PRE-CANCER DISEASES OF RED LIP BORDER AND ORAL MUCOSA
1. The prevalence of precancerous diseases of MM
2. Etiological factors
3. Pathogenesis and histological changes of OMM with precancer
4. Clinical manifestations of obligate precancer
5. Clinical manifestations of facultative precancer
6. Clinical examination of patients with precancer
7. Prevention of precancerous diseases of MM and red border of the lips
The term «precancer» for the first time in the medical literature appeared in the year 1896, when Dubreuil in London at the International Congress of dermatologists called keratosis predecessors of cancer.
Precancer (synonyms: precancerous status, precancerous diseases) - this disease and pathological process against which it is possible to develop malignant tumors.
Risk factors:

- mechanical trauma
- smoking
- bad habits (alcohol, hot spicy food)
- chemical factors (harmful chemicals in the production of phenol, plastics)
Risk factors:
Types of pre-cancer

- Malignant
- Facultative
Malignant pre-cancer diseases Classification

- Bowen's disease (Keira Erytroplaziya);
- Premalignant warty;
- Limited precancerous hyperkeratosis of red lip border;
- Abrasive prekantseroz cheilitis Manhanotti;
II. Facultative precancerous high probability of malignancy:

- Lekoplakiya;
- Papillomatosis;
- X-ray stomatitis;
- Erosive and ulcerative form of lupus erythematosus;
- Keratoakantoma;
- Cutaneous horn.
III Facultative pre-cancers with less possibility of malignance:

- Flat leucoplakya.
- Oral mucosa chronic ulcers.
- Red flattened lichen and red lupus erosive-ulcerous and hyperkeratic forms.
- Lips chronic fissures.
- Postradial cheilitis and stomatitis.
- Meteorological and actynial cheilites.
Bowen disease

Bowen's disease is intraepithelial Carcinoma

one or two limited spotty-nodular lesions with a diameter of 1 cm or more. Hyperemic surface, smooth, more velvety appearance. on the surface of the formation of erosions. Lymph nodes were not enlarged
Limited hyperkeratosis red border of lips

A favorite place of localization: only lower red lip.

Objectively: plot of keratinization of polygonal form, gray-white color, size 2 mm, set against the background of unmodified RLB, covered with densely gray scales.
The erosion is oval shape with a clean, smooth, as if polished surface a diameter of 1 cm or more. Hyperemic surface, smooth, more velvety appearance. On the surface of the formation of erosions. Lymph nodes were not enlarged.
Abrasive cheilitis Manhanotti

Often it is met of men after 60 years.

Complaints about lips red margin restricted hyperemmy or ulcers, sometimes crusts which disappear and appear periodically, especially in spring.
Premalignant warty

A favorite place of localization: only lower lip.

Objectively: the form of nodules hemispherical shape with a diameter of 1 cm, towering on 4-5 mm, covered with densely gray scales, which are difficult to remove. Color grayish-red. Palpation painless.
Possible ways of development of precancerous changes

- The progression
- Prolonged existence without significant changes
- Growth without progression
- Regression
Symptoms of malignancy

- Increasing the size of place of destruction;
- The appearance of bleeding;
- The appearance of erosions or ulcers in areas of hyperkeratosis;
- The rapid growth of papillae on the surface erosion.
Leukoplakia

leukoplakia - a chronic inflammation of the mucous membrane and red border of lips with pronounced symptoms of keratinization of the epithelium.

• Homogenous, (flat ,simple)
• Proliferative verrucous
• Erosive
Leukoplakia

The white color in leukoplakia is a result of hyperkeratosis (or acanthosis), similarly appearing white lesions that are caused by reactive keratosis (smoker's keratosis or frictional keratoses).
Leukoplakia simple

Complain is dryness

Objective: keratinized spot, strictly restricted, with different shape and size, without rising above the mucosa level, grey-white and intensive-white by color; covering foci with thin grey-white sheath that is not removed.
Leukoplakia verucosal

The injured areas look like milky-white, smoothed, densed, strictly limited plaques, irregular-shaped and with rough surface, rising above the oral mucosa level, without ability to be removed. The defeat of the mucous membrane of the cheek and gums as multiple foci of keratinization (white patches).
Leukoplakia erosive

Complaints:
burning, sometimes pain

Objectively:
one or several similar erosions,
lymphnodes are usually without increase.
Smoker leukoplakia (Tapeynera)

The mucous membrane of the hard palate sealed. Coarsen, grayish-white. Against this background, visible folds. small nodules, against which clearly distinguished small mucous glands. resulting MM like pavement.
Smoker leukoplakia (Tapeynera)

Its peculiarity is in brightly-red points (small salivary glands opened ducts) presence in the places of palate mucosa dullming.
Complaints: feeling of tightness.
Objectively: land of defeat are localised on with cheeks, lips. They are soft, covered with scraps of epithelium. The surface layer of the epithelium is removed with a spatula.
Histological changes

excessive thickening of the corneal epithelial layer
Histological changes

hyper- and parakeratosis
spinosal layer cells increase
Acanthosis in the epithelium spinosal layer middle layers mitoses number increasing, mitoses irregularity, giant and multi-nucleated cells.
Histological changes

Дисплазия - Carcinoma in situ
disintegration in epithelium basal membrane and basal layer
Papilloma

The epithelial tumor rising above oral mucosa surface. It can be fungate or round, from 1-2 mm till 1 cm in a diameter. The tumor is placed on thin leg or on the wide pale-pink background. It is soft and pain-free when palpated.
Keratoacanthoma

The disease is non-painful, semi-spheric, grey-red nodule or with the color of unchanged red margin. The nodule is densed, with small can-like fovea (pseudoulcer) in the center filled with the substance and surrounded by epithelial roller. The tumor develops rapidly and can reach 2-2.5 cm in a diameter. Lymphnodes are not increase.
Cutaneous corn – appears more often in men on the lips. It represents single brown-grey densed coned corneate formation rising above the lips red margin surface to 1 and more cm. Formed corneate masses resembles corn by their shape
Chronic fissure of lip

Chronic disease of lips, this linear violation of intact tissues, characterized by a long passage and relapses.
Actinic cheilitis

Red border of the lower lip is dry, covered with small scales. Present painful erosion, cracks, crusts.
Lichen Planus

Lichen planus heperkeratosis characterized by the development white epithelial thickening
Symptoms of malignancy

- Increasing the size of plots destruction;
- The emergence of compression at the base of the formation;
- The appearance of bleeding;
- The appearance of erosions or ulcers in areas of hyperkeratosis;
- The rapid growth of papillae on the surface erosion.
Onkostomatological centers

- Diagnosis and treatment of precancerous diseases of mucous membrane and red border of lips and detect early cancers;
- Methodical assistance on clinical examination;
- Training of doctors stomatoskopi and other methods of diagnosis;
- Seminars and conferences on cancer prevention;
- Consulting services of patients by referral physicians city districts.
- Clinics, diagnostics, differential diagnostics and treatment of pre-cancers separate forms
Treatment

- Removal of traumatic factor.
- Vitamin A and vitamin B complex.
- Surgical.
- Cryodestruction.
• Bowen disease – 1-2 times per year.
• Abrasive cheilitis Manganotti – 3 times per year.
• Leucoplakia verrucous and erosive – 4 times per year.
• Lichen planus – 4 times per year.
• Lupus – 4 times per year.
Prevention of precancerous diseases

**sanitary-hygienic** – cancerogens discovery and action canceling:

- rational physical training,
- proper feeding especially as for vitamins,
- canceling alcohol taking and smoking,
- not to use hot and spicy food,
- refusal from other bad habits,
- preventing excessive insolation,
- hygienic care for oral cavity and lips red margin;
Prevention of precancerous diseases

clinical:
• preventive examinations in the risk groups
• preventing and treatment concomitant diseases – somatic (herpetic injuries, meteorological, actynial, glandular cheilites et al.);
• oral cavity sanation – to pay especial attention to traumatizing factors canceling;
• not to use cauterizing substance;
• dyspanserization
Prevention of precancerous diseases

1. Take steps to strengthen the body (rational mode of work, rest. Meals without alcohol abuse.
2. Avoid actions traumatic factors.
3. Early treatment of diseases (lupus erythematosus, lichen red clap, herpes simplex virus, streptococcal and fungal lesions, somatic diseases).
4. Rational use of vitamins for preventive, restorative purposes (A, B, PP).
5. Rational skin red border of lips (use fat mazovykh applications, chapstick lip with a high protective filter).
Thank you for attention!!!