ACCURACY OF BRUSH BIOPSY METHOD IN ORAL MALIGNANCY DETECTION









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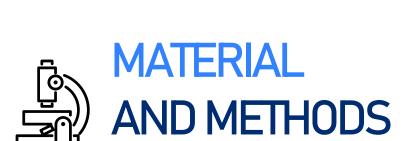
Radojkova Nikolovska Vera Dimova Cena Evrosimovska Biljana Rogoleva Gjurovska Sonja

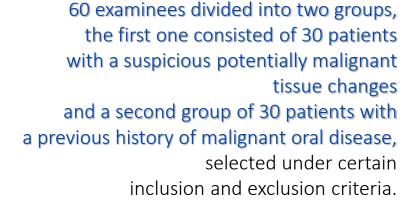
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Inclusion criteria:

- Have not received antibiotic therapy for the last two months
- If they had not undergone periodontal treatment at least two months ago
- Have not / or have not undergone radiot herapy or chemotherapy in the last three months

Exclusion criteria:

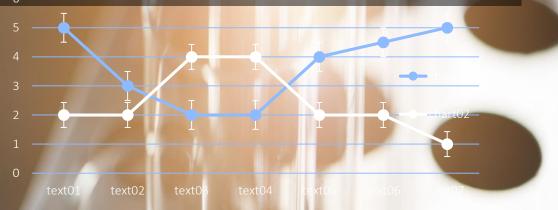
- Inability and reluctance to participate in the study protocol
- Gravity

All respondents who participated in the study signed a consent for voluntary participation in the study



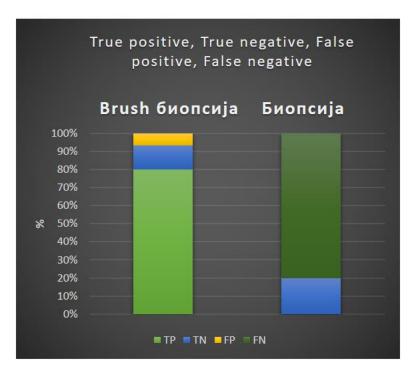
Both, incisional and excisional biopsy were performed under local anesthesia, uzing scalpel, blade number 15, respecting all necessary preoperative preparations as well the known ratio of 3: 1 (length / width) of the biopsy specimen. The sample was then placed in a medium for fixation (10% neutral formalin solution) which will keep the tissue in shape asunder the action of bacteria would not occur physical or chemical damage. The fixation lasted from 6 to 36 hours, then slices with a thickness of 4–5 μ were made and stained with standard hematoxylin and eosin (H&E) staining. The results were read on a Leica light microscope.

The data base with results were later statistically analyzed using programs STATISTICA 7.1 and SPSS for Windows ver. 20.



Brush биопсија		Биопсија	
		+	i . =.
+	26	24	2
-	4	0	4
Вкупно	30	24	6

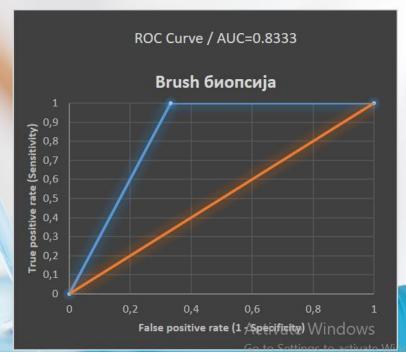
Table 1. Distribution of the examinees with potentially malignant lesions (precancerous) according to the histopathological finding and brush biopsy.



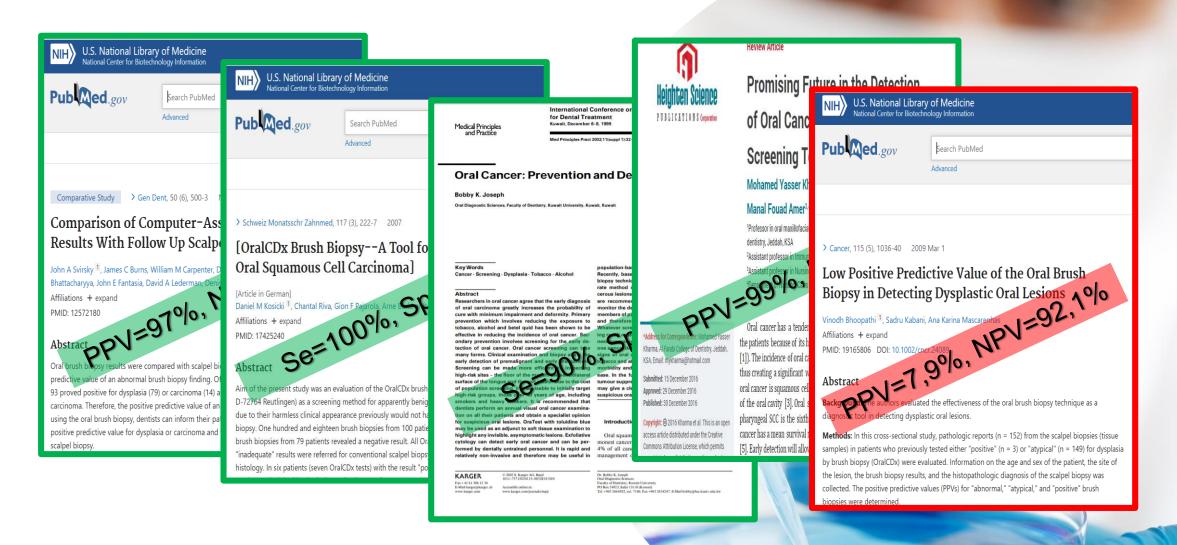
Graph 2. Distribution of the examinees with potentially malignant lesions (precancerous) according to the histopathological finding and brush biopsy.

Brush биопсија	вредност	CI = 95%
Se	100%	85.75% to 100%
Sp	66.67%	22.28% to 95.67%
PPV	92.31%	79.47% to 97.38%
NPV	100%	87.75% to 100%
Точност	93.33%	77.93% to 99.18%

Table 2. Sensitivity and specificity of the Brush biopsy method in patient with potentially malignant lesions (N2) group

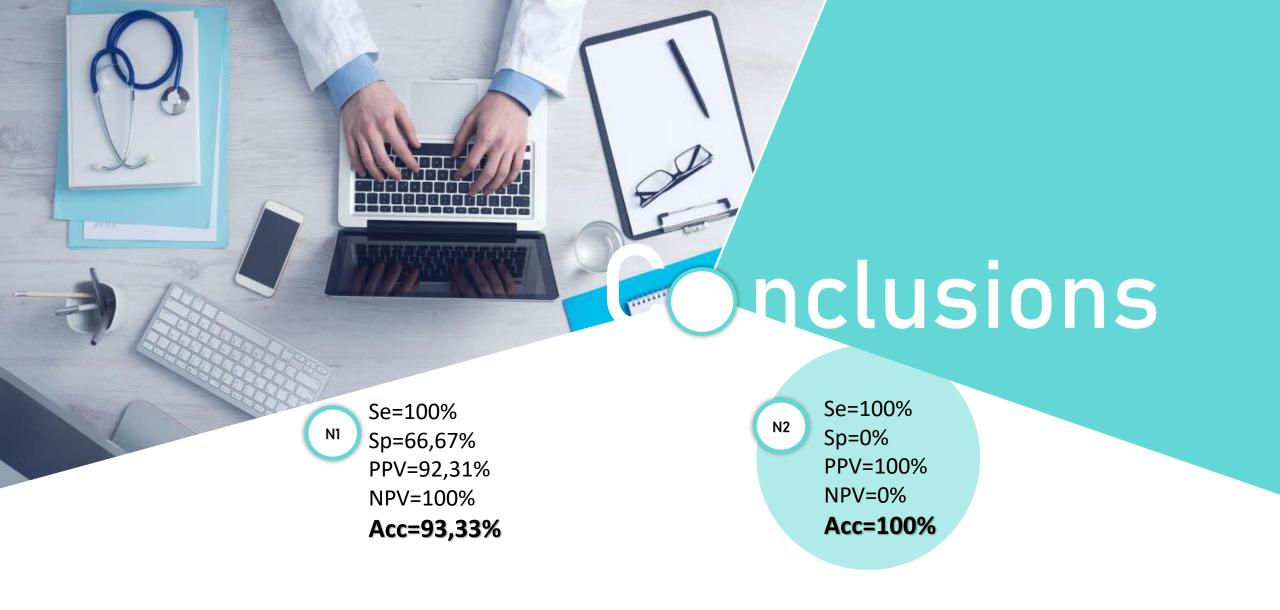


Graph 2A. ROC curve - Sensitivity and specificity of the Brush biopsy method in patients with potentially malignant lesions (N1) group



Svirsky JA, Burns J, Carpenter WM, et al. Comparison of computer-assisted brush biopsy results with follow up scalpel biopsy and histology. Gen Dent. 2002;50(6):500–503
Kosicki DM, Riva C, Pajarola GF, Burkhardt A, Gratz KW: [OralCDx brush biopsy--a tool for early diagnosis of oral squamous cell carcinoma]. Schweiz Monatsschr Zahnmed 2007, 117(3):222-227
Joseph BK. Oral cancer: prevention and detection. Med Princ Pract. 2002; 11: 32-35. Ref.: https://goo.gl/Q2xUcH

Kharma, Mohamed. (2016). Promising Future in the Detection of Oral Cancer by Using Advance Screening Technology. Journal of Oral Health and Craniofacial Science. 1, 22-33. 10.29328/journal.johcs.1001003.



COE IN COMBINATION WITH THE SCREENING METHOD OF ORAL BRUSH BIOPSY, IS VERY EFFECTIVE IN DIAGNOSIS OF ORAL POTENTIALLY MALIGNANT LESIONS – PRECANCEROSIS AND LESIONS WITH PREVIOUS HISTORY OF MALIGNANCY.