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Objective: The objective of this study was to compare the final diagnosis agreement between 4 pathologists when they follow the Horn criteria and the NIH criteria for analysis of oral mucosa and minor salivary glands biopsies possible affected by GVHD.

Findings: 41 slides of oral mucosa and minor salivary glands obtained from individuals with GVHD were analyzed by 4 oral pathologists. Following the Horn criteria based on minor salivary gland and oral mucosa independently, all pathologists gave the same final diagnosis in 11 out of 41 cases, 3 of them agreed in 12 cases and 2 in 18 cases. Following NIH Consensus based on specific criteria in both epithelium and salivary glands, 4 pathologists gave the same final diagnosis in 9 out of 41 cases, 3 agreed in 24 cases and 2 in 7 cases. One case received 4 different diagnoses. To verify the agreement inter-observer in both oral cGVHD classifications, Kappa test showed to Horn classification k=0.22 and to NIH consensus k=0.35.

Conclusions: The concordance of the final diagnosis of oral mucosa biopsies of hematopoietic stem cell transplantation patients suspected of GVHD was very low when the pathologists followed both the Horn criteria and NIH consensus.

PSORIASIFORM MUCOSITIS BY ANY OTHER NAME. . . A CASE REPORT AND LITERATURE REVIEW OF ORAL PSORIASIS.

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A 60−year-old male presented for evaluation of "gum" lesions noted by an oral surgeon. The patient had been treated with chlorhexidine rinse, but the lesions had persisted. The medical history was significant for diabetes mellitus type 2, well-controlled HIV infection, and cutaneous psoriasis. On examination, multiple red macules were noted on the palate. Exfoliative cytology was performed and the patient treated empirically for erythematous candidiasis. On return for re-evaluation, the oral lesions had become widespread. The patient reported that he had discontinued apremilast for insurance reasons, and his cutaneous lesions had also worsened. Exfoliative cytology was negative for Candida organisms. A biopsy of the palatal lesions was recommended and a tentative diagnosis of oral psoriasis rendered. Microscopic examination revealed hyperparakeratosis and psoriasiform mucositis. Since the oral lesions were asymptomatic, the patient was reassured and advised to return for evaluation one month after resumption of psoriasis medication. Clinical assessment is ongoing.

USE OF FLUORESCEIN DYE IN DETECTION OF ORAL DYSPLASIA AND ORAL CANCER.

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Objectives: Photodetection has played role in detection and localization of various tumors of the body like ovarian cancer, breast cancer etc. but there is paucity of information regarding its use to identify oral cancer and dysplasia. Thus, we hypothesized that fluorescence dye can be helpful in detecting early potentially malignant disorders (OPMD) and oral squamous cell carcinoma (OSCC) after topical application.

Findings: We included 83 individuals of Indian origin which comprised 33 OPMD, 30 OSCC and 20 controls in the study. After obtaining ethical clearance from institutional review board, all patients recruited in study were examined by the investigators regarding the lesion location and extent. After application of Fluorescein dye (0.25 ml of 20 % Fluorescein diluted in 4 ml of saline), the mouth was examined by the blue light to see the fluorescence and incisional biopsy was taken from the respective lesion and evaluated histologically. Moderate to intense fluorescein staining was seen in 83% histopathologically confirmed cases of Squamous cell carcinoma (25/30 cases) and 90% of dysplasia (9/10 cases) and 61% of hyperkeratosis (8/13 cases). Mild or no fluorescein staining was seen in 50% of mild dysplasia (3/6), 50% of OSMF (4/8), 67% of OLP (2/3) and 38% of hyperkeratosis (5/13) cases. No fluorescein staining was seen in 100% of control group. Test was found to be highly significant in diagnosing dysplasia and carcinoma compared to controls ($p<0.01$). The test showed sensitivity of 63%, specificity of 85%, positive predictive value of 82% and negative predictive value of 68%.

Conclusions: We concluded that fluorescein dye staining is a simple, non-invasive test of the oral mucosa, which can help the experienced clinician to find oral precursor malignant lesions. It is a cost-effective measure and can be used for mass screening programs. It might help to identify most appropriate site of biopsy.

INCIDENCE RATES OF ORAL AND OROPHARYNGEAL CANCER IN SOUTH AFRICA 1988-2013.

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In South Africa, the four different population groups (White, Black, Coloured/Mixed Race and Asian) have very different incidence rates of oral cancers. The possible impact of HR-HPV infection on the incidence of oropharyngeal cancer in this country has not been assessed.

Objectives: To describe and compare the trends in age standardised incidence rates (ASIR) of oral and oropharyngeal cancer in South Africa from 1988 to 2013.

Methods: The ASIRs of these cancers were calculated from the incidence rates published by the National Cancer Registry (SA-NCR), a pathology-based registry.

Findings: The average ASIR (/100,000/year) of oral cavity cancer for all males was 5.9 and for all females 1.74; the highest affected were the males of mixed race (8.47) and white males (6.19) and the Asian females (4.61). The latter population group is known for a high consumption of Areca nut. The average ASIR of pharyngeal cancer for all males was 2.61 and for all females 0.71; The highest incidence of pharyngeal cancer was noted in the males of mixed race (3.86) and white males (2.73). As South Africa is not known for a high incidence of nasopharyngeal cancer, these rates would more or less apply to oropharyngeal cancers. The trends of oral cavity and oropharyngeal cancer ASIRs over the period 1988-2013 show a slight downward trend except for white and mixed-race females. The incidence trends in pharyngeal cancer also show a decline over that period.