

The Evaluation of the Oral Pathologies in the Regional Hospital in Vlore-Albania

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Abstract: ***Aim:** To evaluate the benign oral pathologies by their cause and localization in patients of the regional hospital in Vlore. **Material and methods:** This is a descriptive study done during 2013-2015. We included 59 patients in this study, 19 males (32.2%) and 40 females (67.8%), mean age 43.2 years, ratio male/female 1:2. To diagnose these patients we used the histological examination, biopsy, TC and PET in both dental arches. The patient went to the medical doctor when the lesion was of considerable size. **Results:** During 2013-2015 were treated 59 patients. The highest number of lesions were squamous fibrome 41 cases (69.4%) and a lower percentage had the fibrous histiocytome 6 cases (10.1%), pyogenic granuloma 5 cases (8.4%), peripheral fibroma 4 cases (6.8%) and adenoma 3 cases (5.08%). **Conclusions:** 24 patients smoked, 19 patients were chronically alcoholized and 16 patients smoked and drank at the same time.*

Keywords: adenoma, peripheral fibroma, squamous fibroma, fibrous histiocytoma, pyogenic granuloma

1. Introduction

The soft tissue in the oral cavity is heterogeneous and presents lesions of various nature, histologically and anatomically [8]. The lesions with inflammatory nature represent a tissue reaction as a consequence of a damage of a physical, chemical, bacterial and immunological nature, causing pyogenic granulomas in the oral mucosa, inflammatory papillomas or peripheral granuloma with giant cells [1], [2] - [8]. Adenoma of the salivary glands is benign neoplasia with epithelial origin which is localized in any part of the oral mucosa with the exception of gums. Gingival fibroma is a slow and progressive growth in adherent gingival and can be localized in the mandible as well as the maxilla. Gingival fibroma from the histological point of view is a connective tissue rich in collagen fibers and very few fibroblasts [9] - [11]. The pyogenic granuloma is a benign lesion characterized by the proliferation of blood capillaries, is often localized in gingival and also in other areas such as the lips, tongue and on the cheeks. The most frequent cause is trauma caused by the defective dental prostheses or foreign bodies that have penetrated the gingival. Macroscopically the lesion appears as a red-colored, nodule covered by fibrin and easily drains blood as a result of a trauma [1], [4]. The fibrous histiocytoma is a benign tumor with mesenchymal origin consisting of histiocytes and fibroblasts, the most frequent age affected is 50-60 years old and the ratio is female/male is 2: 1. It is more often localized on the tongue, gingival, lips and the floor of the mouth. The lesion grows slowly and without pain but in considerable sizes can cause dysphagia and dyspnea [10], [14]. In the traditional radiography (OPT) the fibrous histiocytoma appears radiopaque while in CT the thinning of the cortical bone is obvious. The squamous fibromas are caused from traumatic events and appear as non-capsulated round nodules in gray to pink color. They are found in soft tissue, mainly in the tongue, have a hard consistency and are not painful, even though are seen more often on an ulcerous area, mainly on the mandible and movement of dentals elements in their correspondence.

Fibromas are surgically treated and the percentage of recidives is low [10], [14].

2. Aim

To evaluate the benign oral pathologies by their cause and localization in patients of the regional hospital in Vlore.

3. Material and methods

This is a descriptive study done during 2013-2015. The study included 59 patients, 19 males (32.2%) and 40 females (67.8%), mean age 48.5 years, ratio male/female 1:2.

4. Results

Most of the patients had squamous papilloma, the mean age was 48.5 years old with a range from 19 to 78 years old. The ratio male/female was 1:2.

Squamous papillomas were localized only in the lateral sides of the tongue and on the top and less in the lips, which shows that they are found in the part of oral cavity that is often affected by the bite trauma. The lesions were smaller than 1 cm, painless, had been present in the oral cavity for more than 6 months. The patients were treated surgically. They were only three adenomas of salivary glands in two female patients and one male. One of the woman patients had a 6 cm lesions the palate mole for 15 years. Mycoses was covered with ulcerous lesions. Two other patients had 2 cm lesions and after MRI diagnosing we performed the surgical therapy.

There were seven patients with fibrous histiocytoma, female-male ratio 2: 1. The average age was 54 years old and the 1.5 cm lesions were localized in gingival.

Table 1: The distribution of the lesions according to the age and gender

Lesions	N	Mean age	M:F
Adenoma	3(5.08%)	53	1:2
Peripheral fibrome	4(6.8%)	31	1:1
Squamous fibrome	41(69.4%)	46	1:2
Fibrous hystocitoma	6(10.1%)	54	1:2
Pyogenic Granuloma	5(8.4%)	32	3:1

Table 2: The distribution of the lesions according to the localization

Lesions	Localization	Mean size	Treatment
Adenoma	Cheeks and palate	3 cm	Surgical
Peripheral Fibrome	maxilla	2 cm	Surgical
Squamous fibrome	Tounge, lips, cheeks	1 cm	Surgical
Fibrous hystocitoma	Cheeks	1.5 cm	Surgical
Pyogenic Granuloma	Gingiva	1 cm	Surgical

5. Discussion

The soft tissue of the mouth cavity is composed of mucosa and the non-keratinized pavement stratus epithelium followed by the submucose connective layer and the muscular layer. Clinically they are presented as nodules with hard or elastic consistency, non-painful and covered by the normotrophic mucose. The most frequent cause is trauma which helps in the development of the inflammatory lesion but thermal stimuli as very hot or very cold food and drinks. Chemical agents used in the oral products or materials used in the dental therapy, bacterial traumas, viruses of fungi are the origin of the tumors of our study. Performing the biopsy of the lesions is significantly important as it is the only histological examination that determines the proper diagnoses.

6. Conclusion

Bad oral hygiene, unawareness of the patients about periodontal dentist visits, low education level and low social economic status favor the development of benign lesions. All these factors cause delays of the patient's visits to the dentist, they only go for a visit when the lesion has considerable size.

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