

rent sinus infections, and chronic facial pain. On clinical examination all patients showed palate perforation with variable nasal structures involvement and presented a strong positivity for ANCA tests with a p-ANCA pattern, whereas chest radiographies were normal. Biopsies of nasal mucosal lesions revealed necrotic tissue with an inflammatory infiltrate, without granuloma or vasculitits in all patients.

Conclusions. Often CIMDL are overlooked in clinical practise, particularly if a history of cocaine inhalation is not sought or volunteered. The essential element for a correct diagnosis of CIMDL would be a detailed medical history. The followed protocol for the CIMDL diagnosis allowed a relatively quick and conclusive diagnosis in all patients. A multidisciplinary approach is mandatory in the management of CIMDL, involving dental professionals, maxillofacial surgeons, and psychologists.

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Evidence of field cancerization of oral squamous cell carcinoma: a case report

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Objectives. From 1953 (1) the term “field cancerization” has been used to describe an “increased risk of cancer development in the entire upper aerodigestive tract due to multiple genetic abnormalities in the whole region after prolonged exposure to carcinogen” (2). This phenomenon implies the occurrence of multiple primary tumors/potentially malignant disorders as results of cell-molecular aberrations in different independent sites (polyclonal theory) or from the same site through widespread expansion or later spread across the mucosa (monoclonal theory).

Case report. A 63-year-old female patient referred in June of 2014 for exophytic/ulcerative lesion in the hard palate. At the same time, several teeth (1.5, 1.6 and 3.6) with poor prognosis and an incisional biopsy were performed. The histological examination reported a diagnosis of oral squamous cell carcinoma (G1) and the management (imaging and TNM staging) was scheduled. Unfortunately, 30 days after exodontia, one of alveolar sites (3.6) showed proliferative tissue and not healing. A new biopsy was carried out, revealing a histological diagnosis of “epithelium with marked parakeratosis, acanthosis and papillomatosis associated with areas of moderate dysplasia (IIC: PanCK)”.

Conclusions. The features described in different areas of the oral cavity led us to make a diagnosis of oral field cancerization. This condition still must be analyzed in order to clarify the onset and development but, most importantly, a protocol for manage these patients have to be developed. Chemoprevention and cessation of smoking and alcohol may impact new tumors. Amelioration of surgery, radiotherapy, chemotherapy and gene therapy may influence the morbidity and mortality of oral cancer patients, even if a short follow up and the secondary prevention may warrant a life-long surveillance.

References

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