

TRAJTIMI I DEMTIMEVE PREKANCEROZE TE GOJES DHE NDIKIMI I FAKTOREVE TE RISKUT

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Summary

TREATMENT OF ORAL PRE-MALIGNANT LESIONS AND THE ROLE OF RISK FACTORS

The purpose of the present study was to learn the outcome of oral pre-malignant lesions, with or without surgical intervention and to relate this to factors supposed to be significant for malignant development. A total of 113 lesions in 94 patients were included. 35 lesions were surgically removed, 10 lesions being homogenous and 23 non-homogenous leukoplakias whereas 2 were erythroplakias. 80% of the lesions were associated with tobacco habits. The mean size of the lesions was 3,5cm square, and 68% of the lesions showed a degree of epithelial dysplasia. After surgical treatment the patients were followed and new biopsies taken in case of recurrences. 78 lesions had no surgical intervention, 65 lesions being homogenous and 11 non-homogenous leukoplakias, and 2 erythroplakias. 84% of the lesions were associated with smoking. The mean size of the lesions was 5 cm square and 11% of the lesions exhibited epithelial dysplasia. These patients were also followed, and biopsies taken in case of changes indicative of malignant development. The possible role of different variables for malignant development was estimated in this study. Following surgical treatment 5 lesions developed carcinoma after a mean follow-up period of 3 to 4 years and non-homogenous leukoplakia accounted for the highest frequency of malignant development. Without surgical intervention 20% of the lesions disappeared after a mean follow-up period of 3 to 4 years and non-homogenous leukoplakia accounted for the highest frequency of malignant development. Analysis showed a seven times increased risk of non-homogenous leukoplakia for malignant development as compared with homogenous leukoplakia and a 6 times increased risk for malignant development for lesions with a size exceeding 2 to 3 cm square. In this study, other factors like presence of any degree of epithelial dysplasia, site, demarcation, smoking and surgical intervention were found with less influence for malignant development.

Ky studim ka si qellim te mesoje me teper mbi ecurine e demtimeve prekanceroze te gojes pas trajtimit (kirurgjikal ose jo) dhe te zbuloje ndikimin e faktoreve te riskut. Trajtime te ndryshme raportohen ne literature per demtime prekanceroze te gojes, por deri me tani akoma nuk ka nje konsensus per menyren me te mire te trajtimit (1,2). Trajtimet perfshijne ndryshime te menyres se jeteses (3,4), medikamente si retinoidet dhe antitykotiket (5,6), ekscizion kirurgjikal, kriokirurgjia (7), kirurgji me lazer (8,9,10). Suksesi i tyre duket se varion dhe studime te mirefillta qe ti ndjekin per kohe te gjate jane te pakta. Rekurencat dhe zhvillimi i kancerit pas kirurgjise raportohen ne nje mase prej 10% (11). Faktore te ndryshem risku akoma dhe sot debatohen per ndikimin e tyre ne rritjen e potencialit malinj te demtimeve prekanceroze te gojes.

Faktore te tille jane: lloji i demtimit (12,13), permasat dhe konturet (14,15), vendndodhja (15), prania dhe grada e displazise epiteliale (16) dhe duhanpirja (17).

Materiali dhe metoda

U morren ne studim 113 demtime ne 94 pacient. Nga te cilet: 41 femra dhe 53 meshkuj, moshja mesatare 63 vjec (varion nga 27 ne 89 vjec), te ardhur ne Qendren Spitalore Universitare "Nene Tereza", Sherbimi i Kirurgjise OMF dhe klinikat bashkepunuese nga 2009 ne 2012. Demtimet jane fotografuar dhe siperfaqja e tyre eshte llogaritur ne cm katror. Demtimet e dyshimta dhe me ndryshime te theksuara displazike pas biopsise jane rekomanduar per ekscizion kirurgjikal. Demtimet ne dukje jo agresive jane trajtuar dhe ndjekur ne kohe. Periudha