

## Oral Erythroplakia and Speckled Leukoplakia: retrospective analysis of 13 cases

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### Summary

**E**rythroplakia and speckled leukoplakia are oral precancerous lesions that have a high potential for malignant transformation. **Aim:** A retrospective analysis was conducted to investigate the clinicopathologic features of 13 cases of oral erythroplakia and speckled leukoplakia in patients who were seen at a center specialized in stomatology and Histopathological diagnosis of oral diseases. **Materials and Methods:** All cases diagnosed with erythroplakia and speckled leukoplakia between 1978 and 2006 were retrieved from the service archives. **Results:** The lesions exhibited a predilection for males with a female-to-male ratio of 1:3.3. Mean age was 57 years old and soft palate was the site affected in 77% of the cases. Pain symptoms were reported by 61.5% of the patients and association with risk factors such as smoking and excessive alcohol intake was seen in 100% and in 46% of the cases, respectively. The lesions showed epithelial dysplasia, where more than 50% were diagnosed as in situ or invasive carcinoma. **Conclusions:** Despite low prevalence, oral homogeneous erythroplakia and speckled leukoplakia show Histopathological alterations vary from epithelial dysplasia to invasive carcinoma. These lesions must be included among those oral lesions with the highest potential for malignant transformation.

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## INTRODUCTION

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The term oral erythroplakia is used to describe a red plaque or macular lesion in the mouth for which a specific clinical diagnosis cannot be established.<sup>1,2</sup> Lesions are named erythroleukoplakia, leukoerythroplakia or speckled leukoplakia when red and white areas are associated or white patches are present over the red plaque.<sup>2,3</sup> The World Health Organization (WHO)<sup>4</sup> currently employs the term speckled leukoplakia to describe mouth lesions that present erythroplastic and leukoplasic components; this will be the term used in this study.

Oral erythroplasia is rare, but its malignant transformation rate is the highest among all of the precancerous lesions in the mouth;<sup>5,6</sup> dysplasia, in situ carcinoma or invasive carcinoma may be found in over 90% of cases.<sup>7-9</sup> Although the potential for malignant transformation is higher in erythroplakia, speckled leukoplakia should not be neglected, since the red patches in this lesion have a similar histology to homogeneous erythroplakia.<sup>10-13</sup>

The purpose of this study was to conduct a retrospective analysis of the clinical and pathological features of 13 cases of oral erythroplakia and speckled leukoplakia; the patients were seen at a clinic that specializes in stomatology and the histopathological diagnosis of mouth diseases.

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## MATERIAL AND METHOD

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This was a cross-sectional historical cohort study reviewing 17 831 files of patients with stomatological lesions biopsied from 1978 to 2006. Patients with a clinical diagnosis of erythroplakia or speckled leukoplakia were studied further to gather data on age, sex, tobacco and alcohol consumption, and the pain, site, size, duration and histopathological features of lesions. Descriptive statistics were used for data analysis.

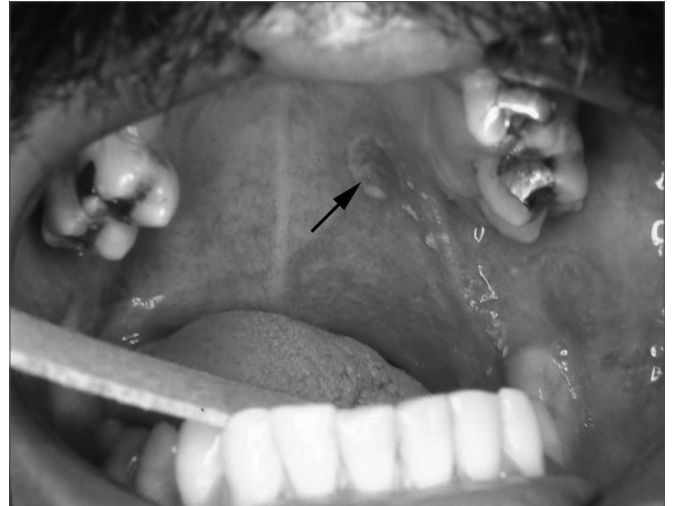
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## RESULTS

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Among 17 831 cases in the biopsy registers, 13 fulfilled the requirements for being included in this study. Two of these cases were diagnosed with homogeneous erythroplakia (Fig. 1) and eleven were diagnosed with speckled leukoplakia (Fig. 2). These lesions comprised 0.072% of the oral lesions in all patients seen at the stomatology clinic. Table 1 shows the data.

Males predominated in a 1:3.3 proportion. The age of the 13 patients ranged from 33 to 71 years; the mean age was 57 years (SD - 13.08). The soft palate was involved in 77% of erythroplakia and speckled leukoplakia cases (10 patients); in 70% of these (7 cases) the lesions also involved the hard palate or the tonsillary pillar. The diameter of lesions ranged from 1.5 cm to 4 cm, a mean 2.58 cm (SD - 0.87). Pain, with or with no dysphagia, was



**Figure 1.** Homogeneous erythroplakia located in the soft palate. The ulcer (arrow) is the incision biopsy site.



**Figure 2.** Speckled leukoplakia located in the soft and hard palate. Histopathology revealed acanthosis and hyperkeratosis in the leukoplasic area, and invasive carcinoma in the erythroplasic area (arrow).

reported by 61.5% of patients; the remaining patients were asymptomatic.

Smokers comprised 69.2% of the 13 patients. All of the remaining patients had a history of smoking, that is, they had smoked during at least five years but had ceased smoking during the period in which lesions were developing. Excessive alcohol consumption was reported by 46% of patients. Candida infection overlapping the lesions was suspected in 61.5% of patients; in these cases, oral nistatin mouthwashes were prescribed before incision biopsies.

Biopsy material was taken from both white and red patches when these were present concomitantly on lesions. Some degree of dysplasia was seen in all of the red patches. The histopathological diagnosis of speckled leukoplakia cases was epithelial dysplasia in 27% (n=3)

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