CASE REPORT

Pigmented Lesion of the Oral Cavity With Eight Years Follow-up

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A 27-year-old white female with a pigmented lesion on the anterior portion of the mandibular gingival is described. A prophylactic excisional biopsy was performed in conjunction with a gingival graft. A gingival graft was performed to accelerate the healing process and reduce postoperative discomfort. An intradermal nevus was diagnosed. The number of documented oral nevi in the literature now exceeds 200 and approximately half of them are histologically of the intradermal type. If early detection of thin oral melanomas is to be achieved, all pigmented oral cavity lesions should be viewed with suspicion. Key words: Oral pigmented lesion, Oral melanoma, Gingival graft and healing process, Oral intradermal nevus, Oral nevi.

The dramatic increase in survival rates of patients with cutaneous melanoma in the past 20 years suggests that melanomas are being recognized and diagnosed early in the course of the disease. (1) In contrast, the prognosis for patients with oral melanoma is grave despite aggressive therapy and has not significantly changed since Chaudhry’s review (2) of 105 cases in 1958. Delayed detection by physicians, dentists and patients can well explain the poor prognosis they have.

A valid correlation exists between melanomas and preexisting pigmentation. Asymptomatic oral pigmentation in the site of oral melanoma was noted before diagnosis by approximately one third of the patients in each of the five large reviews (2-7). The appearance of pigmentation in the oral cavity preceding invasive malignant melanoma underscores the necessity of routine oral examinations and prompt diagnosis. The excision of all suspected oral nevi is warranted because they can not be clinically differentiated from other pigmented lesions, including oral melanoma (8). Oral melanoma is a neoplasm with poor prognosis; its premature diagnosis is of foremost importance (9). Melanoma of the mouth is rare, most commonly occurring on the upper jaw of patients older than 50 years. Because of frequent delay in diagnosis, the tumors are often diagnosed after they are deeper than the average cutaneous melanoma, hence the prognosis tends to be poor (10).

Pigmented cellular nevi of the oral mucosa are less frequent than those of the skin and are rarely found in very young or very old people (11). Pigmented lesions in brown, blue black, or variations of these colors are relatively rare in the oral cavity but very common in the skin and can range from absolutely benign to highly malignant (12). Intradermal nevus is the most frequent pigmented nevi of the oral mucosa and categorized as a benign tumor of the melanogenic system (13,14), but clinically it is sometimes difficult to diagnose. We report the case of an intradermal nevus suspected to be malignant melanoma which was followed for eight years.

Case Report

Oral examination of a 27-year-old white female patient disclosed an oral pigmented lesion on the anterior portion of the mandibular gingiva (Fig. 1). The patient reported that she noticed the pigmented lesion four years before. The lesion had increased in size, the superficial surface of the lesion was raised, and the patient was concerned. The entire mass was excised for biopsy and the extent of the excised lesions was .9 cm x .7 cm. with a central, ill-defined hyperpigmented area. The biopsy was performed by a periodontist who removed the lesion completely, leaving only the periosteal membrane (Fig. 2). Due to the extent of the excised lesion, a gingival graft was placed over the exposed periosteal membrane (Fig. 3). Complete healing of the excised area was observed one week after surgery (Fig. 4). Figure 5 shows the patient 4 weeks after...
surgery and Fig. 6 shows the patient 8 years later and no residual lesion was present.

The specimen was conventionally processed for light microscopy, and sections were stained with hematoxylin-cosin. The pathological diagnosis of the specimen was intradermal (intramucosal) nevus.

**Discussion and Conclusions**

Oral nevi poses the greatest diagnostic challenge (16) among all causes of intraoral pigmentation and the number of documented oral nevi reported in the medical literature exceeds 200. Buchner and Hansen (15) reviewed 155 cases of oral nevi and seventy documented cases have been added to the previously reported cases. In their review, clinical presentation, site, configuration,
transformation is still uncertain, so in order to obtain an accurate and correct diagnosis, microscopic examination should be performed (11,19,20,21). Troadahl and Sprague have suggested several reasons for the use of prophylactic excisional biopsy of any focal pigmented lesion of the oral mucosa (19). These are: 1) the difficulty in clinical differentiation between focal melanotic lesions and a number of other pigmentation. 2) the relatively high ratio of malignant to benign occurrence of melanocytic lesions. 3) the significant number of malignant melanomas that appear clinically innocent. 4) the significant number of melanomas that are preceded by asymptomatic pigmentation.

All pigmented lesions of the oral cavity should be viewed with suspicion. Those that possess clinical features suggestive of melanoma or that lack an obvious cause must be subjected to biopsy. In cases where the oral pigmented lesion is large, an incisional biopsy can be performed as a more conservative technique. Incisional biopsy is less traumatic and if and the biopsy is negative for melanoma, the patient will have a short postoperative period. The disadvantage of this technique is that if the biopsy confirms the diagnosis of melanoma, the patient has to be exposed to another surgical procedure, increasing the possibility of a metastatic lesion. In order to improve the prognosis of patients with oral melanoma, early detection and prompt surgical attention to these aggressive tumors must be achieved.

Resumen

Se describe el caso de una mujer blanca de 27 años de edad la cual presenta una lesión pigmentada en la gingiva bucal anterior mandibular. Se le realiza profilácticamente una biopsia excisional en unión con un trasplante de encia adherida y se diagnosticó lunar epidermal. Se decidió realizar el trasplante de encia adherida para el beneficio post operatorio del paciente, ya que acelera el proceso de sanado y disminuye las molestias. El total de los lunes orales reportados en la literatura excede 200 casos, de los cuales aproximadamente la mitad son histológicamente del tipo intradermal. Si se quiere hacer un diagnóstico temprano de melanoma oral en etapas incipientes, todas las lesiones pigmentadas de la cavidad oral deben ser vistas como sospechosas.

References