Inflammation and host response in carcinogenesis and predicting lymph node involvement in oral squamous cell carcinoma

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Introduction

 Clinicopathological parameters have been implicated in prognosis, recurrence, and followina squamous survival oral cell carcinoma (OSCC)



- Pre-treatment laboratory prognostic index (LPI) based on laboratory results - extension to CP for prognosis and treatment in patients with OSCC
- Presence of systemic inflammatory response - indicates poor prognosis in OSCC
- C-reactive protein (CRP) annular (ringshaped), pentametric protein and actutephase protein found in blood plasma - levels of which rise in response to inflammation
- Widely used systemic biomarker for diagnosing acute and chronic inflammation
- Clinical use diagnosis Of diseases cardiovascular malignancies
 - CRP Serum elevated malignancies, implying close linkages in inflammation and malignancy



Higher risk of developing cancer in subjects with elevated • serum CRP

Aims and objectives

Correlating the patients' oral hygiene status (using local infection factors) with C-reactive protein as a systemic inflammatory indicator

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Test Results & Trends



- Positive association between pre-operative CRP levels and prognosis of OSCC
- Possible mechanisms to explain such association are:
- a) Tumour growth can cause tissue inflammation and hence increased CRP levels
- b) CRP as an indicator of immune response to tumour antigens
- c) Evidence of cancer cells increasing the production of inflammatory proteins
- d) Some cancerous cells cell lines secrete Interleukin-6 (IL-6)

• Virchow(1863) - origin of cancer at sites of chronic inflammation irritants, together with tissue injury and ensuing inflammation, enhance cell proliferation

Material & Methods

Sampling Methodology

Sample Group	Planned sample size	Current sample size	Remarks
Group I	30	20	history of tobacco chewing of more than 3 years but without developing any lesion
Group II	30	8	history of tobacco chewing manifesting with the development of precancerous conditions
Group III	30	6	individuals who chew tobacco and have developed oral cancer

CRP levels

- Patients evaluated via DMFT & OHIS index
- Serum was separated from withdrawn peripheral blood, which was then sent for **CRP** analysis
- Oualitative evaluation of CRP was done
- Standard laboratory techniques were used to determine pre-treatment CRP levels
- Presence of agglutination indicated



presence of CRP in peripheral blood



and IL-8, which in turn induce the production of CRP

Conclusion

Unlike cancers affecting other organs, carcinomas arising in the oral cavity did not exhibit raised CRP levels in our study. The local factors, tobacco, and areca nut along with oral hygiene may play a more pivotal role in carcinogenesis.

Future scope

Patients diagnosed with potentially malignant disorders should be subjected to thorough oral prophylaxis along with counselling for discontinuation of bad habits. This would reduce the incidence of oral cancer by reducing the bacterial load and local inflammation. The addition of oral prophylaxis should be included as a standard oral cancer management protocol.

References

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