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**Dr. Nitin Khari**  
PG Resident, Department of  
Otorhinolaryngology, National  
Institute of Medical Sciences  
and Research, Jaipur,  
Rajasthan, India

**Dr. Beni Prasad**  
Professor and Head,  
Department of  
Otorhinolaryngology, National  
Institute of Medical Sciences  
and Research, Jaipur,  
Rajasthan, India

**Dr. Rakesh Saboo**  
Professor, Department of  
Otorhinolaryngology, National  
Institute of Medical Sciences  
and Research, Jaipur,  
Rajasthan, India

**Dr. Jerin Jose Thomas**  
Assistant Professor,  
Department of  
Otorhinolaryngology, National  
Institute of Medical Sciences  
and Research, Jaipur,  
Rajasthan, India

**Dr. Parvathy PK**  
PG Resident, Department of  
Otorhinolaryngology, National  
Institute of Medical Sciences  
and Research, Jaipur,  
Rajasthan, India

**Corresponding Author:**  
**Dr. Parvathy PK**  
PG Resident, Department of  
Otorhinolaryngology, National  
Institute of Medical Sciences  
and Research, Jaipur,  
Rajasthan, India

## Ulcerative lesions in oral cavity and oropharynx

**Dr. Nitin Khari, Dr. Beni Prasad, Dr. Rakesh Saboo, Dr. Jerin Jose Thomas and Dr. Parvathy PK**

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### Abstract

**Aim:** The Present Study Was Undertaken To Study Various Ulcerative Lesions In Oral Cavity And oropharynx.

**Background:** Oral cavity is one of the most common site for ulcerative lesions Specially in males. In our study it was found that benign and malignant lesions were common in males.

**Materials and Methods:** In this prospective study, patients of ulcerative lesions of oral cavity and oropharynx belonging to age group of 10-80 years were selected. Data on the basis of age, sex, site of lesion, addiction habits were collected and analyzed. All patients were thoroughly examined and fully investigated. Biopsy was taken of chronic lesions and lesions not responding to treatment. The final diagnosis was made on the basis of histopathological examination.

**Results:** A total of 176 patients were analyzed during the period of 18 months. Benign lesions were most common lesion accounting 60.22%. buccal mucosa was the most common site with 36.3% followed by tongue 14.52%. Males were more commonly involved than female in both benign and malignant lesions. Out of 70 patient of malignant lesions 97.14% were squamous cell carcinoma followed by adenocarcinoma 2.86%. Tobacco chewing was the most common risk factor followed by smoking.

**Conclusion:** Histopathological examination is necessary for confirmatory, diagnosis of ulcerative lesions and early management.

**Keywords:** Ulcerative lesions; squamous cell carcinoma; tobacco chewing

### Introduction

Oral cavity lesions are one of the most common presenting complaint. Lesions can be benign, pre malignant and malignant. Early and correct diagnosis is important for management and prognosis. Histopathological examination is gold standard for diagnosing the ulcerative lesions<sup>[1]</sup>. there is an association between tobacco smoking and gutka chewing with pre-cancerous and cancerous lesions. Any delay in the investigation and treatment can lead to hazardous consequences. Aphthous ulcer is the most common benign lesion, leukoplakia being most common pre-cancerous lesions. Squamous cell carcinoma is the most common malignant lesion.

### Material and Methods

This prospective comparative study was carried out on patients of Department of otorhinolaryngology at national institute of medical sciences, Shobha Nagar, Jaipur, Rajasthan from January 2020 to June 2021. A total 176 subjects (both male and females) of aged  $\geq 10$ , years were for in this study.

**Study Design:** Prospective study

**Study Location:** Department of Otorhinolaryngology at National Institute of Medical Sciences, Shobha Nagar, Jaipur, Rajasthan.

**Study Duration:** January 2020 to June 2021.

**Sample size:** 176 patients.

### Inclusion criteria

1. Patient with oral cavity and oropharynx lesions above 10 years of age

**Exclusion criteria**

1. Patient not willing for participation.
2. Patient below 10 years of age.

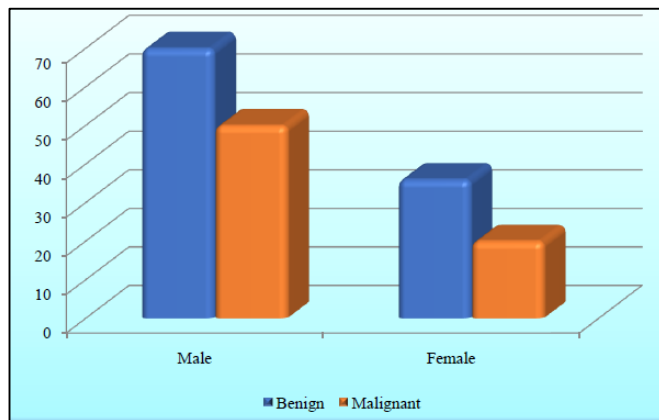
**III. Result**

A total of 276 cases were taken in the study age ranging from 10 – 80 years. Out of 176 patient 120 were males and 56 were females. Benign and malignant lesions were commonly seen in males as compared to females. Male female ratio– 2.14:1. Farmers and labourers were commonly involved. Most of the lesions presented belonged to rural area. Tobacco chewing was the most common cause (69.3%) which was followed by smoking (38.63%), betel nut chewing (23.9%) and alcohol (16.5%). Buccal mucosa was the most common site involved in benign and malignant lesions with 36.3% and 38.5% respectively. Out of them 106 (60.22%) were benign and 70 (39.78%) were malignant. Out 95 biopsies, 71.58% were Squamous cell carcinoma, adenocarcinoma 2 cases, pleomorphic adenoma 2 cases and one case of midline lethal granuloma was seen. Among benign lesions, leukoplakia was most common with presentation (31.13%), followed by erythroplakia (17.92%) and lichen planus (3.78%). Three cases were treated by anti-tubercular therapy, 1 case of HIV was treated by anti-retroviral therapy and 4 cases of syphilis were treated by penicillin. Cases of aphthous, leukoplakia, erythroplakia and lichen planus responded well to treatment.

**Table 1: Sex distribution**

Nature	Nature				Total
	Benign	%	Malignant	%	
Male	106	66.04	50	71.42	120
Female	36	33.96	20	28.58	56
Total	106		70		

In our study of 176 patient with male: female =2.14:1 It showed that males were commonly involved.

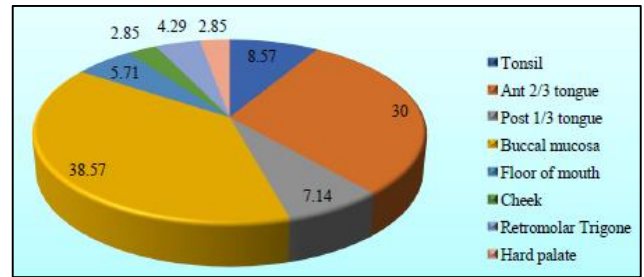


**Fig 1: Show the different of benign and malignant**

**Table 2: Show the no of patients**

Site	No of patients	%
Tonsil	6	8.57
Ant 2/3 tongue	21	30
Post 1/3 tongue	5	7.14
Buccal mucosa	27	38.57
Floor of mouth	4	5.71
Cheek	2	2.85
Retromolar Trigone	3	4.29
Hard palate	2	2.85

In our present study buccal mucosa is most commonly involved which was followed by anterior 2/3 of tongue

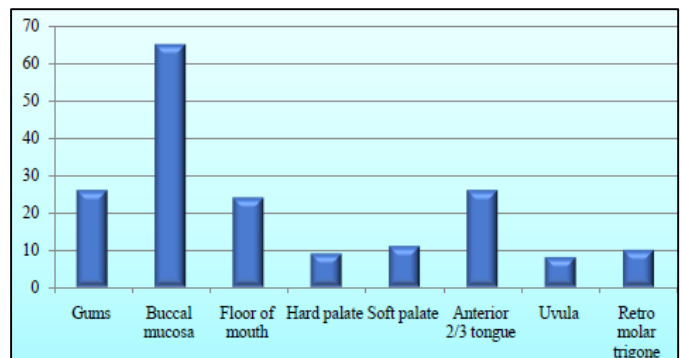


**Fig 2: Site distribution of malignant lesions**

**Table 3: Anatomic site and No of patient**

Anatomic site	No of patient	%
Gums	26	14.52
Buccal mucosa	65	36.3
Floor of mouth	24	13.4
Hard palate	9	5
Soft palate	11	6
Anterior 2/3 tongue	26	14.52
Uvula	8	4.5
Retro molar trigone	10	5.6

It was observed that buccal mucosa was most commonly site which was involved followed by tongue.



**Fig 3: Site distribution of benign lesions**

**Table 4: Types of cases**

Cases	Number	Percentage
Benign	106	60.2
Malignant	70	39.78
Total	176	100

**Table 5: Show the lesion of number and percentage**

Lesion	Number	Percentage
Aphthous	35	33.01
Leukoplakia	33	31.13
Erythroplakia	19	17.92
Erythema multiforme	4	3.77
Lichen planus	4	3.77
Syphilis	3	2.83
Tuberculosis	3	2.83
Pleomorphic adenoma	2	1.88
HIV	1	0.94
Midline lethal granuloma	1	0.94
Papilloma	1	0.94

Aphthous ulcer was the most common benign lesion presented in our OPD which was followed by leukoplakia and erythroplakia

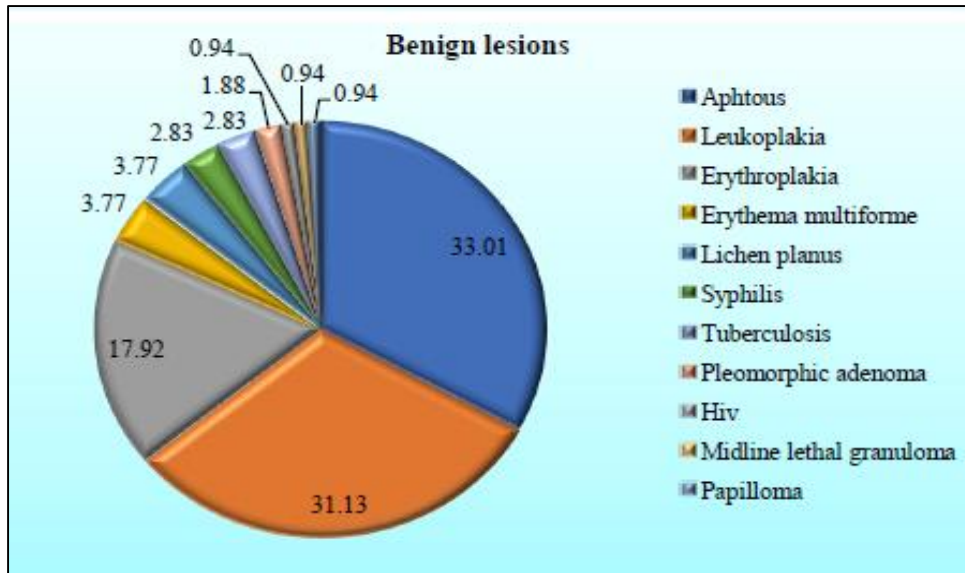


Fig 4: Benign lesions

Table 6: Types of number and percentage

Lesions	Number	Percentage
Squamous cell carcinoma	68	97.14
Adenocarcinoma	2	2.86

Squamous cell carcinoma accounted for 97.14% of malignant lesions.

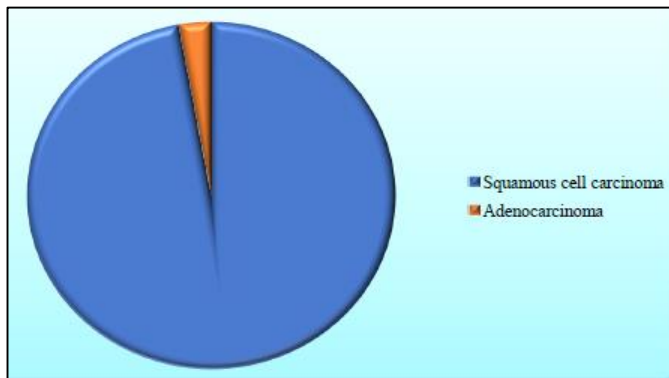


Fig 5: Malignant lesions

**Conclusion**

The present prospective study was done ENT department, NIMS, Jaipur, Rajasthan. In our present study, it was found that men were commonly involved which is similar to study done by Senguven *et al.* [3]. Kosam S *et al.* [4] showed males were commonly affected than females with male and female ratio of 3:1. Modi *et al.* [5] reported 39.5% were males and 60.5% were females with a male female. farmers and labourers were commonly affected with percentage of 22.15% and 18.18 respectively Gambhir *et al.* [6] showed out of 55 subjects, 32.7% were house-wives, 9.0% of the subjects were shopkeepers, 10.9% were farmers, 12.7% were labourers & 20.0% were students and the remaining were drivers, workers, salesman, teachers and bank-employees. The majority of the patients were from rural areas (61.91%) and the rest (38.07%) were from urban areas. Bhattacharjee T *et al.* [7] showed 193 (51.6%) were from rural areas and 181 (48.4%) were from urban areas. Tobacco chewing was the most common cause (69.3%) which was followed by smoking (38.63%), betel nut

chewing (23.9%) and alcohol (16.5%). Kamble KA *et al.* [8] study showed out of 1730 patients (56.3%) had a habit of some form of tobacco consumption and (70.4%) of these had oral lesions. Sujatha D *et al.* [9] the commonest habit in this study sample was smoking (39.2%) followed by smokeless tobacco use (28.1%). Buccal mucosa was the most common site involved in benign and malignant lesions with 36.3% and 38.5% respectively. It was followed by anterior 2/3 of tongue and gums (14.53) each. Mehta *et al.* [10] common sites involved were buccal mucosa (32%), tongue (19%) and lip (22%). Ranjan *et al.* [11] showed most common involved site was tongue (29.32%) followed by tonsil (22.56%), buccal mucosa (20.32%), floor of mouth (10.53%) and palate (9.02%). In our study squamous cell carcinoma was the most common malignant lesion and leukoplakia was the most common pre malignant lesion. The most common lesion was observed squamous cell carcinoma (71.42%), followed by keratosis without dysplasia (14.28%), keratosis with dysplasia (5.7%), chronic inflammation (2%) as per Kosam S *et al.* (2016) [4]. Goyal R, Goyal M [12] showed that out of 173 patients of the study group, (84.4%) were diagnosed with potentially malignant lesions and (15.6%) with malignant lesions. The most prevalent pre malignant lesion was oral submucous fibrosis (23%) followed by leukoplakia (7.6%).

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