

EPITHELIAL DYSPLASIA IN ORAL LICHEN PLANUS.

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The oral lichen planus constitutes one of the white injuries more frequent than they appear in the oral mucosa and it is considered that it has certain risk of malignant transformation, recognising the presence of epithelial dysplasia like predicting histological of these changes. The occurrence of epithelial dysplasia, as a possible precursor of malignant transformation, has been studied scarcely in oral lichen. The aim of the present study was to define some histological characteristics of this type of lesion, according the grade of severity with special respect to epithelial dysplasia.

MATERIAL AND METHODS: Forty cases were selected from the oral lichen planus material of the Department of Oral Pathology, Faculty of Stomatology, of the Higher Institute of Medical Sciences of Havana.

Sections stained with Haematoxylin-Eosin were examined. The following histological characteristics were studied:

- Type of keratinization (parakeratosis, orthokeratosis).
- Intensity of the inflammatory infiltration.
- Liquefaction degeneration of the basal layer.
- The occurrence of epithelial dysplasia, based in the guidelines given by the WHO.

RESULTS: Parakeratosis could be observed in 70% of all the sections, either alone, or in combination with orthokeratosis. The inflammatory infiltrated predominated in its forms moderate and severe. Concerning the frequency of dysplastic changes, light dysplasia was found in 57.5%, the rest did not present any kind of epithelial dysplasia. The presence of more than one layer having a basaloid appearance and the loss of polarity of the basal cells were the most often found features.

CONCLUSIONS: A considerable number of oral lichen cases may show the signs of histological dysplasia. Prospective long-term clinic-pathological studies are required in order to clarify the connection between histological dysplasia and the possible premalignant nature of these types of lesions.

REFERENCES:

1. Borok-Bratic M, Vuckovic N, Mirkovic S. Correlation between clinical and histopathological diagnosis of potentially malignant oral lesions .Arch Oncol 12 (3): 145-7 (2004).
2. Eisen D. The clinical features, malignant potential and systemic associations of oral lichen planus: a study of 723 patients. J Am Acad Dermatol. 46 (2): 207-14 (2002).
3. Mattsson U, Jontell M, Holmstrup P. Oral Lichen Planus and Malignant Transformations: Is a Recall of Patients Justified? Crit Rev Oral Biol Med: 135: 390-396 (2002).
4. Silverman S Jr. Oral lichen: a potentially premalignant lesion. J Oral Maxillofac Surg 58 (11):1286-8 (2000).

Fig.1 Parakeratotic epithelium and severe chronic inflammatory cells in the subepithelial region. Alterations of the drop-shaped rete processes. (20 μm) H/E. 200X

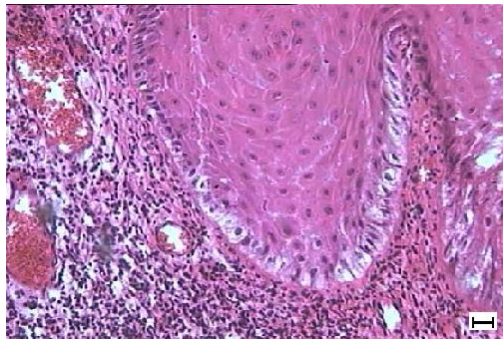
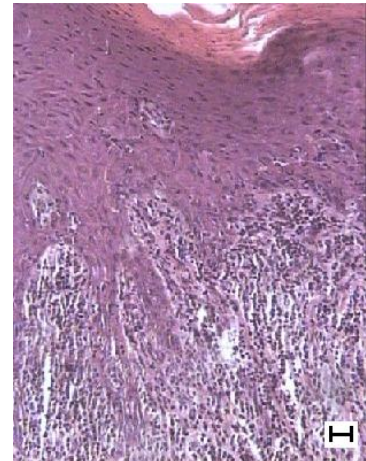


Fig. 2: Hydropic degeneration of the basal cells layer. (10 μm) H/E. 400X

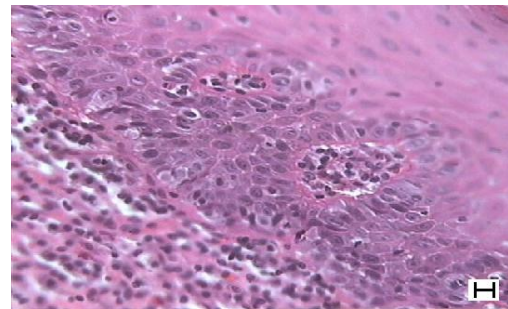
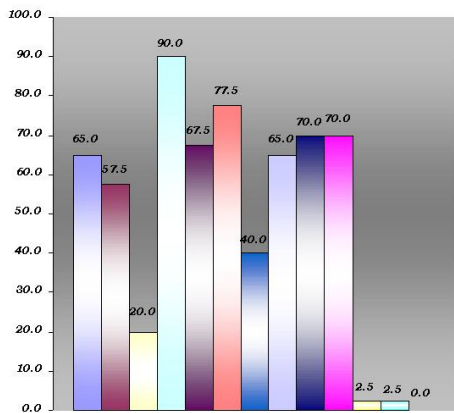


Fig. 3: Epithelial dysplasia with signs of hyperplasia, loss of polarity of basal cells, pleomorphism and nuclear hyperchromatism. (10μm) H/E. 400X.



Graphic 1: Signs of epithelial dysplasia expressed in percentage.