ABSTRACT

Screening for lesions with an oral mucosal brush biopsy

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INTRODUCTION

Suspicous lesions of the oral mucosa are frequently found on routine oral cavity examination. Many of these lesions are benign mucosal changes without clinical significance. The goal of screening in the oral cavity is to identify those lesions that contain significant cellular dysplasia. The clinical outcomes could be improved if dysplasia can be detected at an early stage. Detection of oral dysplasia is made possible due to the nature of the disease. Oral dysplasia starts with a process in squamous epithelial tissue and becomes detectable usually through a change of the surface tissue, identifiable sometimes by the patient and more so by a doctor’s comprehensive oral examination.

METHODS AND MATERIALS

The transepithelial brush biopsy was performed on patients with mildly to non-suspicious lesions. The oral transepithelial brush biopsy was performed, and abnormal or dysplastic cells reported. Results showed how the transepithelial brush biopsy confirmed the clinical impressions. Survey of clinicians indicated that lesion was easily to perform, and could be completed in a reasonable timeframe of less than 10 minutes during the initial visit. Doctors reported the timing of administering the procedure, the level of comfort or difficulty, the painless to the patient.

RESULTS

The oral transepithelial brush biopsy provided pathological evidence to help rule out dysplasia and cancer. Doctors felt comfortable using this test as it presented no complications, was simple to perform, and was painless to the patient. Providing such a test made patients feel more comfortable that an additional evaluation could be offered without the initial visit as confirmatory evidence to the doctor’s impression.

CONCLUSIONS

Oral transepithelial brush biopsy can be provided as a screening option for oral mucosal lesions that are not highly suspicious. Screening indicated test was perceived as an instrument to provide reassurance to patients and gather information early on. Using an oral transepithelial brush biopsy on lesions for screening is a simple way to gather additional information on all types of lesions ranging from low to high risk. It is a good option since it can be performed in a few minutes, during a patient’s initial visit, it is quick and easy for the doctor to do how to administer, has no potential for procedure related complications, and poses no procedure related risks.