

2.4. ERYTHROPLAKIA

Introduction

Erythroplakia is a rare but severe cancerous lesion. "Erythroplakia", "leukoplakia", is a clinical expression It describes a bright-red, velvety plaque which cannot be characterized clinically pathologically as any other lesion. The features of erythroplakia are akin to Queyrat's erythroplasia, which is a premalignant lesion of the glans penis. The rarity of erythroplakia is exemplified by the fact that it diagnosed (prevalence) in only nine of 51,000 villagers in five states of India. Palatal red areas among reverse chutta smokers which qualify the diagnosis of erythroplakia are also less common compared to other palatal changes (See section 2.3)

Clinical aspects

Because of the rarity of erythroplakia, there is little clinical information available on this lesion; of the nine cases mentioned earlier seven involved the buccal mucosa (Figs. & 2), and two were situated on the palati (red areas excluded). Erythroplakia must be distinguished from other "red" lesions, such as transient inflammatory conditions stomatitis associated with nutritional deficiencies, and palatal erythema in bidi smokers(see section 3).



Fig. I. An erythroplakia in the left buccal mucosa of a betelquid chewer. Note the coexistent leukoplakia anteriorly.

Red area in a reverse smoker: Some investigators distinguish erythroplakias into homogeneous erythroplakia, erythroplakia interspersed with white patches, and speckled or nodular erythroplakia. Such a division causes confusion, especially in differentiating erythroplakia from nodular leukoplakia. Erythroplakia can be a small or a large lesion, and the redness may sometimes be less striking. As mentioned previously, red areas among reverse smokers are the most severe

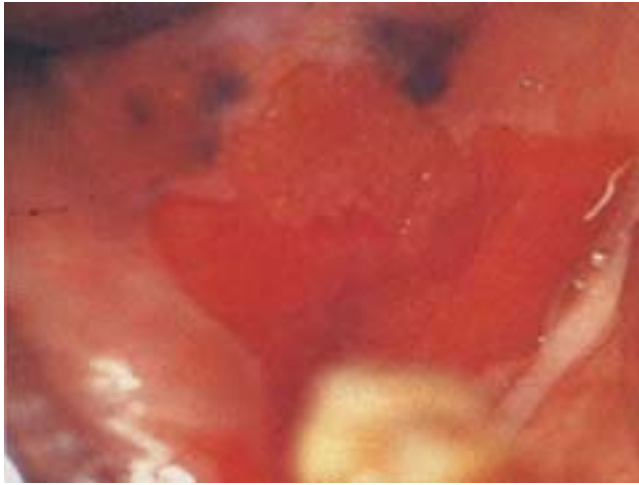


Fig. 2. An erythroplakia in the right buccal mucosa of a betel-quid chewer. Note the granular appearance in the upper part of the lesion. A biopsy from this area revealed a squamous cell carcinoma.

of the palatal components (Fig.3) because they show higher frequency of epithelial



Fig.3 A bright-red erythroplakia(red area) at the junction of the hard and the soft plates in a reverse *chutta* smoker.

dysplasia and higher rates of malignant transformation (Fig.4).

Malignant transformation : Erythroplakias are considered most severe because microscopically 91% of them show either squamous cell carcinomas (Fig.2) or moderate to severe epithelial dysplasia. Information on malignant transformation is available from reverse smoking associated red areas (Figs.3 & 4). These demonstrated a malignant transformation rate of 118 per 1000 red areas. Among all palatal components red areas are nearly 10 times more dangerous than white patches.

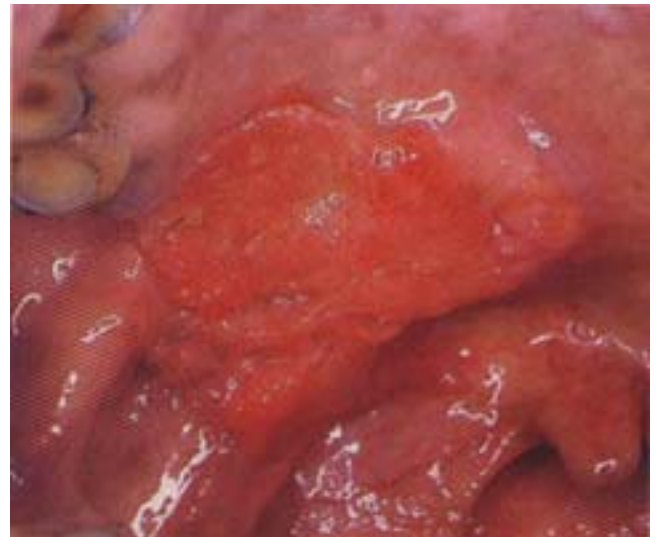


Fig.4. red nodular tumor that developed within two years from the red area shown in Fig. 3.

Conclusions

Because of their serious outcome, it is mandatory to biopsy all erythroplakias for microscopic evaluation upon which their management is based. As most of the erythroplakias in India are due to tobacco use, all individuals must be educated to discontinue their tobacco habits.

