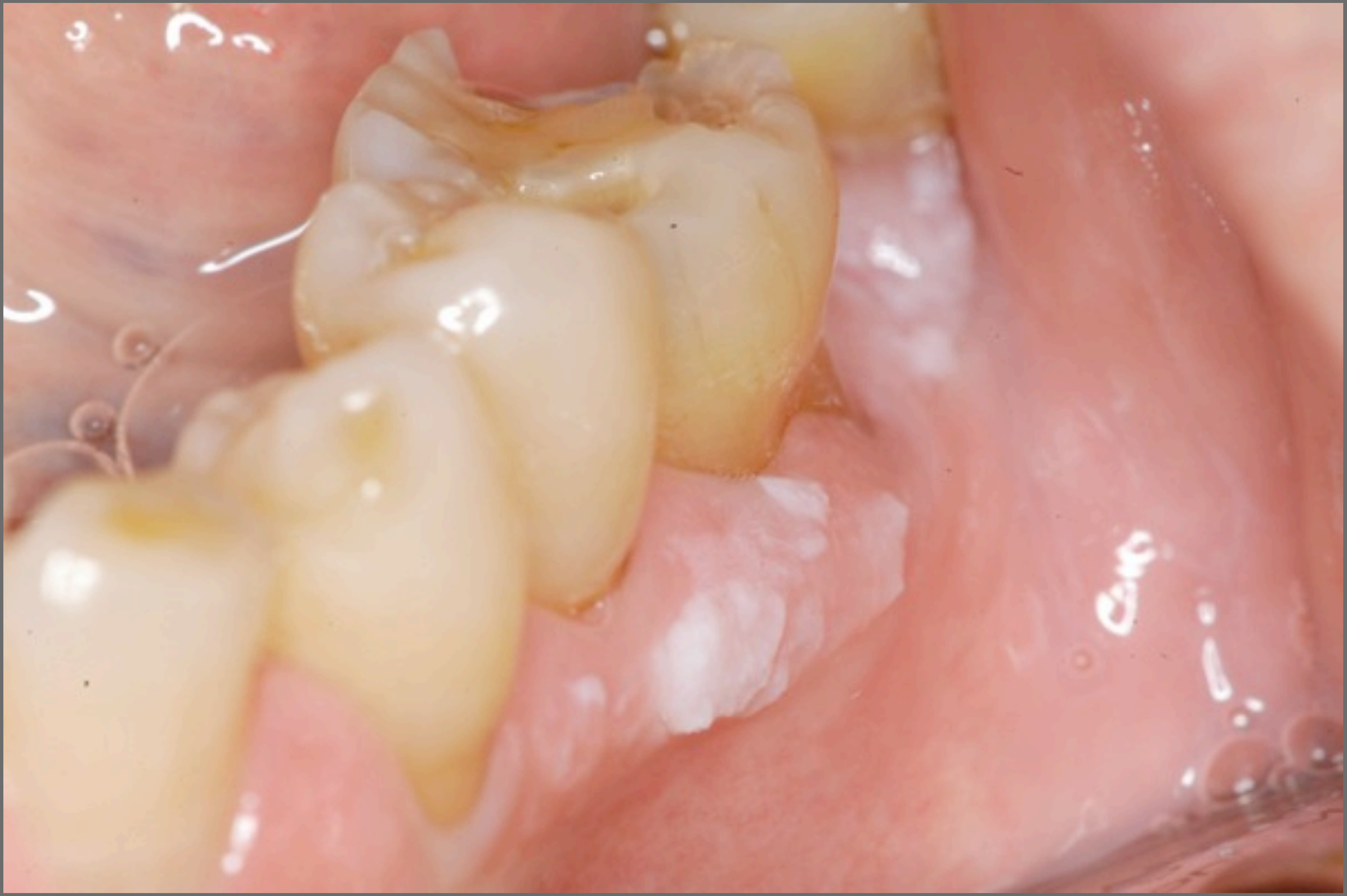
Leucoplachia non omogenea



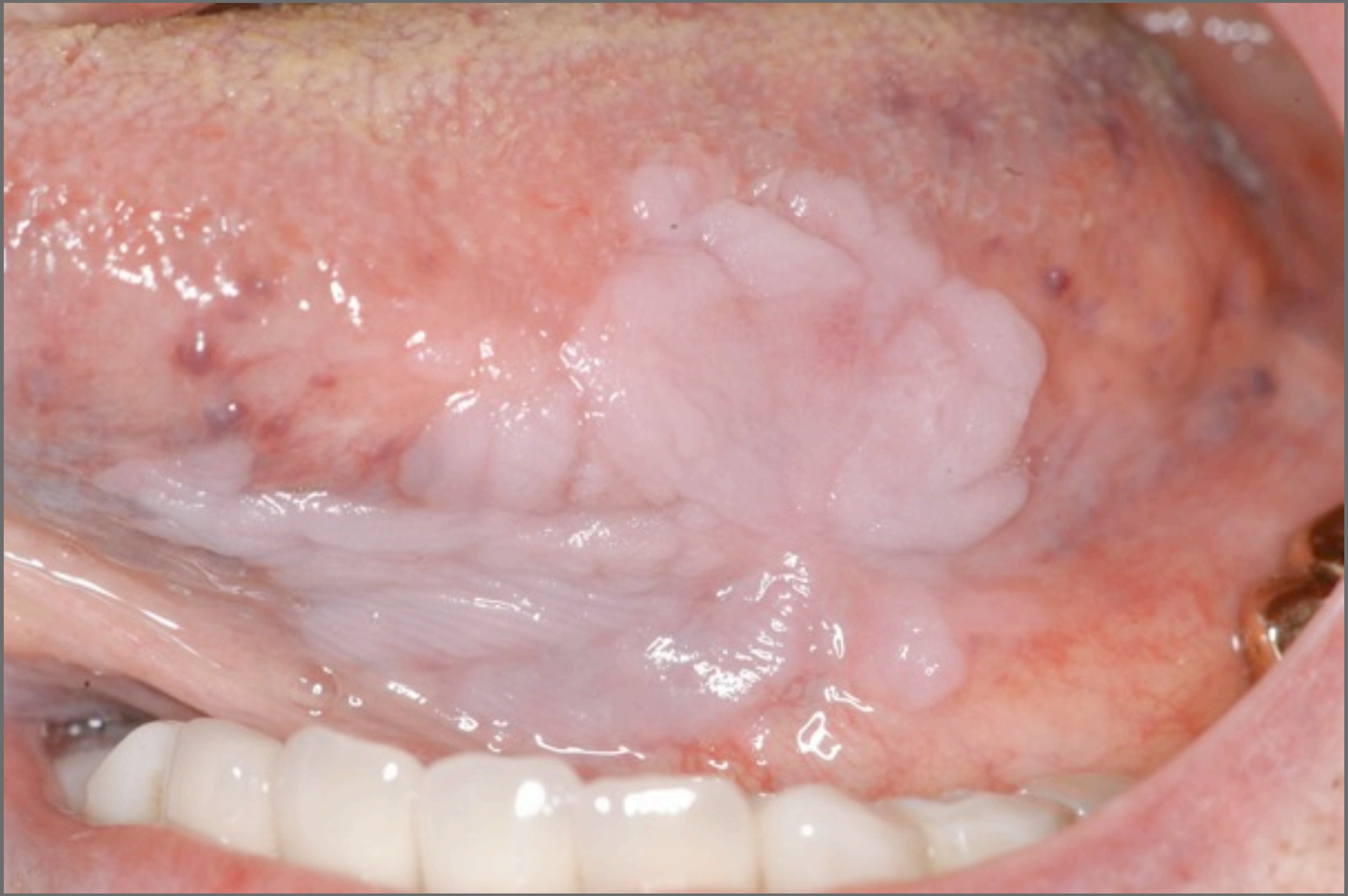
Leucoplachia non omogenea



Leucoplachia non omogenea

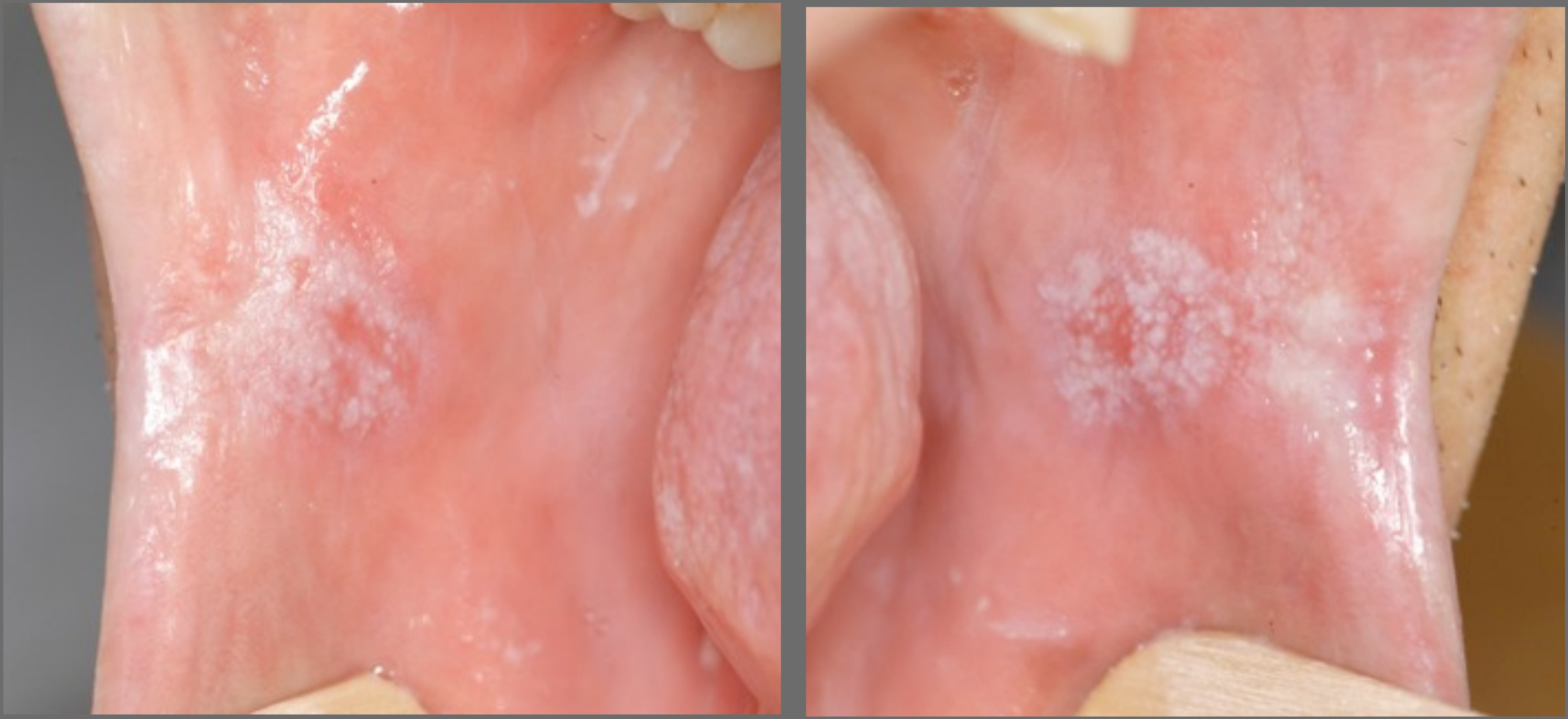


Leucoplachia non omogenea (leucoplachia verrucosa)



Leucoplachia non omogenea

(Leucoplachia candidosica? Sottotipo iperplastico



Leucoplachia verrucosa proliferativa (LVP)

- Termine introdotto nel 1985

(Hansen LS, Olson JA, Silverman S. Proliferative verrucous leukoplakia. Oral Surg Oral Med Oral Path 1985; 60:285-98)

- Nella descrizione di Hansen et. al, l’aggettivo “proliferativa” era apparentemente utilizzato per designare le caratteristiche di multifocalità e la diffusa estensione della leucoplachia insieme alla tendenza alla ricorrenza dopo il trattamento

(van der Waal I, Reichart PA. Oral Proliferative verrucous leukoplakia revisited. Oral Onc 2007)

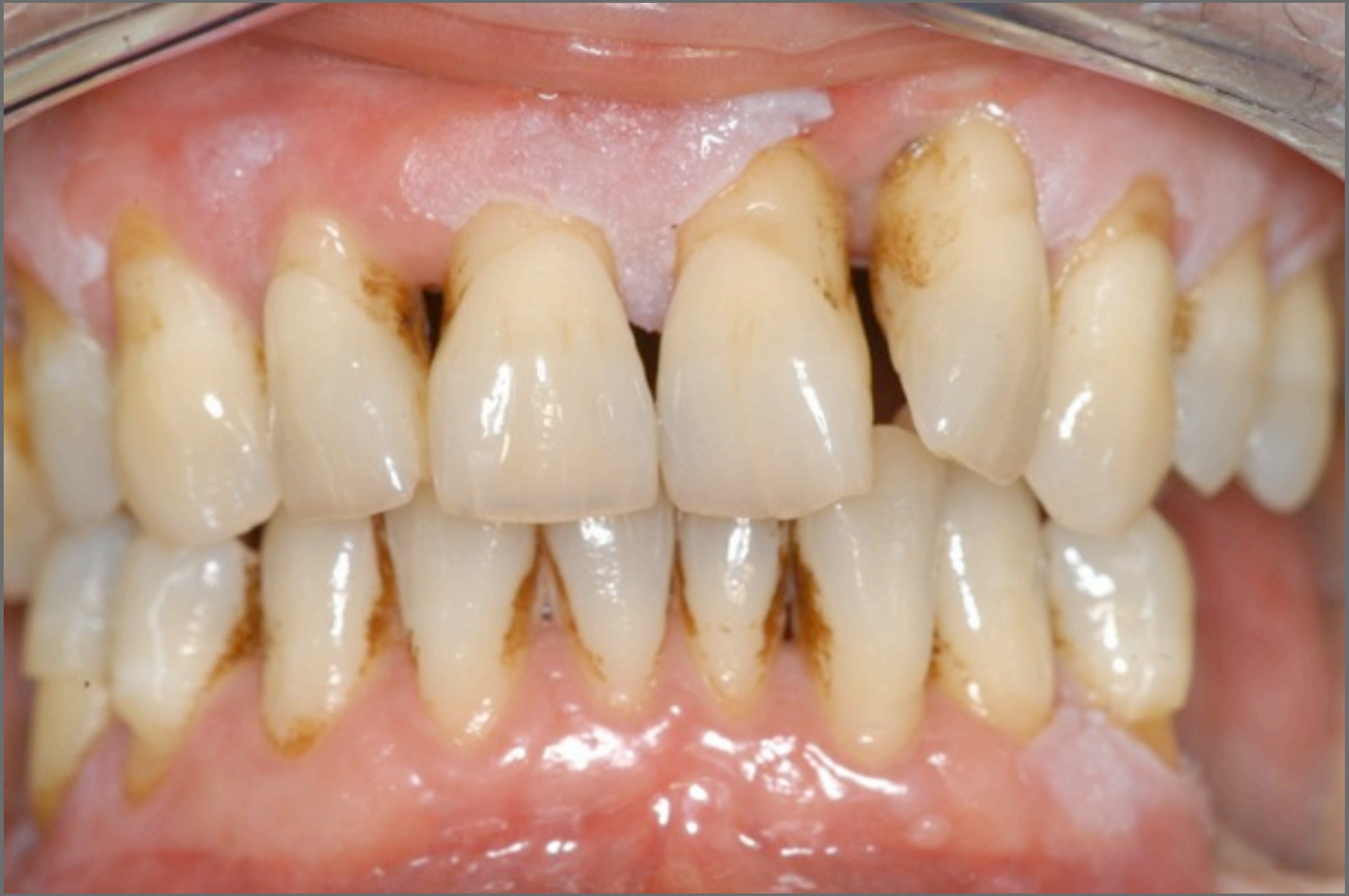
Leucoplachia verrucosa

- Approssimativamente 500 casi di LVP riportati
- F:M = 4:1
- Età media al momento della diagnosi = over 60
- Si manifesta sia nei fumatori che nei non fumatori

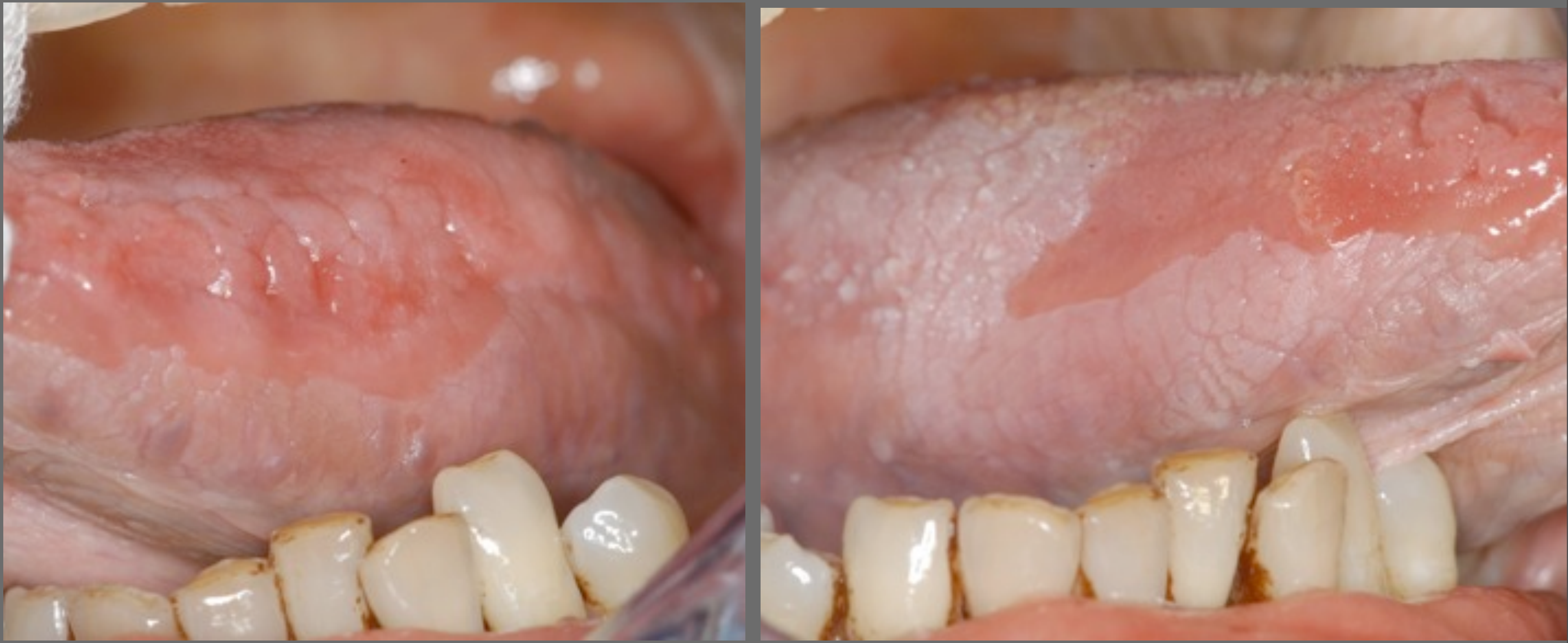
(van der Waal I, Reichart PA. Oral Proliferative verrucous leukoplakia revisit Oral Onc 2007)

(Bagan JV, Jimenez Y, Sanchis JM, Poveda R, Miliana MA, Murillo J, Scully C. Proliferative verrucous leukoplakia: high incidence of gingival squamous ce Carcinoma. J Oral Pathol Med 2003. 32(7):379-82).

Esempio (Clinicamente “accettabile” come LVP)



Esempio (Clinicamente “accettabile” come LVP)



Leucoplachia – management

- Il primo scopo del management della leucoplachia è (“dovrebbe essere ”) quello di evitare la trasformazione maligna

- Purtroppo non esistono indicatori accettabili (inclusi i biobarkers) sull’efficacia di trattamento, e la recidiva rimane un evento comune

Lodi G, Porter S. Management of potentially malignant disorders: evidence and critique
J Pathol Med (2008) 37:63-69

Leucoplachia – management

Leucoplachia non-diplastica

Trattamento (se fattibile p.e. < 2-3 cm)

Follow-up si nei pazienti trattati che non trattatti ad intervalli di 6 mesi, per tutta la vita (?)

Leucoplachia displastica

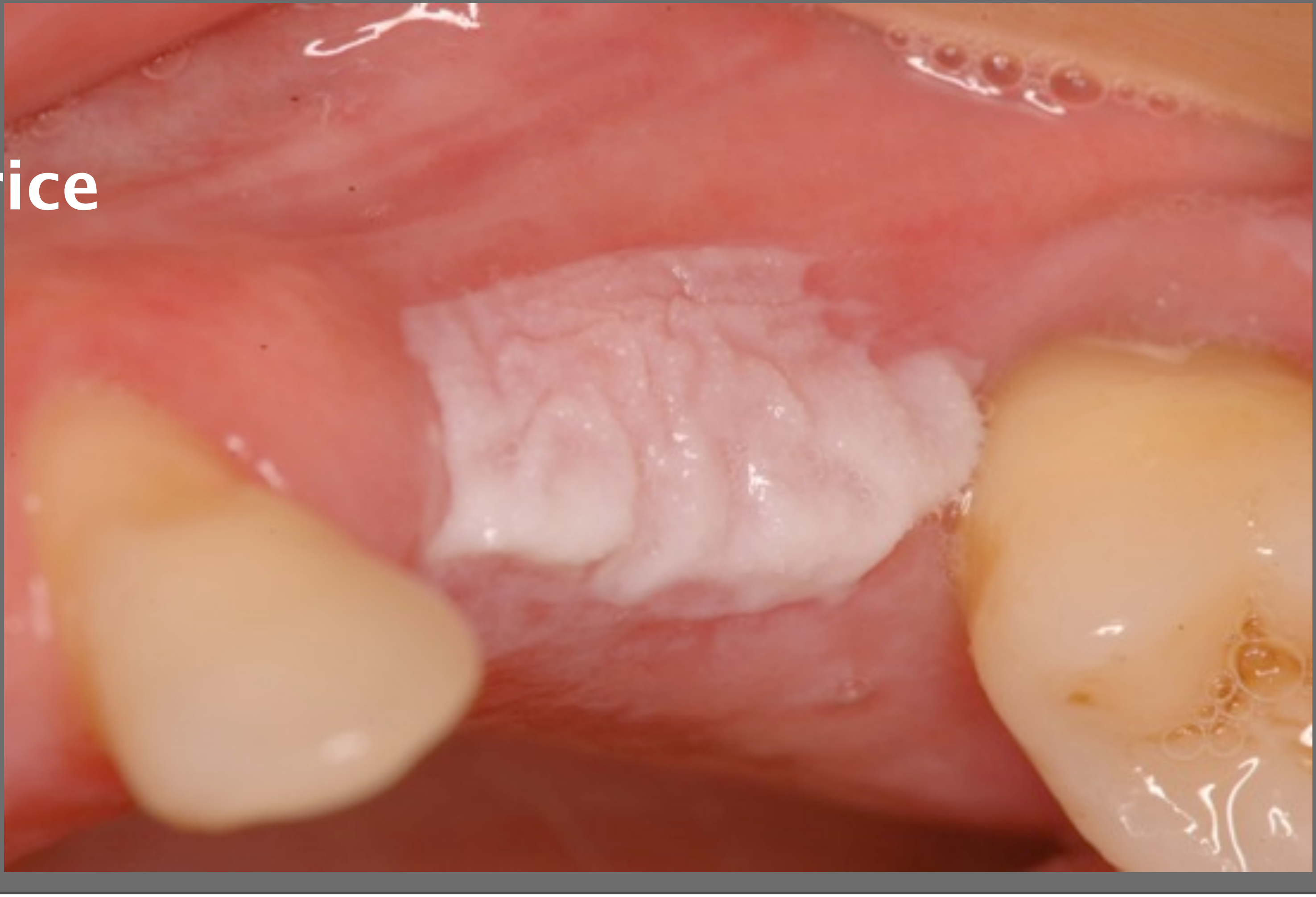
Trattamento (se fattibile p.e. < 2-3 cm)

Follow-up si nei pazienti trattati che non trattatti ad intervalli di 3 mesi, per tutta la vita (?)

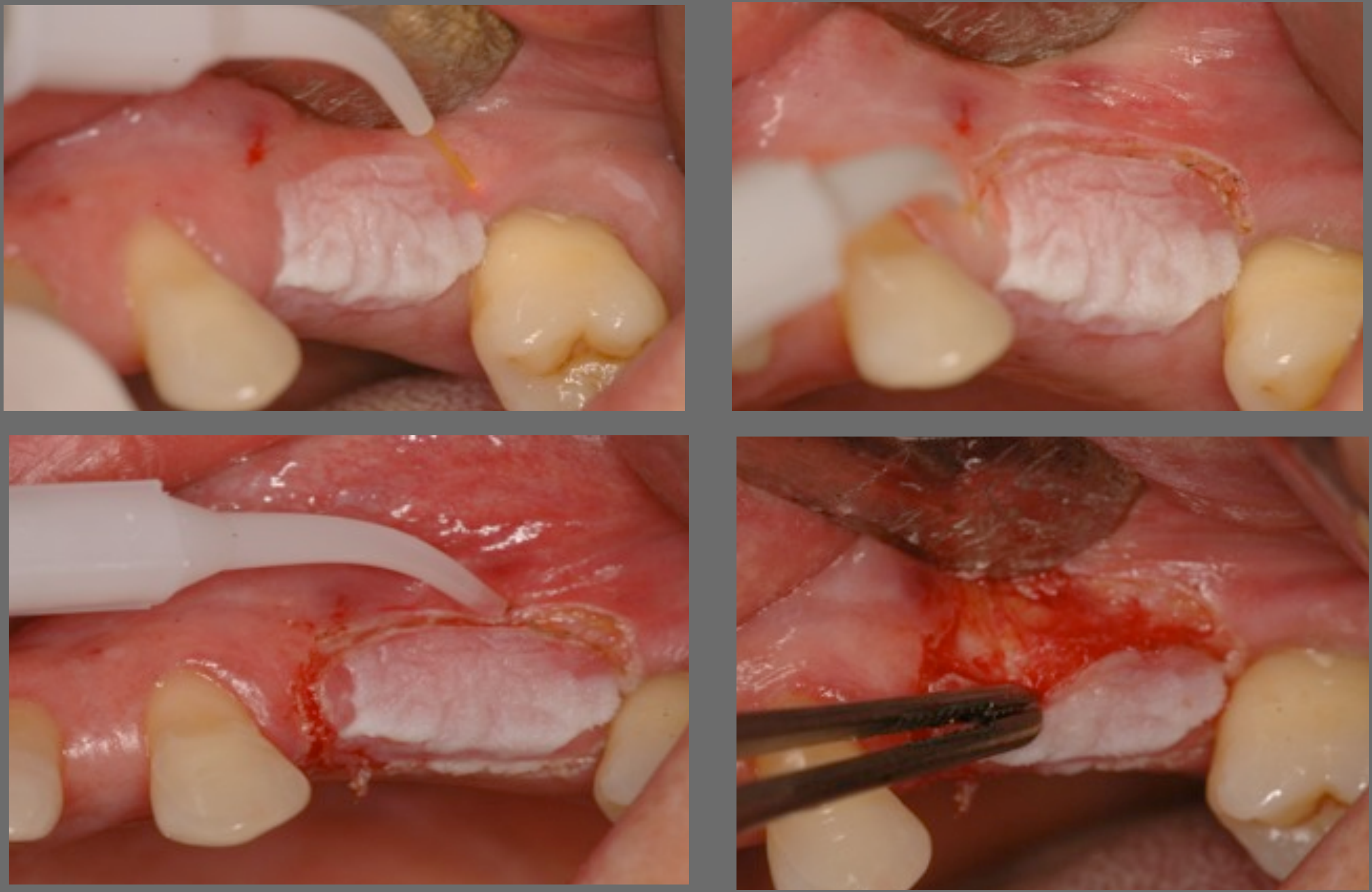
van der Waal I. Potentially malignant disorders of the oral and oropharyngeal mucosa; terminology, classification and present concepts of management. Oral Oncol (2008). Epub ahead of print

ESCISSIONE CON LASER Nd:YAG
Homogeneous leukoplakia

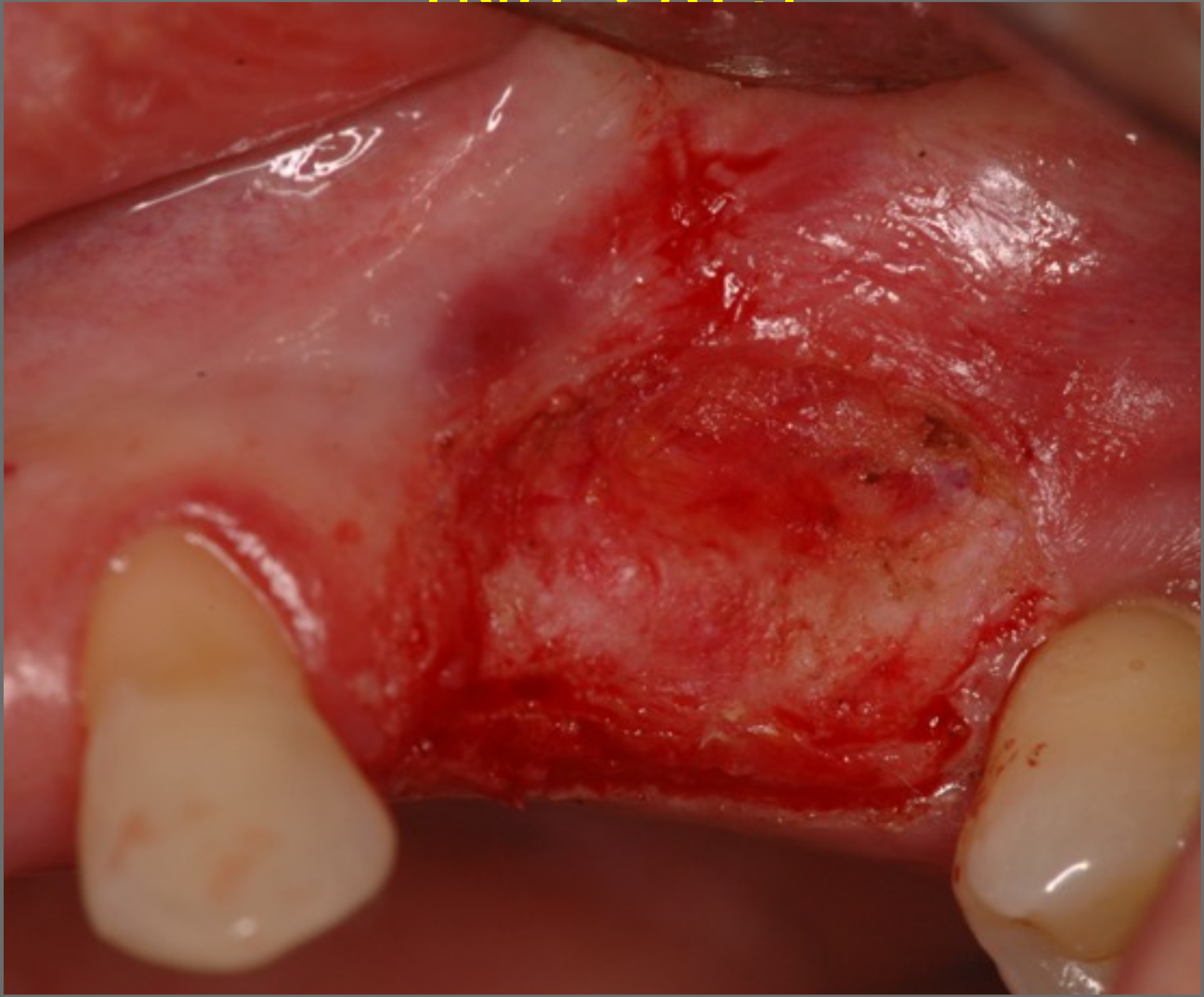
- 73 anni – Femmina Non fumatrice



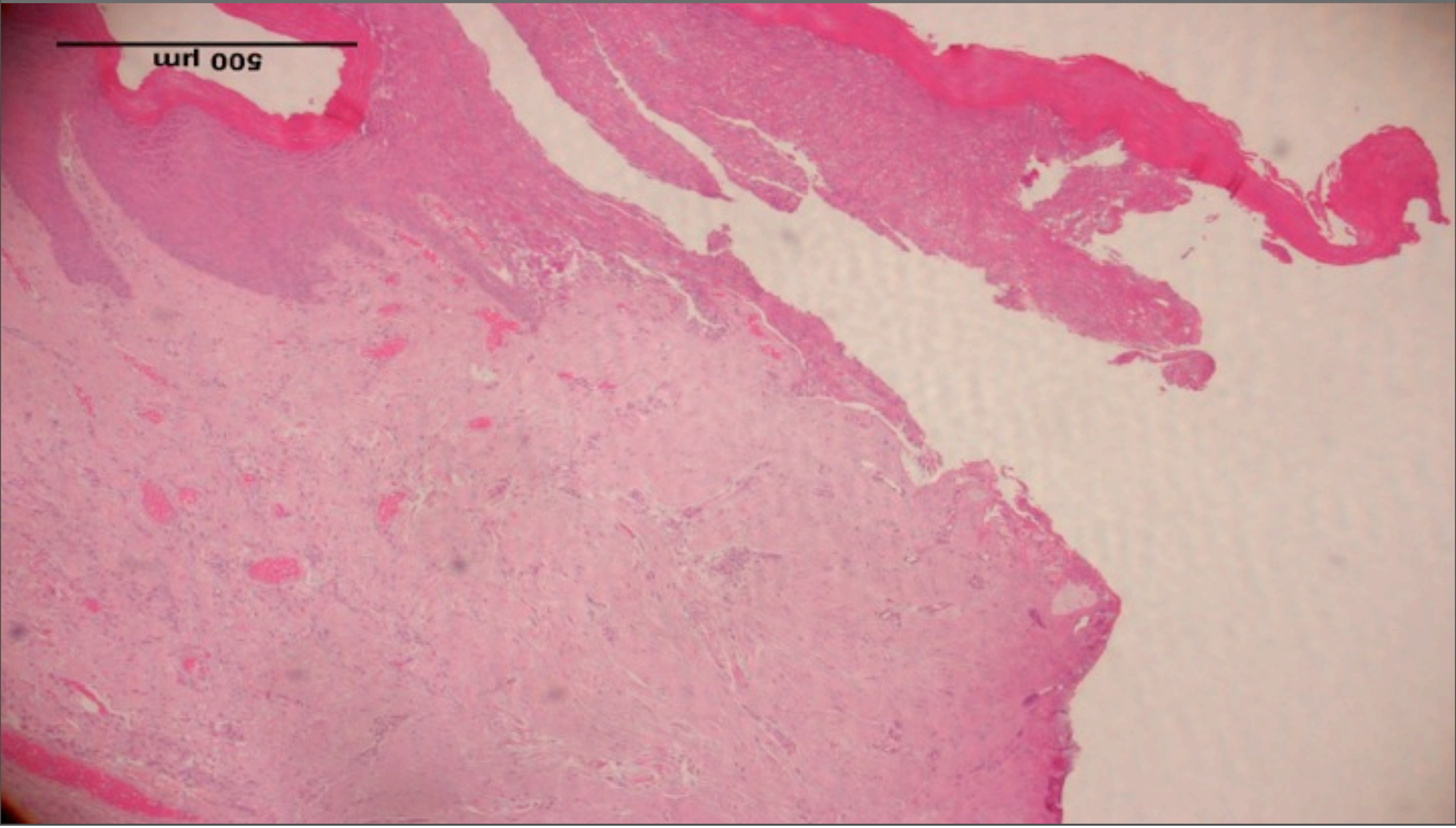
RIMOZIONE DELLA LESIONE (Nd:YAG)



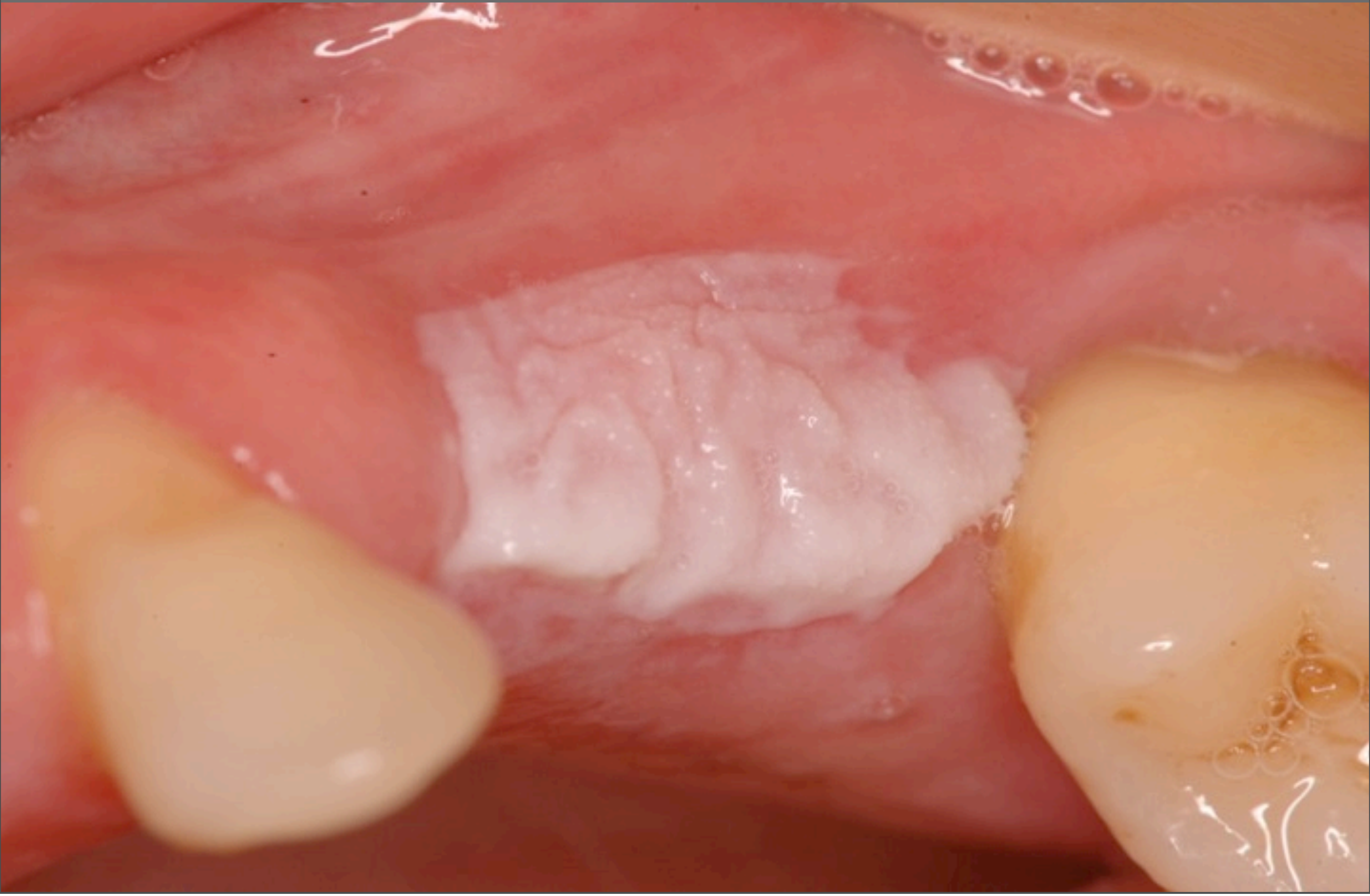
RIMOZIONE DELLA LESIONE (Nd:YAG)



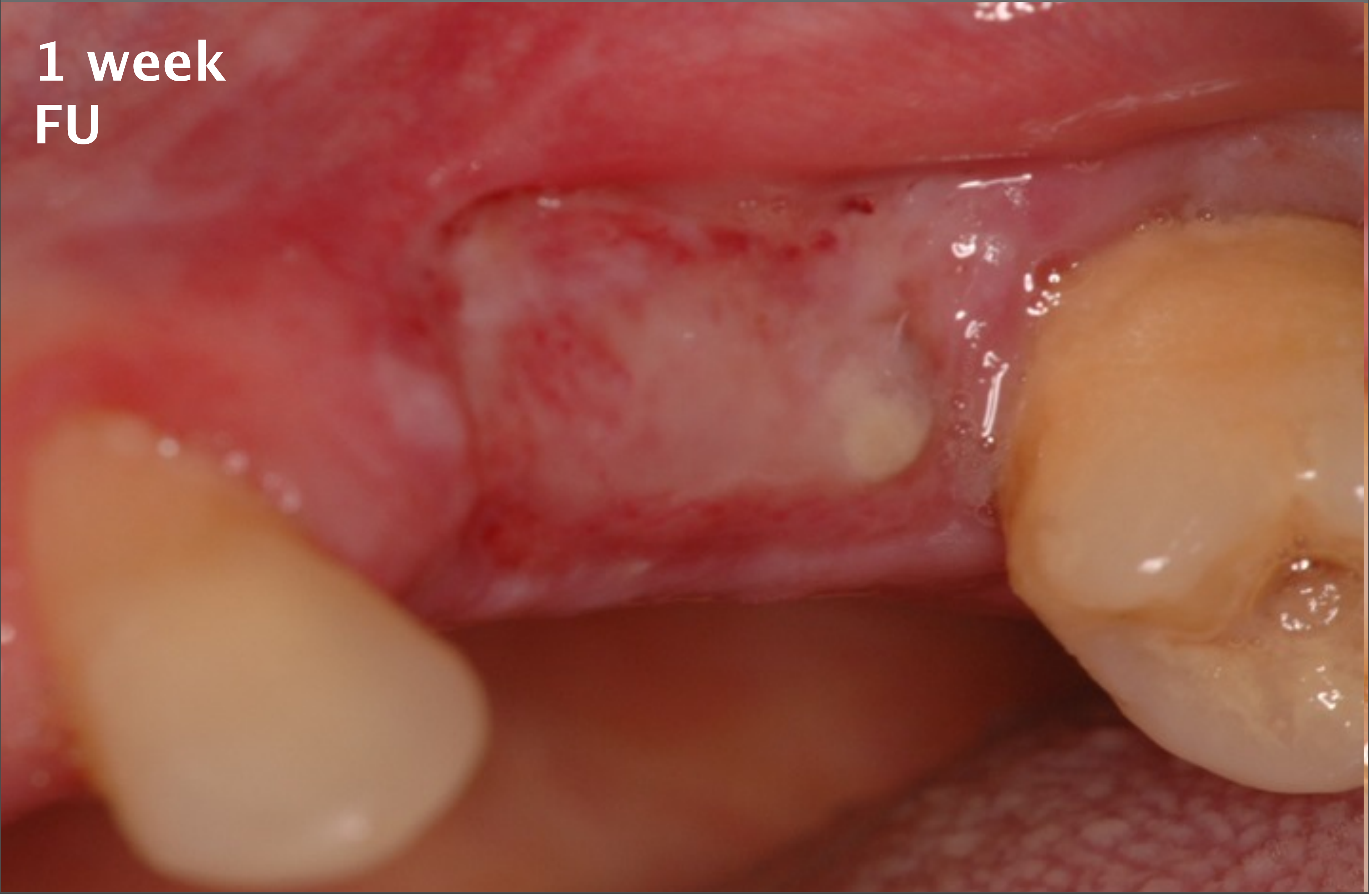
Ipercheratosi - No displasia



FOLLOW-UP



FOLLOW-UP



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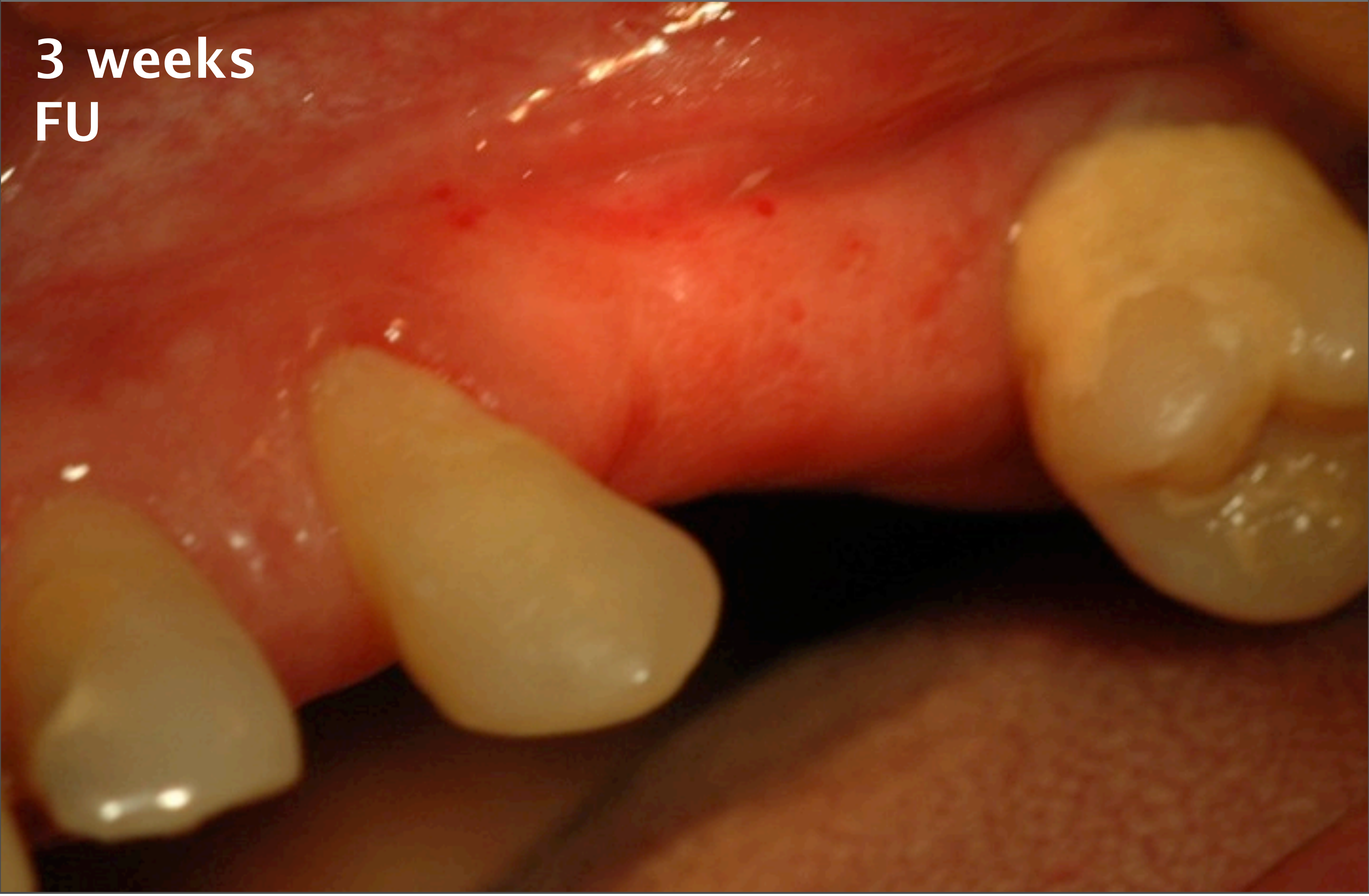
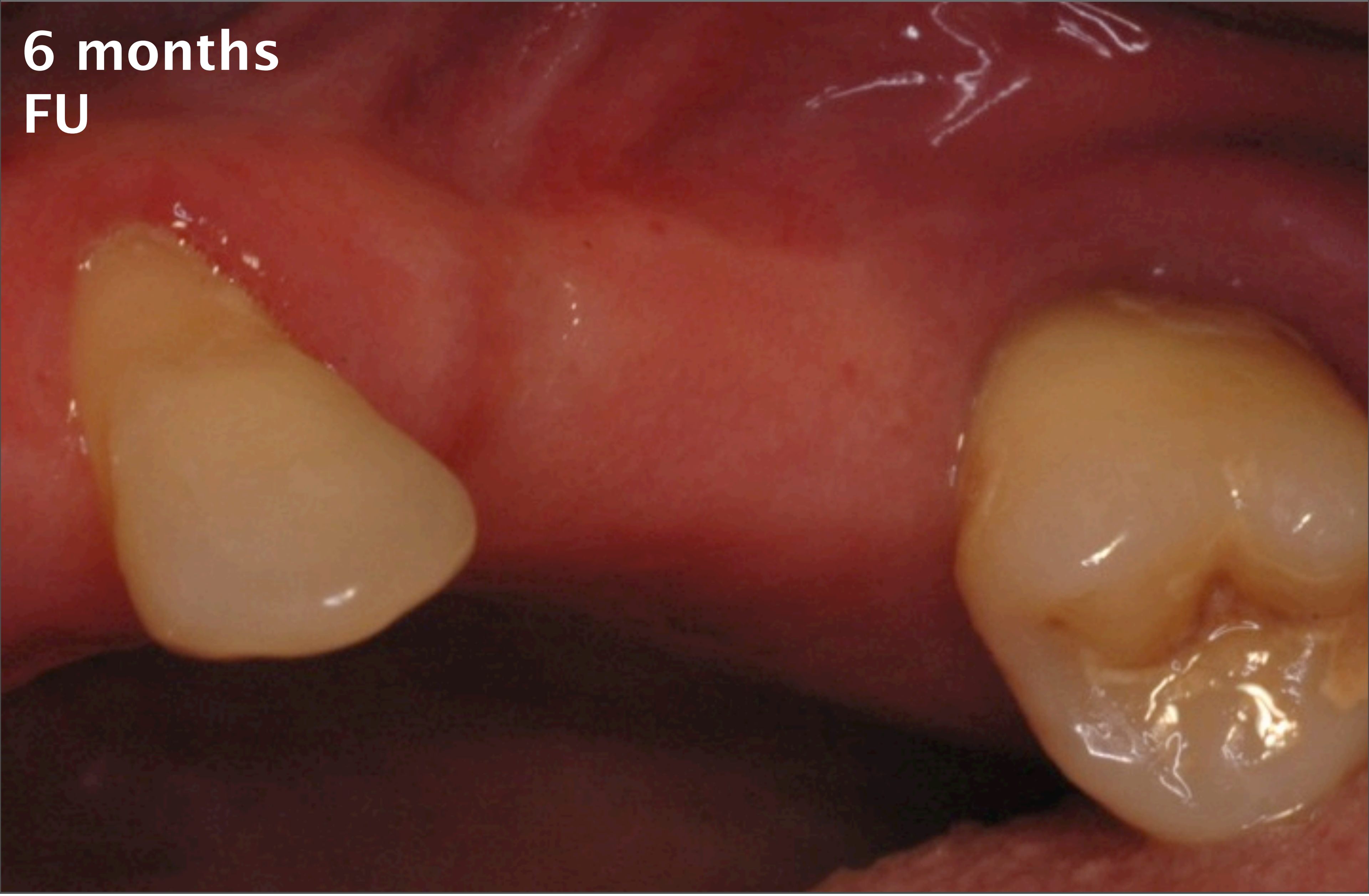
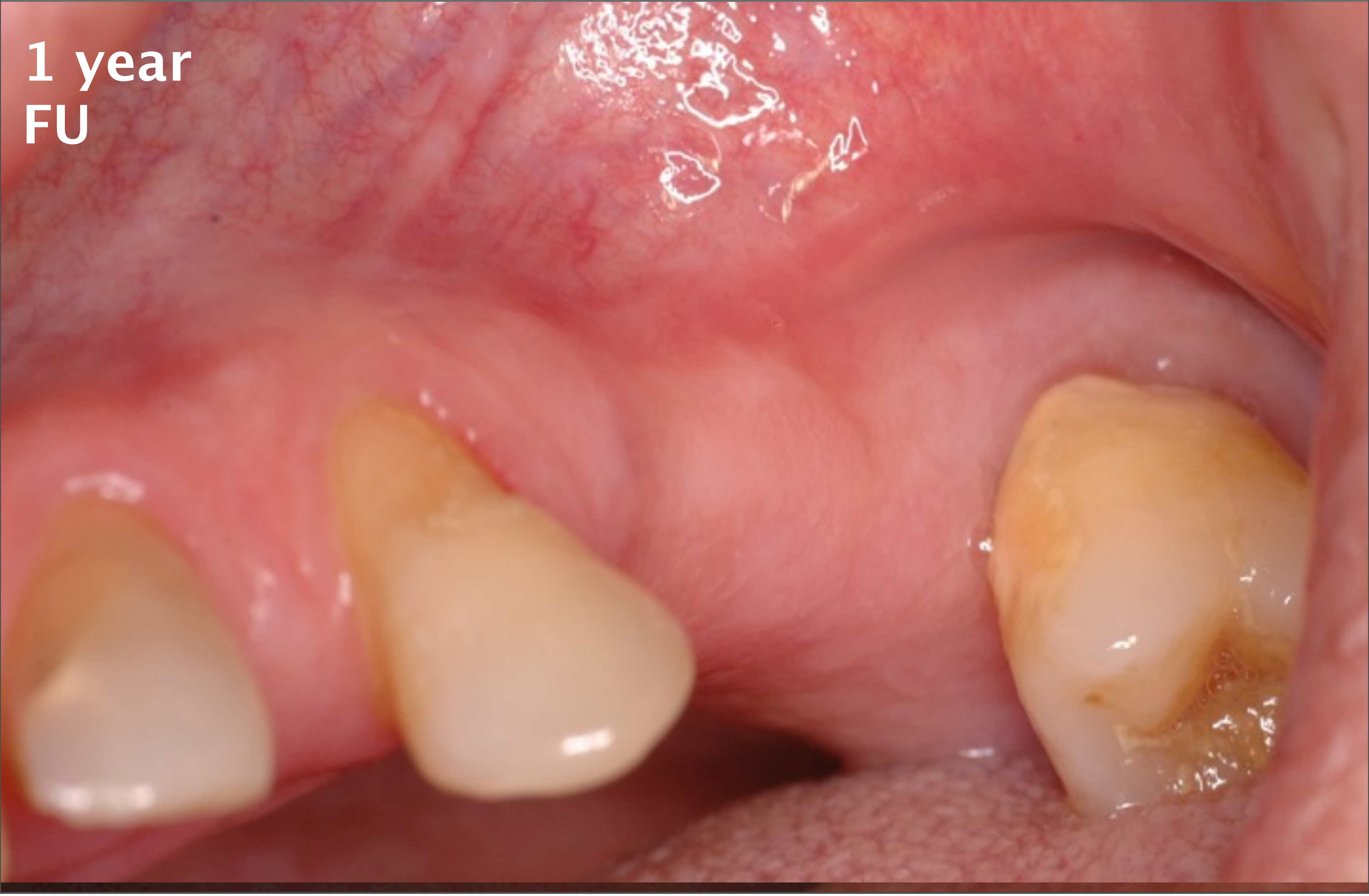


FOLLOW-UP

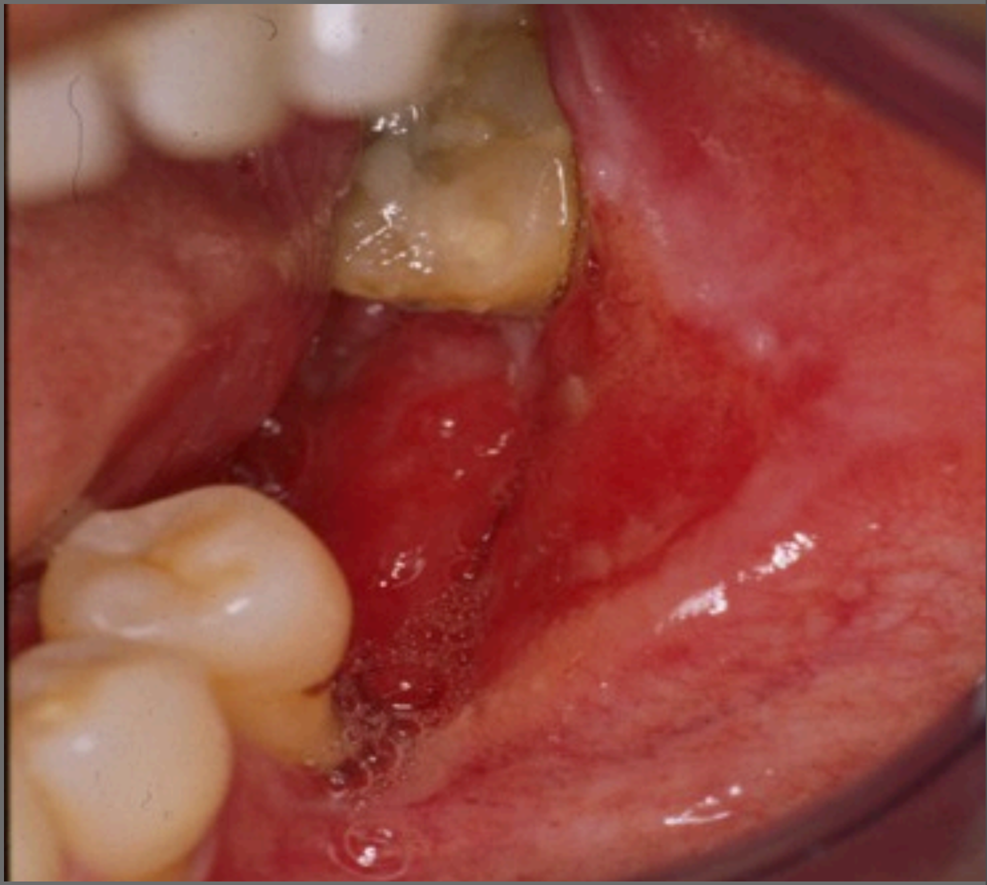


FOLLOW-UP

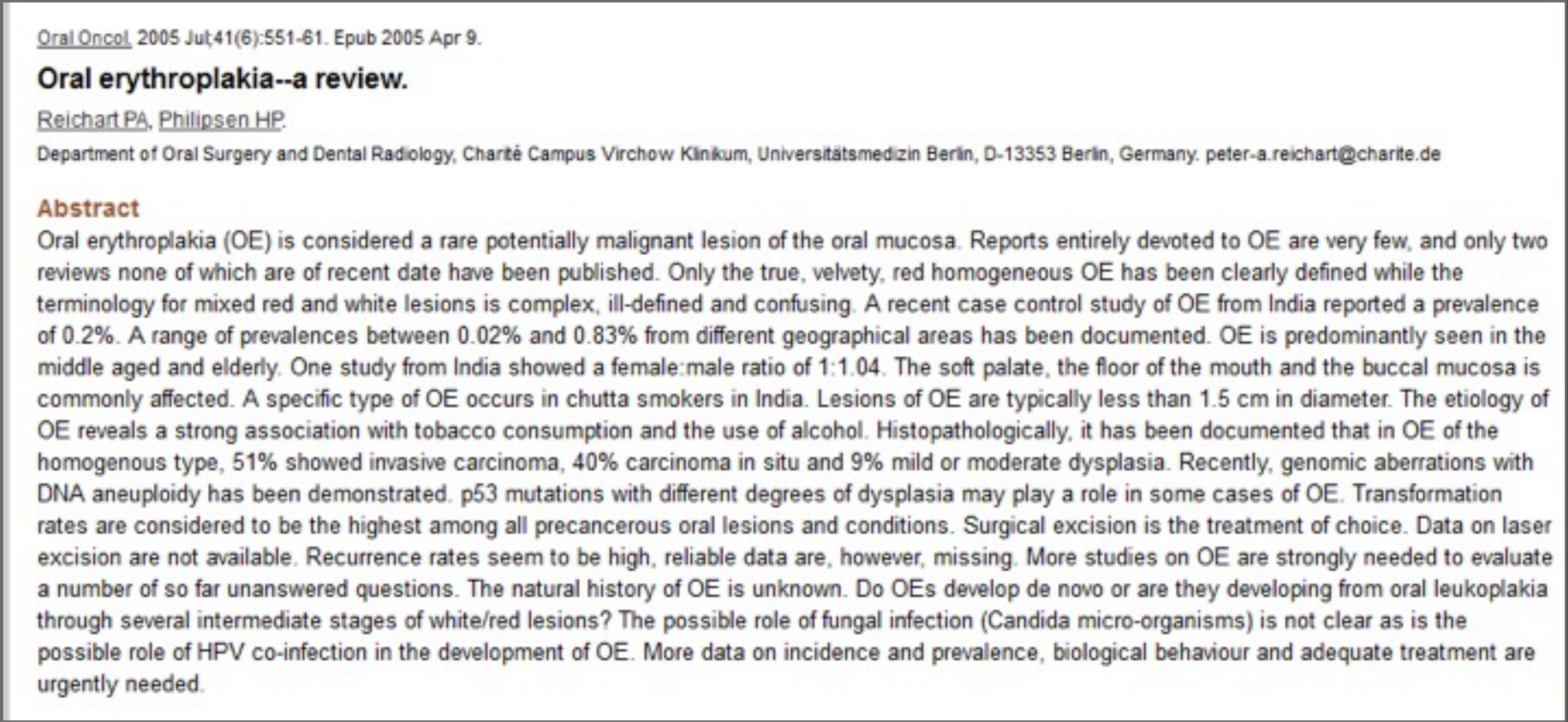


Eritroplachia

- Macchia di colore rosso intenso (rosso magenta)
- Non altrimenti inquadrabile con altre patologie: DD con forme flogistiche, infettive, atrofiche, angiomatose, vescicolo-erosive etc.
- Lesione piana di aspetto vellutato
- Generalmente asintomatica



Eritroplachia



Oral Oncol. 2005 Jul;41(6):551-61. Epub 2005 Apr 9.

Oral erythroplakia--a review.

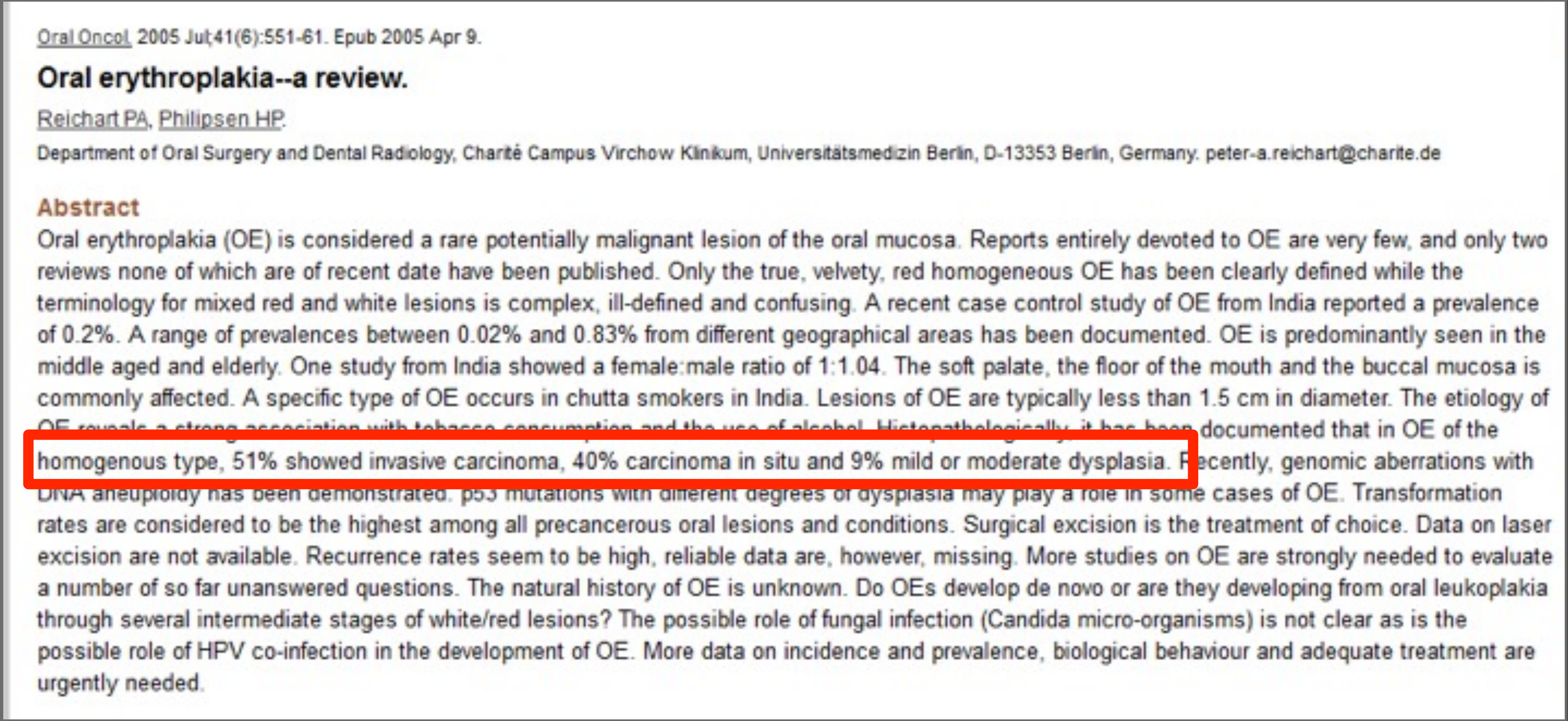
Reichart PA, Philipsen HP.

Department of Oral Surgery and Dental Radiology, Charité Campus Virchow Klinikum, Universitätsmedizin Berlin, D-13353 Berlin, Germany. peter-a.reichart@charite.de

Abstract

Oral erythroplakia (OE) is considered a rare potentially malignant lesion of the oral mucosa. Reports entirely devoted to OE are very few, and only two reviews none of which are of recent date have been published. Only the true, velvety, red homogeneous OE has been clearly defined while the terminology for mixed red and white lesions is complex, ill-defined and confusing. A recent case control study of OE from India reported a prevalence of 0.2%. A range of prevalences between 0.02% and 0.83% from different geographical areas has been documented. OE is predominantly seen in the middle aged and elderly. One study from India showed a female:male ratio of 1:1.04. The soft palate, the floor of the mouth and the buccal mucosa is commonly affected. A specific type of OE occurs in chutta smokers in India. Lesions of OE are typically less than 1.5 cm in diameter. The etiology of OE reveals a strong association with tobacco consumption and the use of alcohol. Histopathologically, it has been documented that in OE of the homogenous type, 51% showed invasive carcinoma, 40% carcinoma in situ and 9% mild or moderate dysplasia. Recently, genomic aberrations with DNA aneuploidy has been demonstrated. p53 mutations with different degrees of dysplasia may play a role in some cases of OE. Transformation rates are considered to be the highest among all precancerous oral lesions and conditions. Surgical excision is the treatment of choice. Data on laser excision are not available. Recurrence rates seem to be high, reliable data are, however, missing. More studies on OE are strongly needed to evaluate a number of so far unanswered questions. The natural history of OE is unknown. Do OEs develop de novo or are they developing from oral leukoplakia through several intermediate stages of white/red lesions? The possible role of fungal infection (Candida micro-organisms) is not clear as is the possible role of HPV co-infection in the development of OE. More data on incidence and prevalence, biological behaviour and adequate treatment are urgently needed.

Eritroplachia



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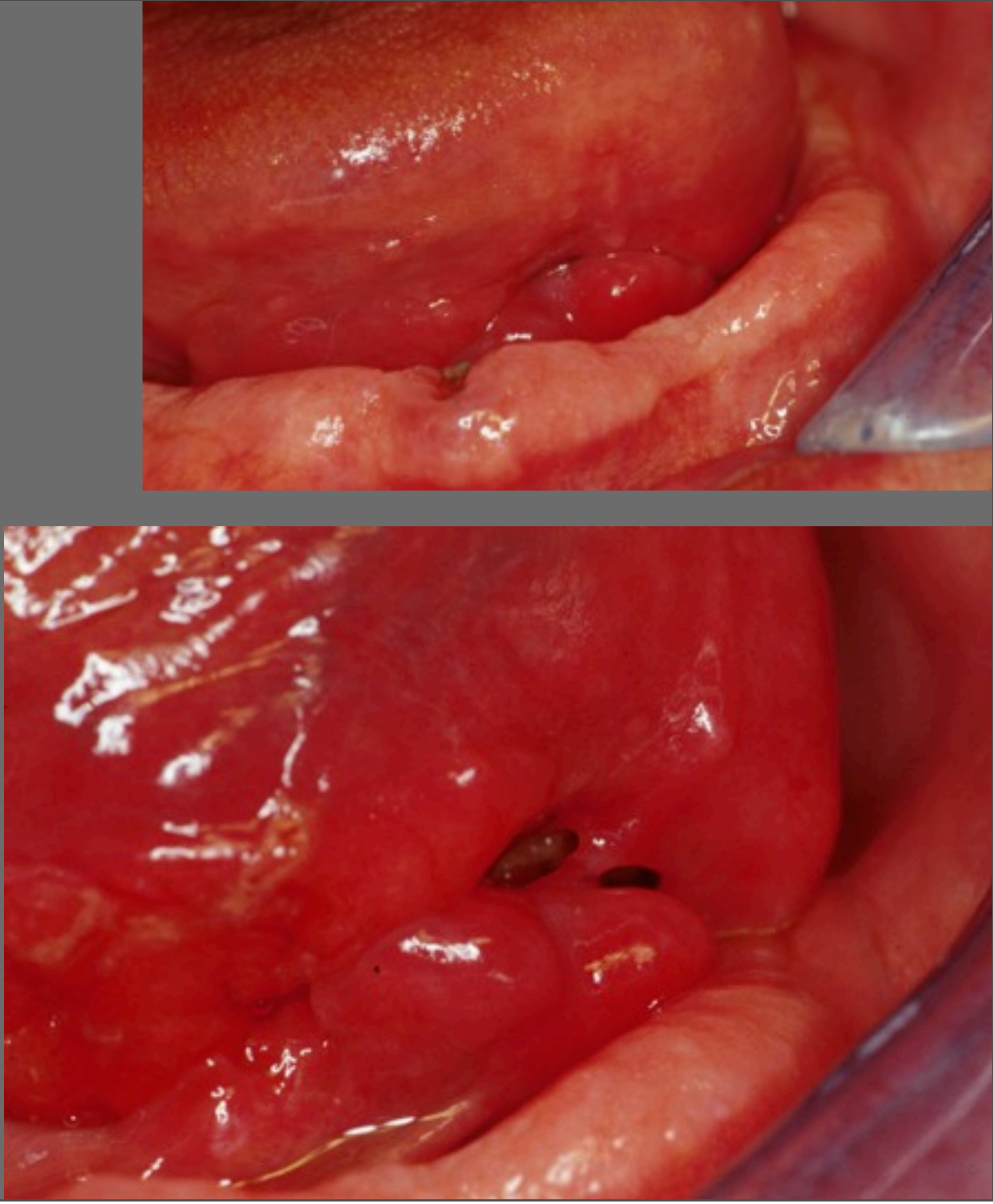
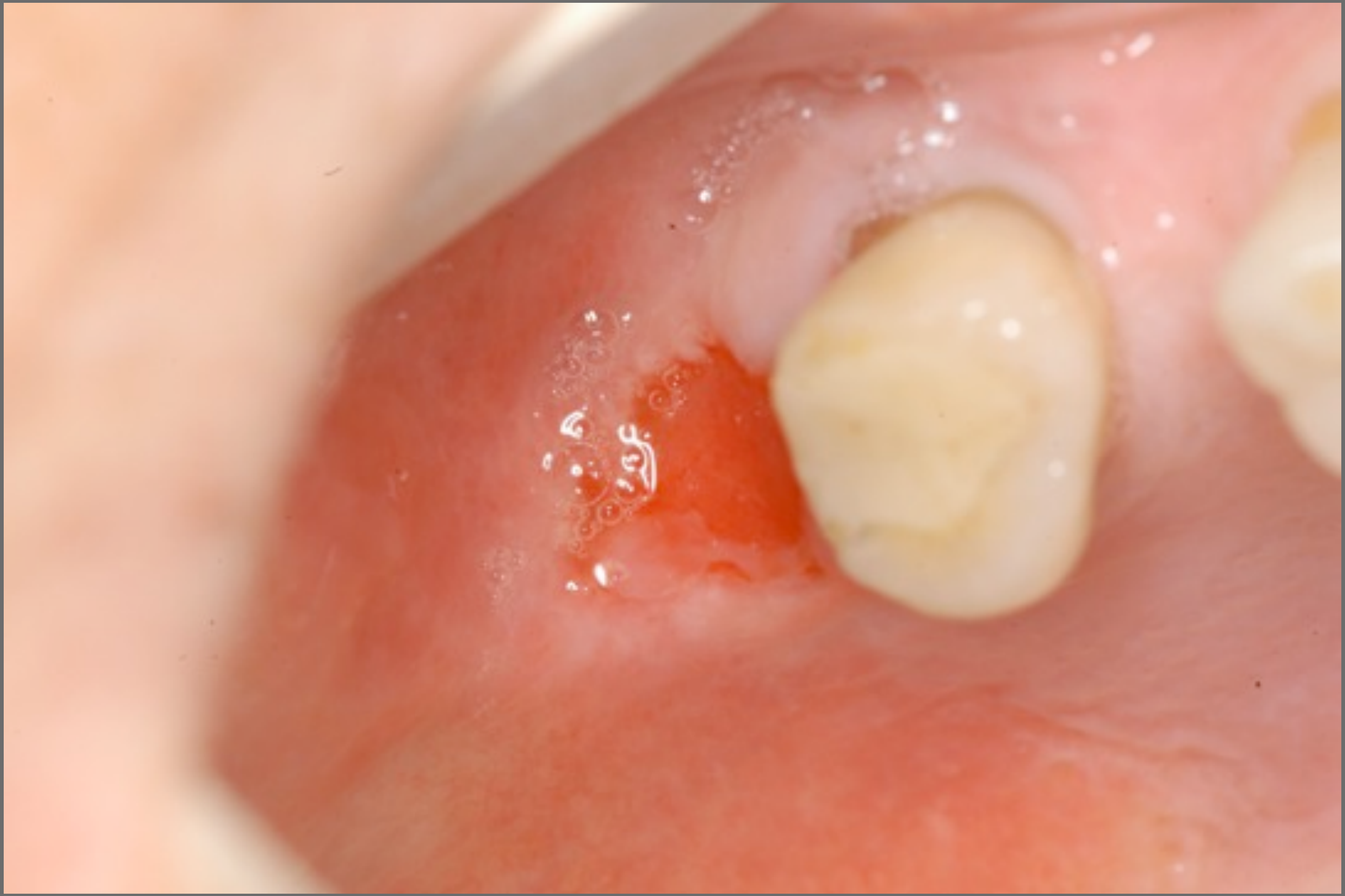
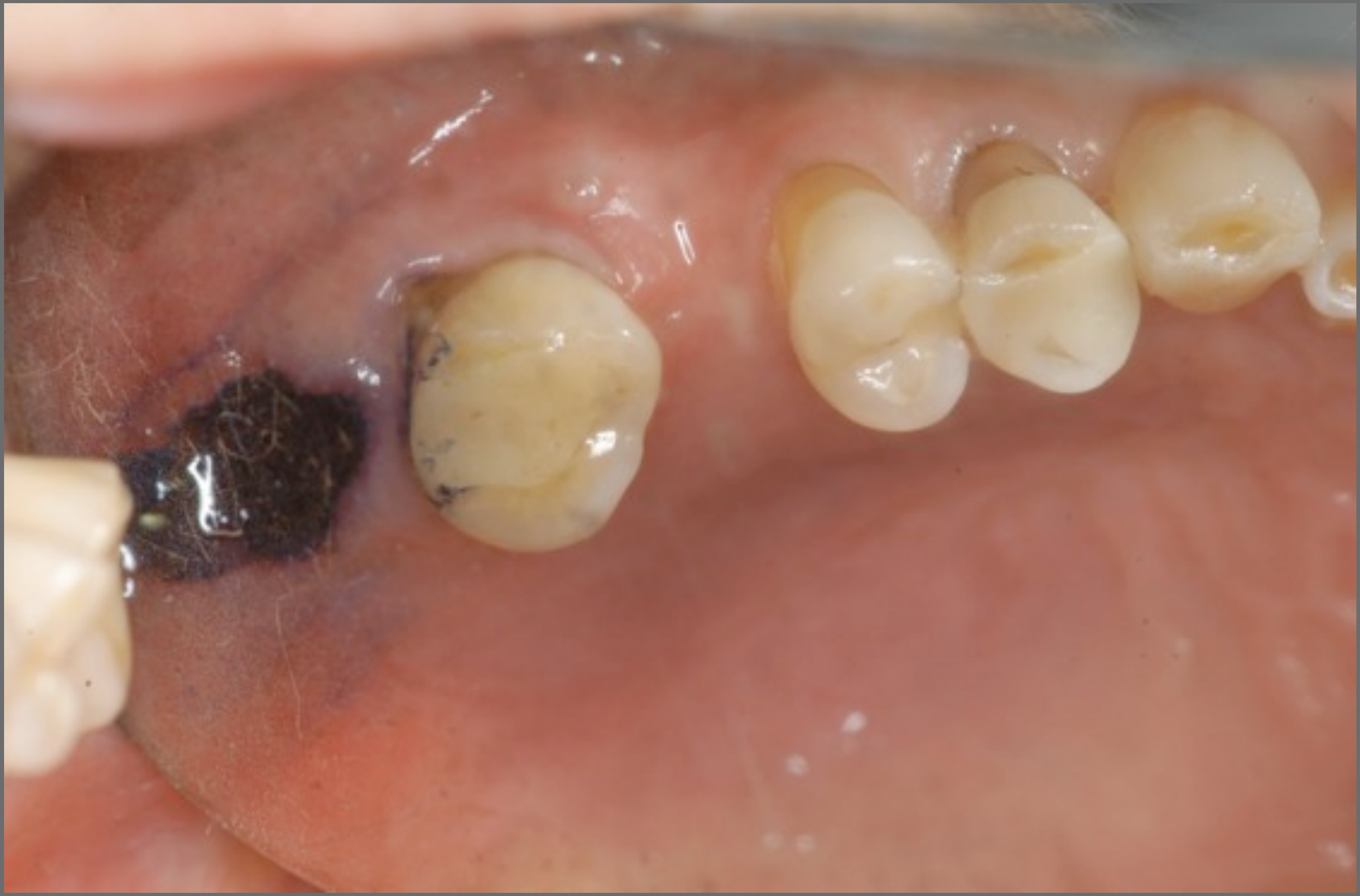
- Sedi tipiche mucose sottili: pavimento orale, ventre e pelvi linguale, palato molle pilastri palatini e tonsillari, mucosa buccale
- Correlazione etiopatogenetica con consumo di superalcolici
- Elevatissimo rischio di



Eritroplachia

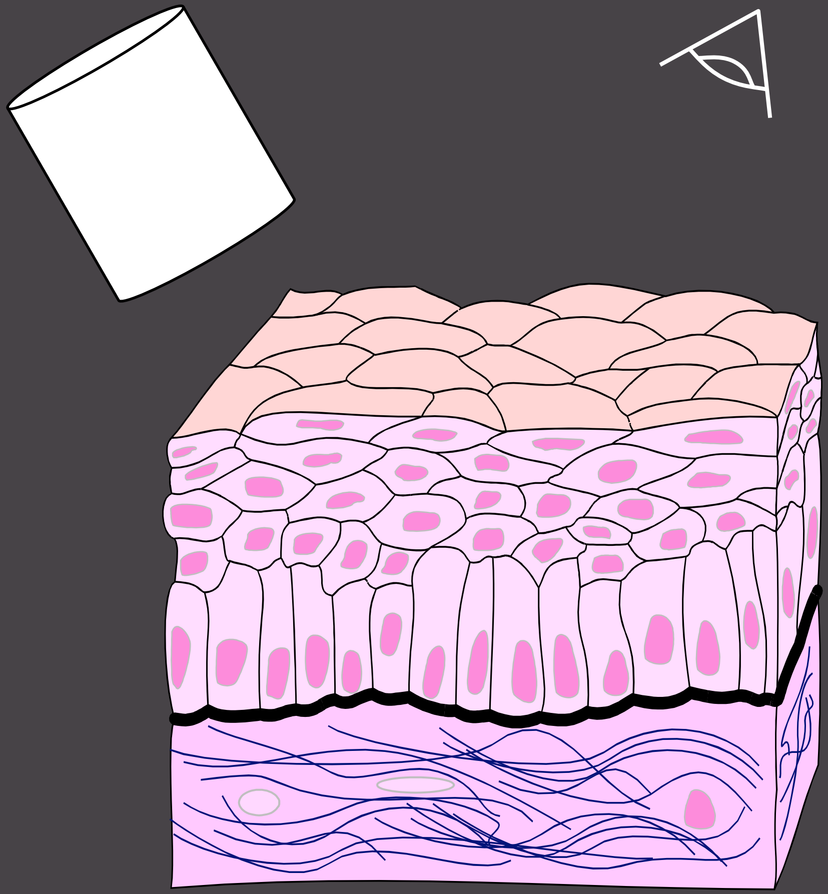


Eritroplachia



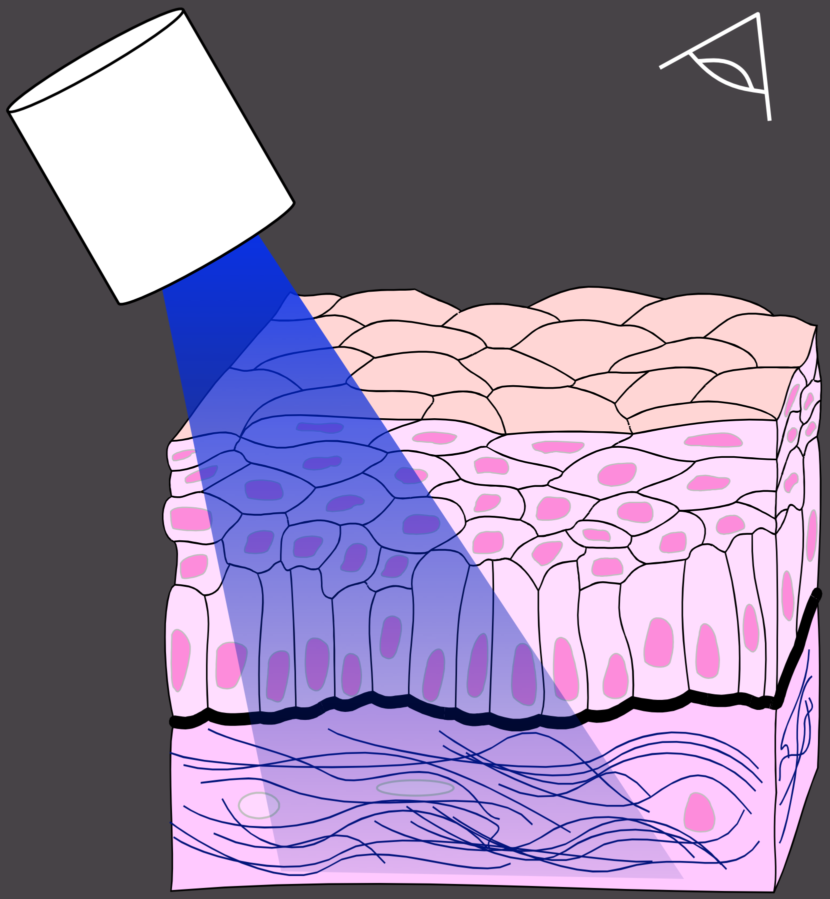
Il sistema di prevenzione per la diagnosi precoce del Cancro Orale

FLUORESCENZA DEL TESSUTO E AVANZAMENTO DISPLASTICO

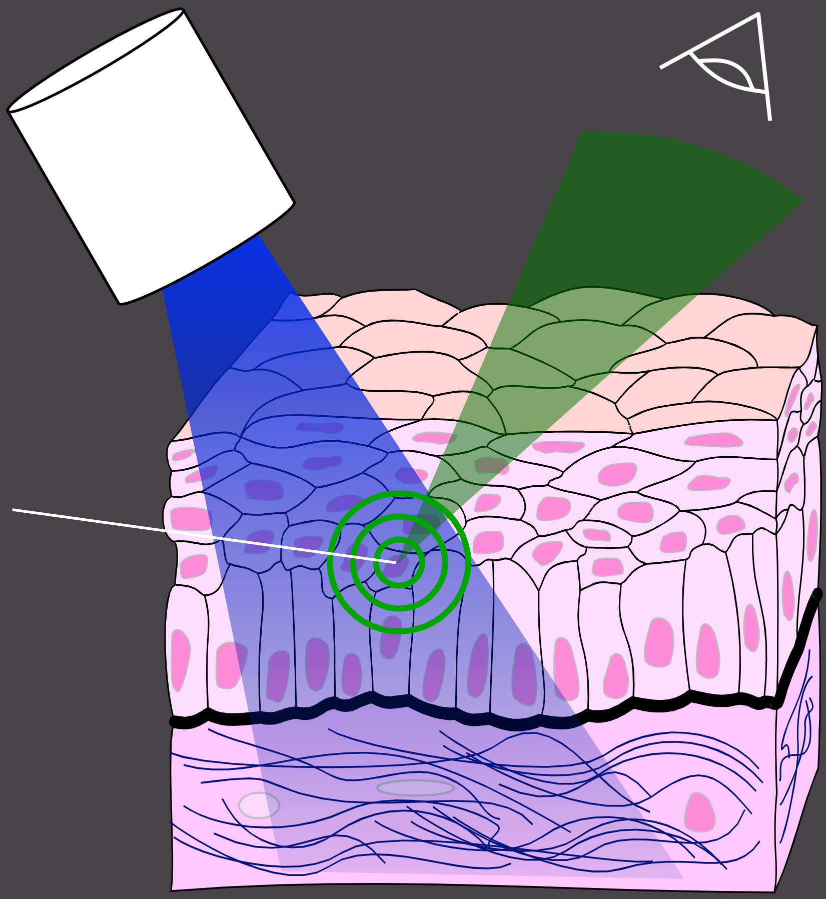


VELscope

FLUORESCENZA DEL TESSUTO E AVANZAMENTO DISPLASTICO

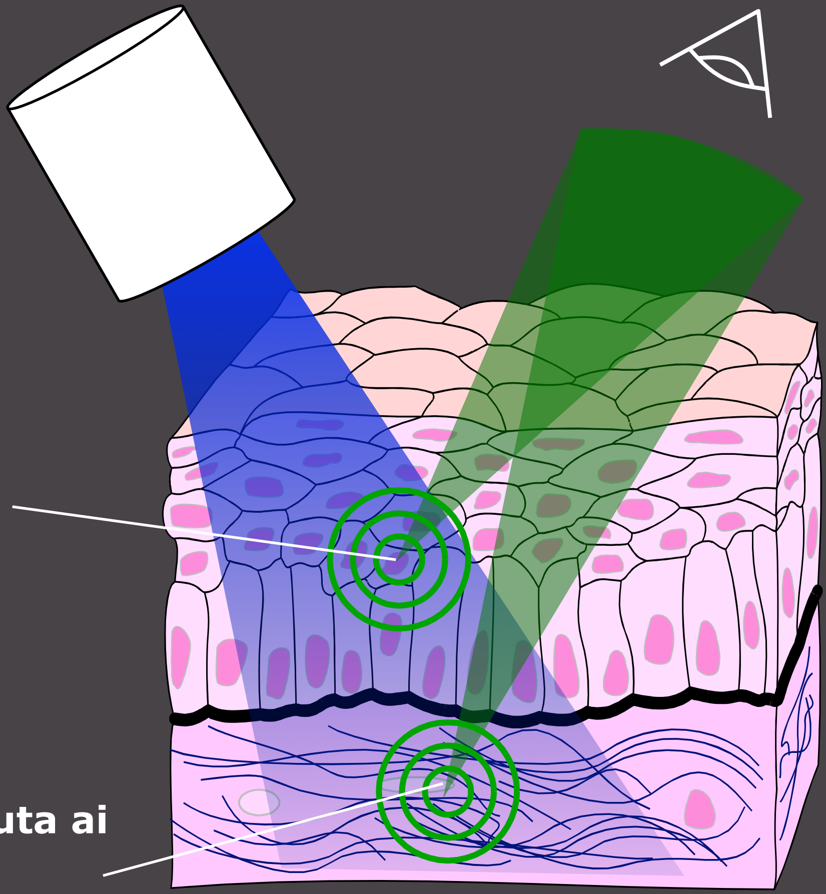


FLUORESCENZA DEL TESSUTO E AVANZAMENTO DISPLASTICO



Fluorescenza dovuta al FAD (cellulare)

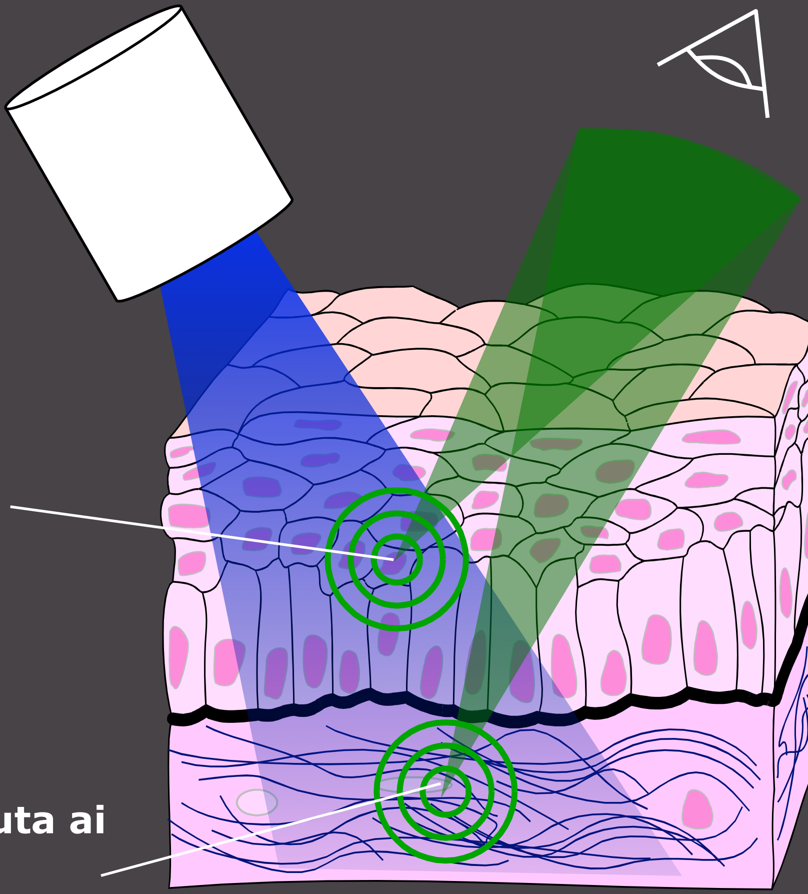
FLUORESCENZA DEL TESSUTO E AVANZAMENTO DISPLASTICO



Fluorescenza dovuta al FAD (cellulare)

Fluorescenza dovuta ai legami crociati di collagene ed elastina (stromale)

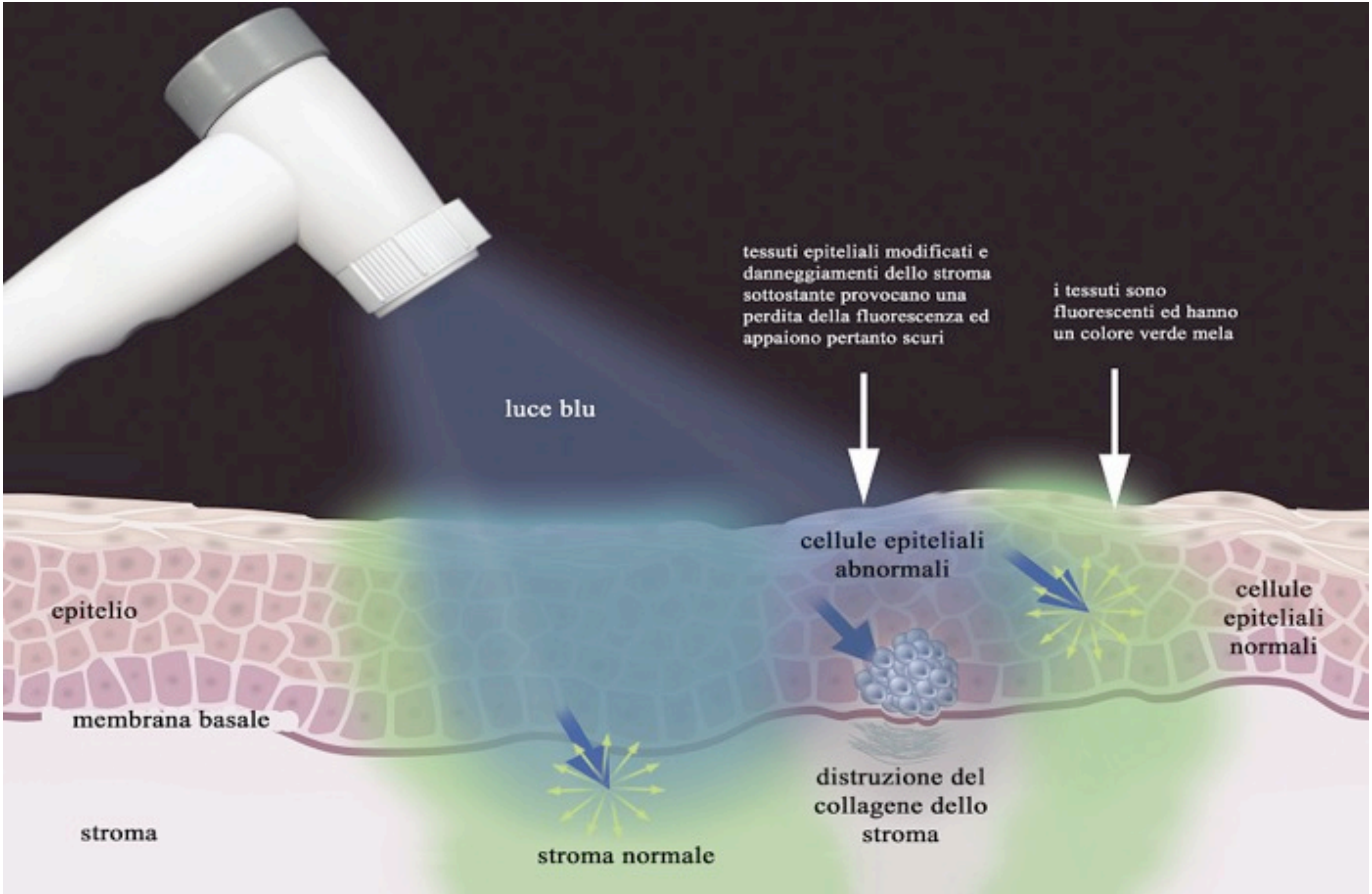
FLUORESCENZA DEL TESSUTO E AVANZAMENTO DISPLASTICO



L’intensità della fluorescenza diminuisce con l’avanzamento displastico

Fluorescenza dovuta al FAD (cellulare)

Fluorescenza dovuta ai legami crociati di collagene ed elastina (stromale)


tessuti epiteliali modificati e danneggiamenti dello stroma sottostante provocano una perdita della fluorescenza ed appaiono pertanto scuri
i tessuti sono fluorescenti ed hanno un colore verde mela
luce blu
cellule epiteliali abnormali
epitelio
cellule epiteliali normali
membrana basale
distruzione del collagene dello stroma
stroma
stroma normale

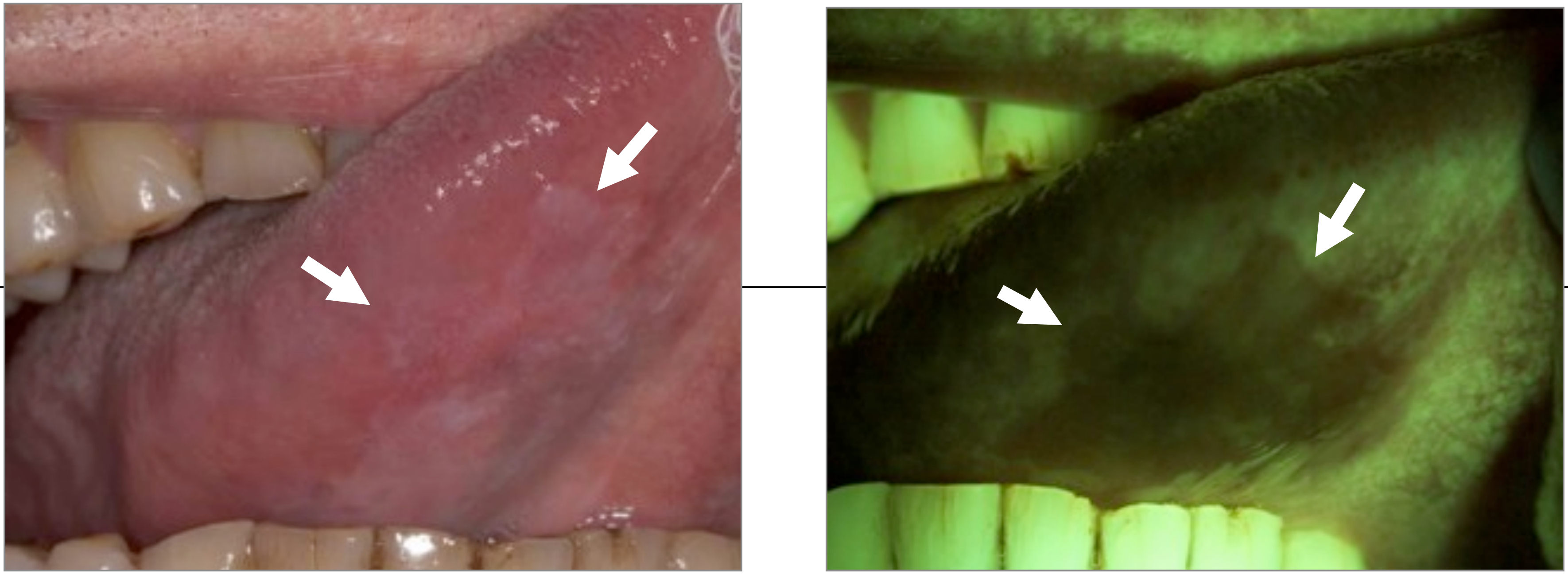
VELscope

Tessuto anomalo

Paziente B

Tessuto anomalo

Paziente B



Le lesioni orali vengono evidenziate come aree irregolari di colore scuro

Images courtesy of the British Columbia Oral Cancer Prevention Program

Elisabetta Merigo

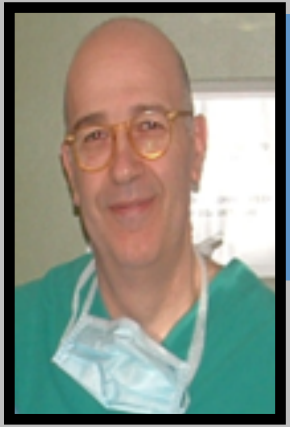
Maddalena Manfredi

Paolo Vescovi

Marco Meleti

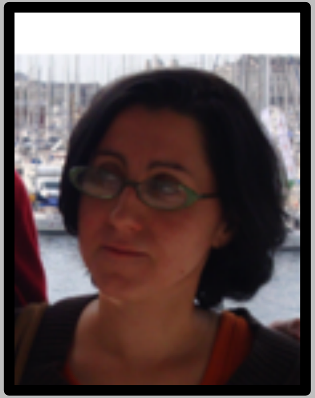
AMBULATORIO DI PATOLOGIA E CHIRURGIA ORALE LASER-ASSISTITA

Polo di Odontostomatologia
Azienda Ospedaliero-Universitaria di Parma

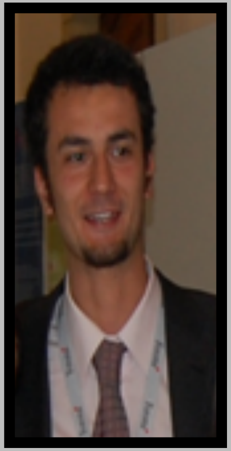


Carlo Fornaini

Luigi Corcione



Tamara Simonazzi



Giovanni Mergoni

Amin Sarraj