“CLINICO – PATHOLOGICAL STUDY ON ORAL MALIGNANCY IN RGGGH”

ABSTRACT

AIM

1. To study various mode of presentation of oral malignancy.

2. To study the causative role of addictive habits and their clinical outcome in patient with oral malignancy.

3. To study the histological grade of malignancy and it’s effect on the prognosis of the patient.

MATERIALS AND METHODOLOGY

1) STUDY CENTRE- Madras Medical College and Rajiv Gandhi Government General hospital.

2) DURATION- October 2016- September 2017

3) STUDY DESIGN-Observational study (Prospective & Retrospective).

4) SAMPLE SIZE- 30 patients.
INCLUSION CRITERIA

1. All patient present with malignancy confined to oral cavity with or without secondaries.

2. All patient with histopathology showing squamous cell carcinoma.

EXCLUSION CRITERIA

1. All patient other than oral malignancy outside oral cavity (Nasal cavity, Nasopharynx, Oropharynx, Hypopharynx, Larynx, Paranasal sinus,)

2. All patient with minor salivary gland tumours and those with histopathology coming as non squamous cell carcinoma

RECOMMENDATIONS

1. Patients with oral malignancy can almost always be cured nowadays, and if the right steps are adopted mortality can be reduced.

2. A multidisciplinary approach is essential in deciding line of management in patient with oral malignancy.

3. The management is heavily influenced by the underlying age, staging, histopathological grading of oral malignancy which together determine the prognosis of the patient.
4. The current trend emphasizes on the initial focus of habitual and socio-economic status, aggressive treatment of ulcer, control of metastasis output and psychological support.

CONCLUSION

Oral Cancer is a national problem.

Oral Cancer remains a challenge as majority of the patients reported in advanced stage.

Micrographic excision and alternative forms of therapy such as Cryo, Electro, Chemo & Photo dynamic therapy for smaller lesions and wide excision along with advanced reconstructive procedure such as Free Flap – Microvascular surgery has made surgery as the anchor role in management.

With the invent of Radio sensitizers and Radio protectors, the radiotherapy as a modality of treatment has to be considered as side effects are low.

Role of adjuvant chemo and concomitant role of chemo & radiotherapy are effective for advanced oral malignancy.

Effective multimodality management has come into use with Radiotherapy and surgery and chemotherapy has reduced the morbidity of oral cancers.

The best way to cure is by prevention. Screening of high risk group that is those who are in the Habit of pan, betel nut & tobacco chewing in general population, should be done.
Dental surgeons and general practitioners have a vital role with early detection of oral lesions and referral to higher centers for proper management.

Health education through mass media and posters in Health centers and dispensaries on the ill effects of Tobacco / Alcohol / Betel nut in a large scale by Government and Non-Government organizations will create awareness and help in prevention.

Younger population is to be educated by mass media with a ban on advertisement of Tobacco, Alcohol and screening camps will also be useful.

**KEYWORDS**

- Oral malignancy
- Common site buccal mucosa
- Etiological factors of oral malignancy
- Combined Radiotherapy and chemotherapy and surgery management
- Composite resection with flap reconstruction
- Post op complication
- Advanced malignancy
- Death