

**SURGICAL MANAGEMENT AND HISTOLOGICAL STUDY OF
RECURRENT WHITE LESIONS.**

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INTRODUCTION:

White lesions are among the most common clinical problems seen by clinicians who manage diseases of the oral mucosa including recurrent aphthous stomatitis, erythema multiforme, leukoplakia and lichen planus(1,2,3).

Lichen planus is a relatively common mucocutaneous disease of unknown etiology. Affections are restricted to the skin and/or mucosal surfaces(4,5). Compared with skin lesions, the mucosal affections have a far more chronic nature. They are usually multiple and often have a symmetrical distribution(6).

Many and widely varied therapeutic approaches have been offered for the control and/or cure of white lesions(5-9). However, steroid medication in a variety of forms and methods is still the most common and perhaps the most useful of all treatment approaches. Bearing in mind, the systemic administration of corticosteroids has the potential side effects that can not be ignored including hypertension, osteoporosis, glycosuria, impaired wound healing and suppression of normal adrenal function(10).

The absence of complete remission of white lesions especially in lichen planus, the high recurrence rate and exacerbation of white lesions and the iatrogenic problems derived from cortico-therapy have led to the search for alternative treatments.

Cryotherapy was put forward by Poswillo(11), as the treatment of choice for oral white mucosal lesions. From the few reports, so far, excellent results may have been obtained but their

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follow up periods were rather short, where recurrence took place within 2½ and 4 years(12,13). These findings, along with other reports, emphasize the need for further studies.

Thus, the object of the present investigation reported was :

- * To study the prognosis of white lesions after surgical removal with deep and safety margins.
- * Restoring the surgical defect with tongue flaps.
- * To study the histological changes taking place during the sequence of recurrence after surgical removal and cryosurgery.

MATERIAL AND METHODS:

Four male patients with white lesions were included in the present study. Their ages ranged from 32-53 years. Three of the patients had a past history of heavy smoking and one was a tobacco chewer.

The oral affection sites of white lesions were restricted to the lower lip, mucolabial fold and gingiva.

The patients were divided into two groups:

Group I:

Comprised 2 patients.

The white lesions were surgically removed and the excisional biopsies were readily prepared for histological studies.

Group II:

Comprised 2 patients.

The white lesions were removed using cryosurgery. The excised tissues were prepared for histological studies. The technique employed was 2x2 min. freeze-thaw cycles under local anaesthesia.

All the biopsy specimens were fixed in 10% neutral buffered formalin, paraffin embedded by the conventional methods. Deparaffinized serial sections of 4 micron thickness were stained with Hematoxylin and Eosin for histological investigations in order to establish and confirm the clinical diagnosis.