

بسم الله الرحمن الرحيم

White Lesions

➤ Hereditary Conditions

Leukoedema

White Sponge Nevus

Hereditary Benign Intraepithelial
Dyskeratosis

Follicular Keratosis (Darier's disease)

➤ Reactive Lesions

Focal (Frictional) Hyperkeratosis

White Lesions Associated with Smokeless
Tobacco

Nicotine Stomatitis

Hairy Leukoplakia

Hairy Tongue

Dentifrice-Associated Slough

➤ Preneoplastic and Neoplastic Lesions

Actinic Cheilitis

Actinic Keratoses (Solar Keratoses)

Idiopathic Leukoplakia

➤ Other White Lesions

Geographic Tongue

Lichen Planus

Lupus Erythematosus

➤ Nonepithelial White-Yellow Lesions

Candidiasis

Mucosal Burns

Submucous Fibrosis

Fordyce's Granules

Ectopic Lymphoid Tissue

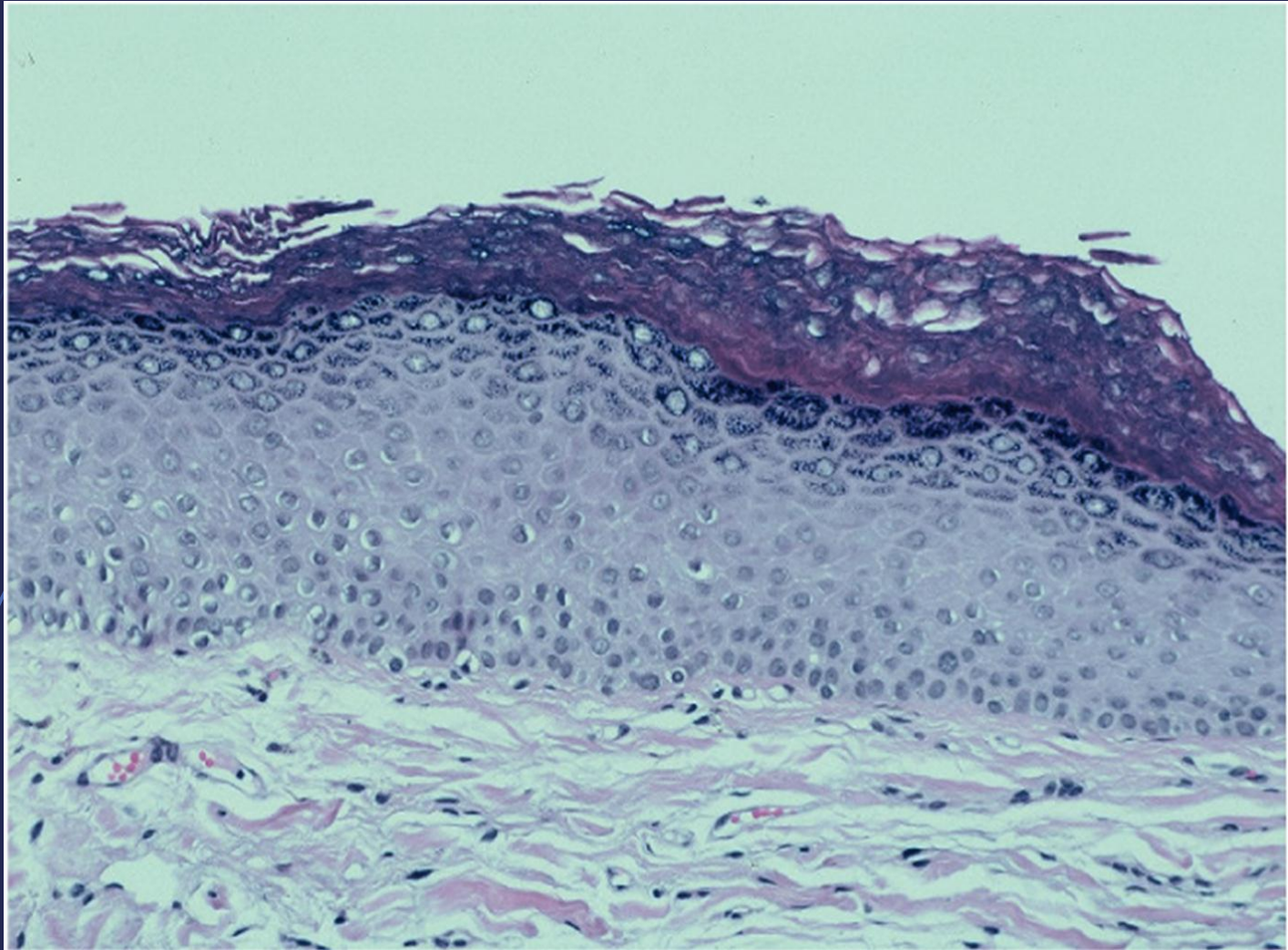
Gingival Cysts

Parulis

Lipom

Frictional Hyperkeratosis





CANDIDIASIS

➤ Acute

Pseudomembranous (white colonies)

Erythematous (red mucosa)

➤ Chronic

Erythematous (red mucosa)

Hyperplastic (white keratotic plaque)

➤ Mucocutaneous

Localized (oral, face, scalp, nails)

Familial

Syndrome associated

Candidiasis, ps

ty



♦ **Precancerous lesion (precancer, premalignancy).** A benign, morphologically altered tissue that has a greater than normal risk of malignant transformation.

♦ **Precancerous condition.** A disease or patient habit that does not necessarily alter the clinical appearance of local tissue but is associated with a greater than normal risk of precancerous lesion or cancer development in that tissue.

♦ **Malignant transformation potential.** The risk of cancer being present in a precancerous lesion or condition, either at initial diagnosis or in the future (usually expressed in percentages). The potential for mucosa with -out precancerous lesions or conditions is called "normal."

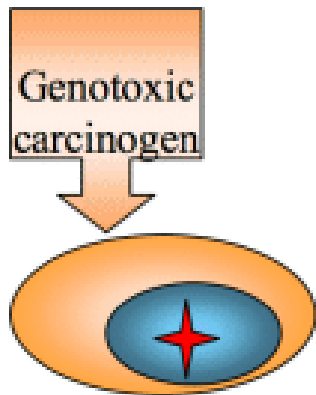
♦ **Relative risk.** A specific epidemiologic measure of the association between exposure to a particular factor and the risk of acquiring a disease, expressed as a ratio of the incidence or prevalence of a disease among those exposed and those not exposed to the factor.

Carcinogenesis/ oncogenesis or tumorigenesis : mechanism of induction of tumours

Three major type of carcinogens

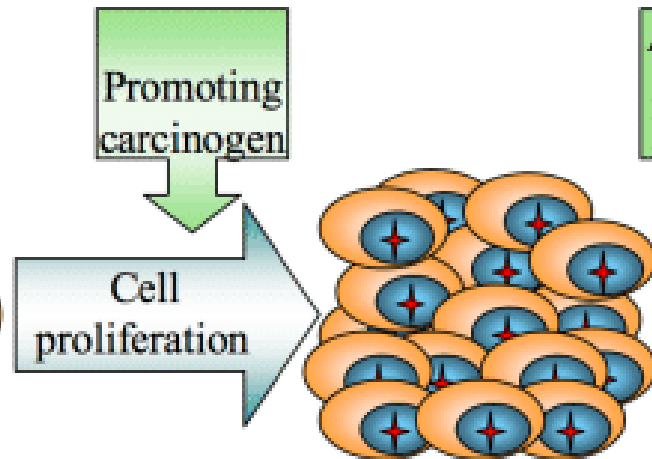
- Chemical carcinogenesis
 - Mutagens
- Physical carcinogenesis (radiation)
 - Ultraviolet radiation
- Infectious Pathogens (Viral)
 - Human T-cell leukemia viruses, DNA viruses, Human papillomaviruses – Epstein-Barr virus, Hepatitis B virus

Initiation



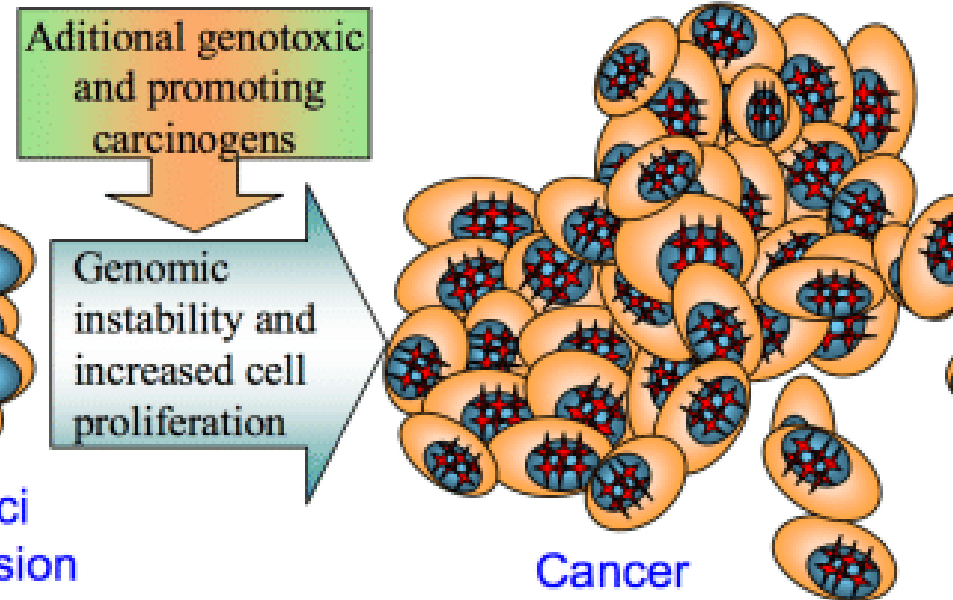
Initiated cell

Promotion



Altered cell foci
preneoplastic lesion

Progression



Cancer

**SMOKELESS TOBACCO USE AND
SMOKELESS
TOBACCO KERATOSIS (SNUFF POUCH;
SNUFF
DIPPER'S LESION; TOBACCO POUCH
KERATOSIS; SPIT TOBACCO KERATOSIS)**

- Moist snuff,
- Dry snuff, Chewing tobacco
- quid





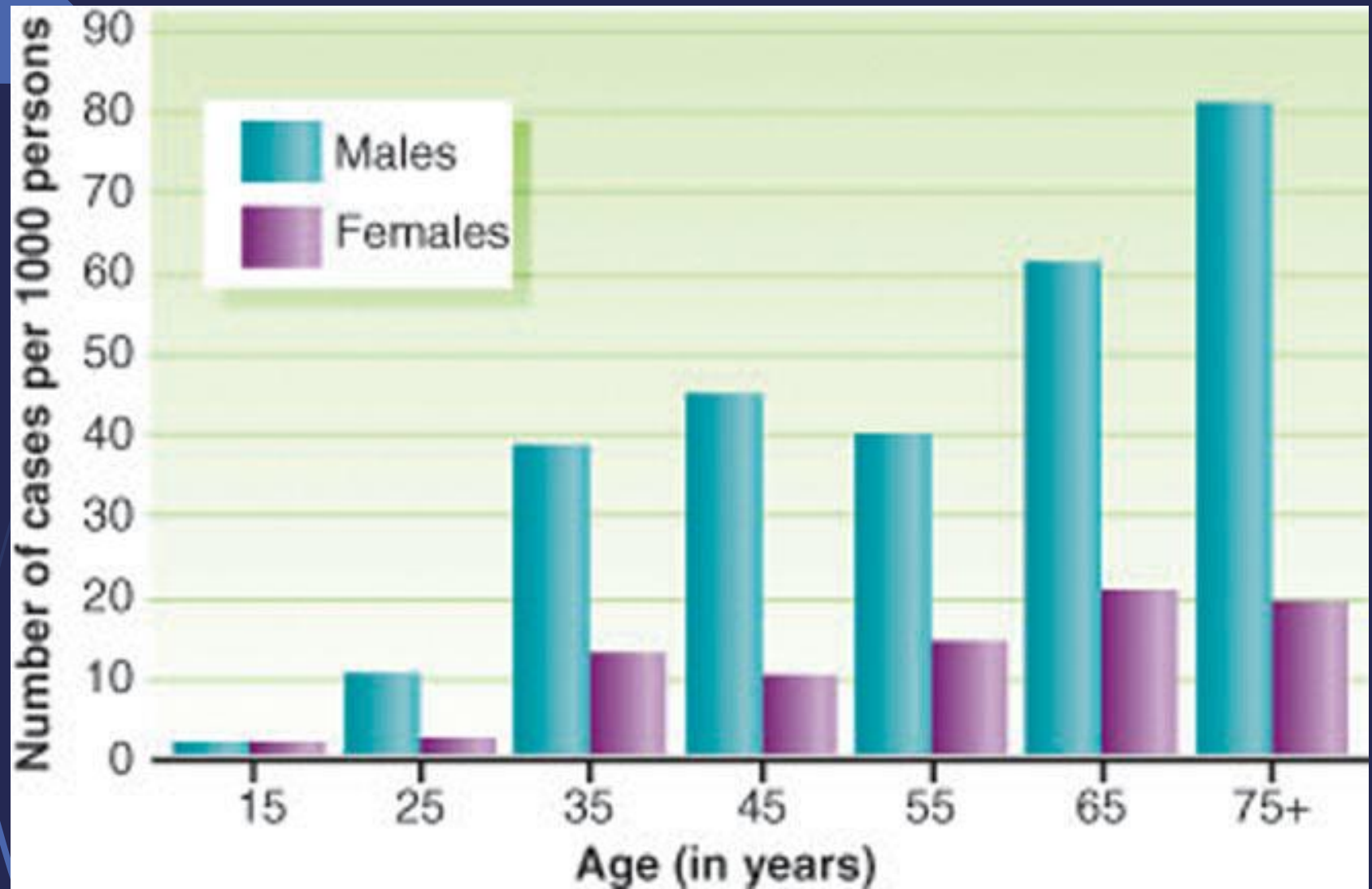


Leukoplakia(Leukokeratosis, Erytroleukoplakia)

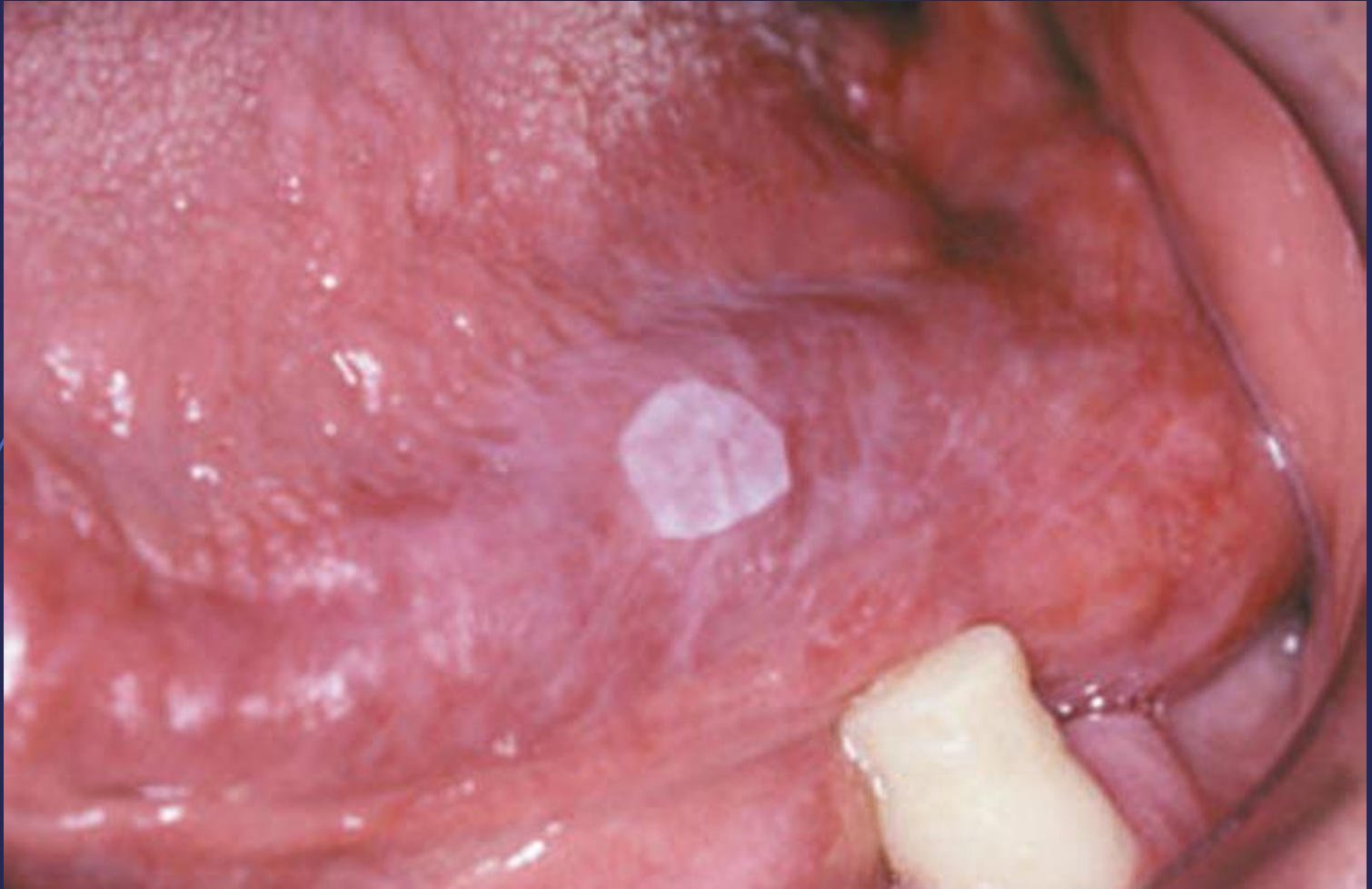


Risk Factors

- Tobacco
- Alcohol
- Ultraviolet Radiation
- Microorganisms :
 - Treponema pallidum
 - Candida albicans
 - Human papillomavirus (HPV)
- unknown



Early, mild, or thin leukoplakia



Homogeneous or thick leukoplakia

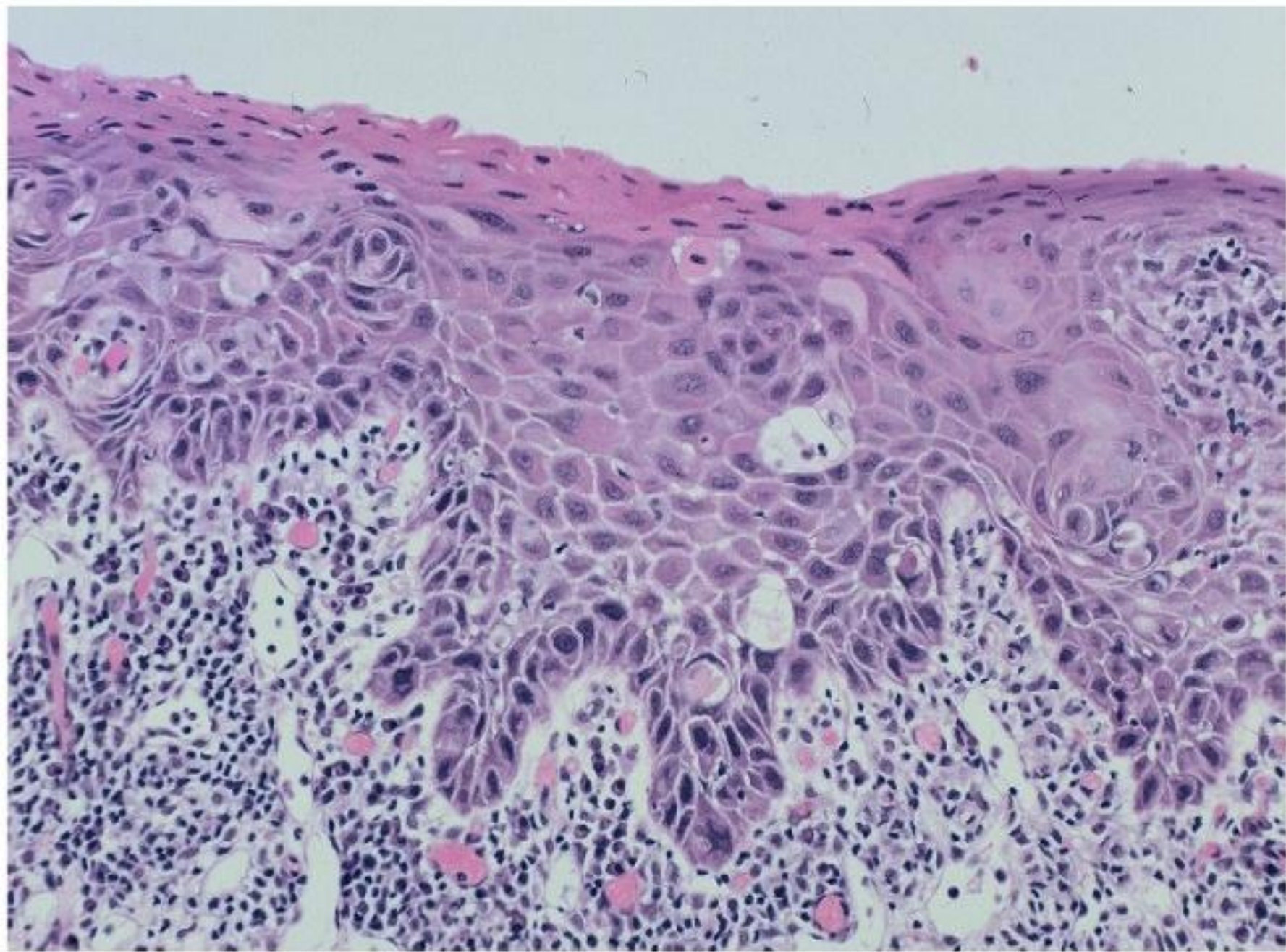


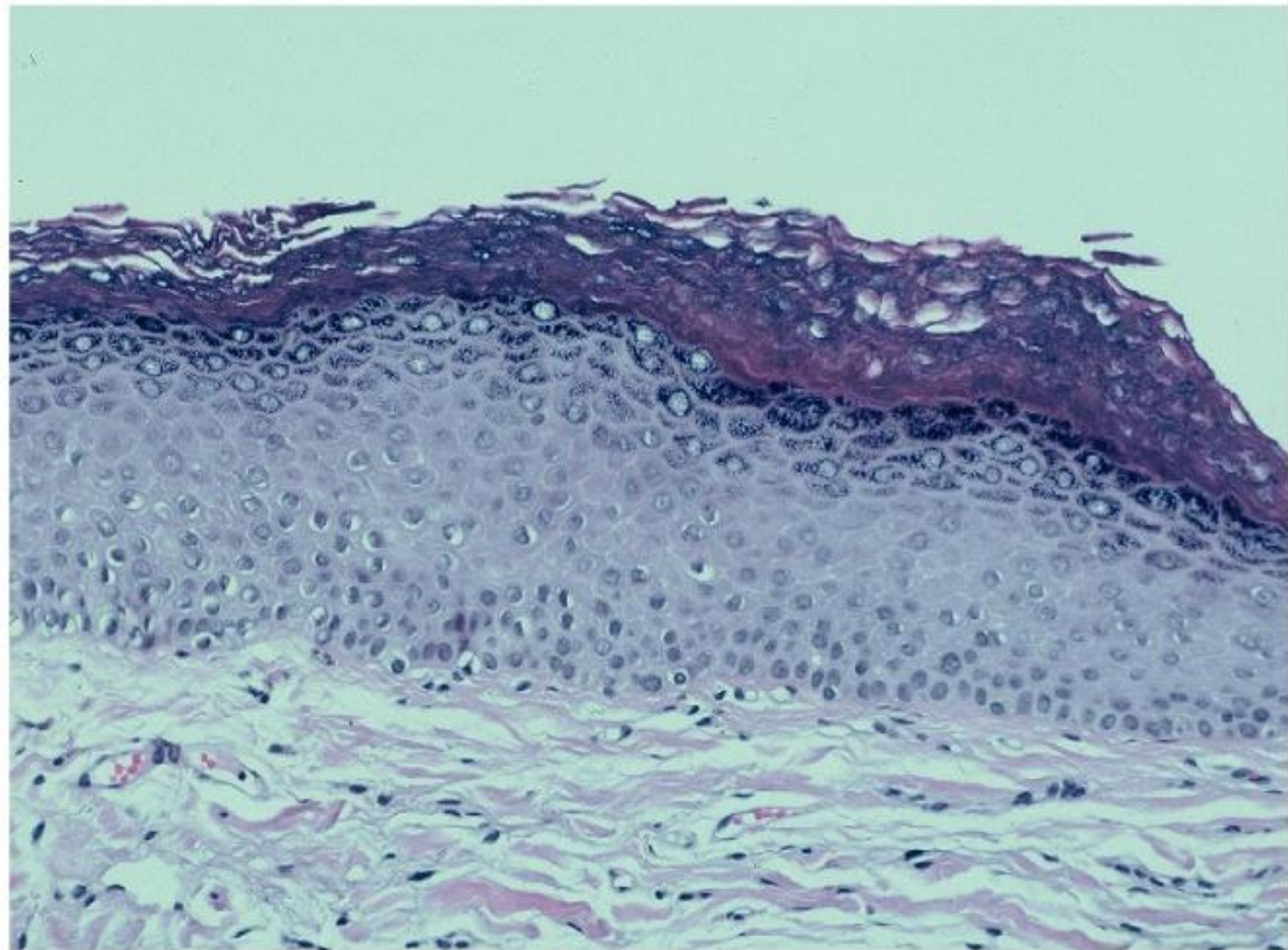
Granular or nodular leukoplakia



Verrucous or verruciform leukoplakia

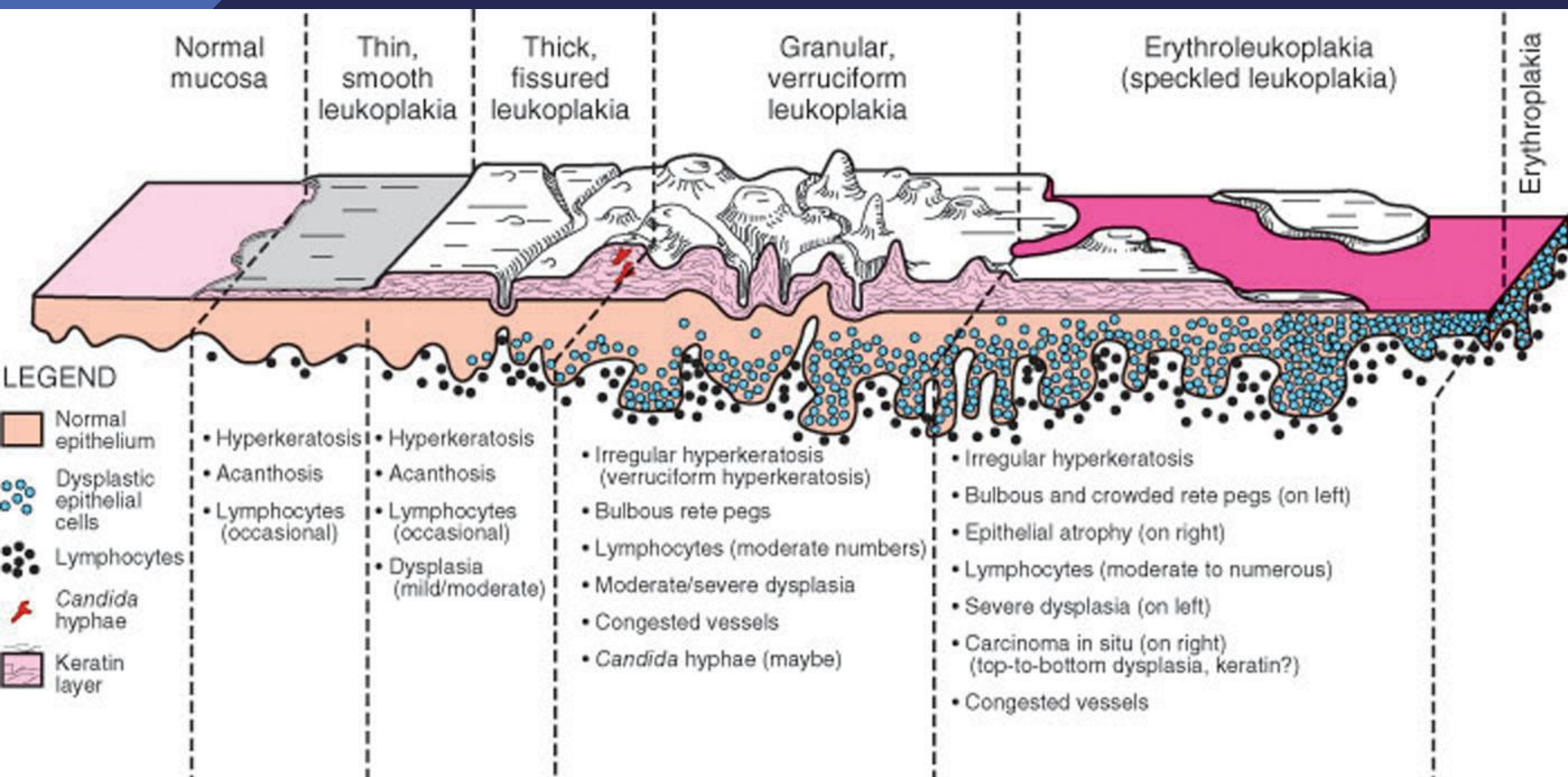






A histological slide stained with hematoxylin and eosin (H&E) showing a cross-section of stratified squamous epithelium. The upper portion of the image displays a thickened stratum corneum, characteristic of hyperkeratosis. Beneath this, the epithelial layers show increasing cellular atypia, including enlarged, hyperchromatic nuclei and loss of normal maturation, which are indicative of dysplasia. The lower portion of the image shows the underlying dermis with a dense population of fibroblasts and collagen fibers.

Hyperkeratosis with dysplasia



Risk Factors

Tobacco, alcohol, nutrition, unknown

Sites of Occurrence

Vestibule > buccal mucosa > palate > alveolar ridge > lip > tongue > floor of mouth

High-Risk Sites for Malignant Transformation

Floor of mouth > tongue > lip > palate > buccal mucosa > vestibule > retromolar

Age

Usually over 40 years

Microscopic Diagnoses at First Diagnosis

Hyperkeratosis—80%

Dysplasia—12%

In situ carcinoma—3%

Squamous cell carcinoma—5%

Transformation Rates

All idiopathic leukoplakias—5% to 10%

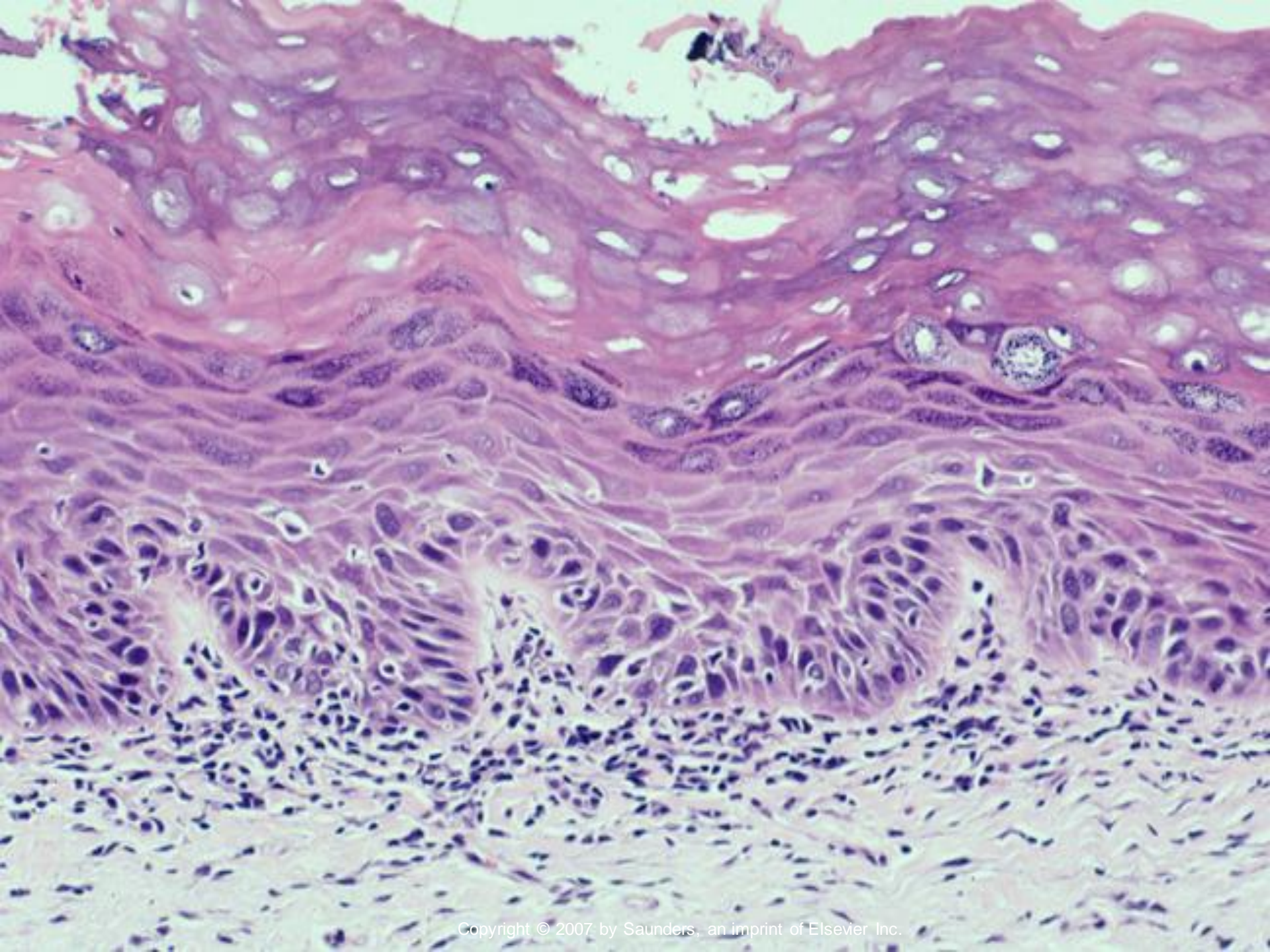
All dysplasias—10% to 15%

>, More frequently affected.

CASE : HYPERKERATOSIS WITH DYSPLASIA

During routine exam of a 34-year-old male, a lesion was discovered in the floor of his mouth. He was unaware of the lesion. He did not smoke and was a “light drinker.” He had no history of an associated traumatic event or habit that might result in irritation to the area.







Post-treatment