Knowledge, practice and attitude about OSCC prevention among Calabrian primary care physicians: an observational study

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BACKGROUND: The oral squamous cell carcinoma (OSCC) is the most frequent malignant tumour of the oral cavity, covering more than 95% of all oral cancer diagnoses. Notwithstanding the therapeutic progress, the mortality of patients with OSCC remains one the highest and most stable of the last 20 years, compared to other cancers. Primary care physicians must play an important role both in *primary prevention*, by giving advices on risk factors related to OSCC (e.g. smoking cessation, alcohol diminution), and in *early detection* of signs and symptoms. The main purpose of this observational retrospective study was to assess the knowledge, diagnostic concepts, practices and opinions about OSCC primary and secondary preventions among primary care physicians (PCP) in Calabria.
METHODS: The investigation was conducted using a self-administered questionnaire performed by Google Forms sent to 50 Calabrian primary care physicians. This questionnaire collects 11 items about:
i) demographic variables of participants (e.g. age, sex);
ii) knowledge on OSCC risk factors (e.g. smoking and drinking habits) and early clinical features (e.g. oral potentially malignant disorders);
iii) practices and attitudes on prevention strategies (e.g. follow-up/screening approaches).
RESULTS: The majority (54%) of primary care physicians were female. About the professional update on OSCC, 21 (42%) of the participants answered that it was never performed, 11 (22 %) of the participants performed it for at least four years, 18 (36 %) of the participants have been updated this topic in the last 4 years. About the question regarding the timing of recommended preventive dental visit, a good percentage of PCP, 43 (88%), suggest it at least once a year, 5 (12 %) of the participants at least once every 3 years and 2 participants at least every 5 years. Among the knowledge on risk factors related to OSCC, smoking was identified as the major risk factors by 49 (98 %) of the doctors. On the contrary, only 30 (60 %) and 21 (42%) of PCP identified alcohol and chronic trauma as a risk factors, respectively. 36 (72 %) of PCP knew that early diagnosis of OSCC improves the survival rate. In contrast, only 26 (52 %) of the physicians identified the tongue as the most common site for OSCC.
CONCLUSIONS: Understanding the knowledge, attitudes and practices of primary care physicians is crucial to assess their effectiveness in the primary prevention and early detection of oral cancer (particularly OSCC), thus helping to reduce its mortality and morbidity. The findings of the present study revealed that the population of PCP recruited were informed about OSCC screening strategies. However, given the presence of a reasonable percentage of general physicians with poor knowledge of these topics, there is a need for continuing education programs on OSCC prevention.

Early detection of amyloid light-chain amyloidosis: a case report of oral primary manifestation

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BACKGROUND: Amyloidosis represents a rare disorder characterized by extracellular deposits of protein amyloid in a single organ (e.g. brain, lung, skin/localized form) or several organs (systemic form). Localized amyloidosis in the oral cavity as primary involvement of systemic amyloidosis is extremely rare. The most widely documented oral manifestations of amyloidosis are macroglossia, petechiae, papulae, nodular/exophytic and ulcerative lesions, mainly localized on the tongue and on the buccal mucosa. We present a case of early diagnosis of amyloid light-chain (AL) amyloidosis with primary involvement of oral cavity.
CASE REPORT: A 60-years-old man was referred to the Sector of Oral Medicine "V. Margiotta" (Department of Surgical, Oncological and Oral Sciences, University of Palermo) for the diagnostic assessment of dyskinesia of the tongue and difficulty of swallowing and speech. His clinical history included hypertension and arthritis rheumatoid. The intra-oral examination showed multiple nodular/exophytic lesions on the dorsum and anterior-lateral borders of the tongue and on lower labial mucosa. Incisional biopsy was performed in the lesions of the labial mucosa and histological examination showed an amorphous eosinophilic fibrillary accumulation in the connective tissue. This sample had positive staining for Congo red, exhibiting a reddish color under light microscopy. Serum and urine protein electrophoresis were negative. So, the provisory diagnosis of oral localized amyloidosis was made. During follow-up period, the patient reported weight loss (5 kg in one month) and hands paresthesia. Then, the additional laboratory and instrumental tests were achieved in order to discover associated disorders or organ dysfunctions. Echocardiography and digestive endoscopy were negative but the fine-needle aspiration biopsy (FNA) of the abdominal fat pad was performed. Then a definitive diagnosis of AL Amyloidosis was made. The patient was treated with: proteasome inhibitor, corticosteroids and with synthetic folic acid analogue.
CONCLUSIONS: Dentists and pathologists as well as general practitioners should be able to cooperate for the diagnosis, treatment and follow-up of patients affected by amyloidosis. Histologic examination is the first step towards diagnosis, followed by immune-histochemical tests. The diagnosis of AL amyloidosis should always be followed by blood tests, echocardiography and digestive endoscopy to intercept organ dysfunction. Indeed, amyloidosis can have devastating consequences for patients, and this case demonstrates the heterogeneous nature of the condition and how important it is for clinicians to be aware of the unusual ways in which it may present within the oral cavity.

Peripheral cementifying fibroma of the gingiva: a case report

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BACKGROUND: Peripheral Cementifying Fibroma (PCF), calcifying fibroblastic granuloma, peripheral fibroma with