



Diagnosis of oral lesions in the dental service of the city of Barueri in pandemic times

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1 INTRODUCTION

Brazil is facing an important change in the profile of disease burden as a result of demographic, epidemiological, and nutritional transitions, which has as an outcome the increase in the prevalence of NCDs, one of the biggest public health problems (MALTA et al., 2020). These include cerebrovascular and cardiovascular diseases, dyslipidemias, diabetes mellitus, obstructive respiratory diseases, and neoplasms (MELO et al., 2019).

Cancer, one of the NCDs, is an important cause of morbidity and mortality with an upward trend associated with population aging or behavioral and lifestyle changes (BRAY et al., 2018; GARCÍA-MARTÍN, 2019).

Oral cancer (OC) is a malignant tumor that affects lips, mouth structures, such as gums, cheeks, palate, tongue, and the region under the tongue. It has an important magnitude in Brazil, with significant regional variations, both in incidence and mortality. It presents a better prognosis when diagnosed and treated at early stages.

INCA (2020) estimates that for each year in the triennium 2020/2022, 15,190 new cases of oral and oropharyngeal cancer will be diagnosed (11,180 in men and 4,010 in women). The Southeast and South regions have the highest incidence and mortality rates. The treatment considers three therapeutic modalities: surgery, chemotherapy and radiotherapy (INCA, 2020).

Among the semitechnical maneuvers for diagnosis are lymph node palpations, visual inspections, incisional and excisional biopsies, exfoliative cytology, and pathological examinations.

Certainly, the most effective way to combat oral cancer is through early diagnosis, followed by prompt care and adequate treatment. However, the prognosis for many patients is still bleak, due to late diagnosis and advanced cases (VELOSO, CALDAS, 2021).



With the SARS-CoV-2 pandemic, adjustment measures were necessary in the operation of health systems to adapt services to the new and growing demand. Some diagnostic services were shut down due to the risk of contamination of patients and health professionals, which may have impacted early diagnosis. In Barueri, access to diagnosis was systematic, although flexible, although it was a complex challenge, object of this experience report.

2 OBJECTIVE

Describe the prevalence of positive cases of carcinoma in mouth diagnosed and the number of biopsies performed during the pandemic period from February 2020 to December 2021 (22 months).

3 METHODOLOGY

This is a retrospective cross-sectional descriptive study in the form of an experience report.

The Oral Health of Barueri has the Center for Dental Specialties and in it the Semiology service. To this service are referred alterations in soft or hard tissues, which demand evaluation, diagnosis or surgical removal.

Primary care professionals through local regulation refer patients with oral lesions to the specialty of stomatology, of possible pathologies of moderate risk (alterations without suspicion of malignancy) and high risk (alterations with suspicion of malignancy). In the stomatology sector, evaluations of the clinical picture, a detailed anamnesis of the family and health history, as well as the history of the current disease are performed. This report presents retrospective data from this service.

4 DEVELOPMENT

In the period February 2020 to December 2021 after the first evaluation, of approximately 200 patients, 72 patients (36%) underwent biopsy procedures and the specimens were referred for pathological anatomy examinations.

After a mean time between 3 and 4 weeks for the establishment of the diagnosis by the pathologist, 61 (84.72%) results were described as negative for any malignant neoplasm; mucocele, fibroma, hemangioma, lichen planus, pemphigus vulgaris, candidiasis, lipoma, papilloma, pyogenic granuloma, and ranula were the most commonly diagnosed pathologies.

The positive results totaled 9.47% (n=11) and presented the following pathologies: 90.90% (n=10) for squamous cell carcinoma and 9.09% (n=1) for mucoepidermoid carcinoma.

In relation to the positive diagnosis sites reported here, 10 (90.90%) were on the tongue mucosa (squamous cell carcinoma), and 1 (9.09%) on the palate mucosa (mucoepidermoid carcinoma). A study shows that approximately 40% of head and neck cancers occur in the oral cavity region (floor of the mouth, tongue, base of the tongue, hard palate and lips), 15% in the pharynx (oropharynx, hypopharynx



and nasopharynx), 25% in the larynx, and the rest in the salivary glands and thyroid⁸. Regarding the profile of head and neck cancers, their main characteristics are the histological type of squamous cell carcinoma (squamous cell carcinoma) corresponding to 90% of the cases^{9,10}, also observed in this experience report.

All cases of malignant neoplasia were referred to the municipality's regulation sector for scheduling with oncologists and/or head and neck surgeons. In the multiprofessional team, the head and neck surgeon is a key professional in the administration of all treatment. Surgery in oral cancer cases is the main therapeutic modality - 60% of the cases are surgical⁷. Among the back-up hospitals for Barueri are the Cancer Institute of the State of São Paulo (ICESP) and the Diadema Hospital.

From the perspective of social representations linked to OC, because it raises in people uncertainties about the future, there is an indispensability for health professionals to broaden their view of a probable cancer patient, understanding him as a social being who experiences moments of sadness, insecurity, anguish, and uncertainty. We observed in this period of the report that many of the patients assisted were afraid of the evaluation, because they arrived with a possible diagnosis of "cancer" with only a visual inspection. We emphasize the importance of preparing a more professional communication in order to guarantee the patient adequate information about his pathology, however, without reporting a certain disease without the proper diagnostic procedure.

5 CONCLUDING REMARKS

It is considered that the role of the dentist in relation to OC occurs in 3 axes (SILVA et al., 2020; COHEN et al., 2028; MELO FILHO et al., 2013): diagnose from knowledge avoiding late diagnosis; reduce infection risks, removing foci and act in the treatment of complications arising from cancer treatment. Here is presented the role of the dental service in axis 1, important and impactful in the early detection of oral lesions as a way to prevent OC and in the early diagnosis of OC for survival and quality of life. With early diagnosis, OC has a good prognosis, with an average 5-year survival in stages I and II of 77.3% and 32.2% in stages III and IV¹¹. Considering that actions offered in an appropriate and resolute manner can promote early diagnosis, the Stomatology service did not interrupt its care during the pandemic, keeping evaluations of oral lesions; monitoring of suspected cases and referral to reference services for those confirmed. The availability of service responsible for the diagnosis of CO, according to the Brazilian Guidelines for Public Services of Specialized Dental Care has an association with the reduction of mortality rates (VELOSO et al, 2019; CARVALHO et al., 2004).

Cancer is a complex public health problem with high cost to society in loss of life, as well as treatment with high complexity and multi-professional involvement. The observed costs highlight the importance of early diagnosis of oral cancer, not only to improve patient survival and quality of life, but also to significantly minimize costs to the health system (CUNHA et al., 2019).



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