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# ORIGINAL ARTICLE :

# The Pattern of Distribution of Biopsied Oral Lesions in Basrah Province- A 20 Year Retrospective Study

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#### ABSTRACT

Objectives: This study aimed to evaluate the prevalence of oral lesions in Basrah province and compare with other reviews.

Methods: A retrospective study, data obtained from the oral biopsy reports seen in the histopathology laboratory of Al Sadder Teaching Hospital and private laboratories in Basrah from 1981-2000. Following variables were analyzed: type of oral lesion, age, sex and site of distribution. Oral lesions classified into five major categories: inflammatory lesions, cystic lesions, neoplastic lesions, white lesions and tumour-like lesions. The age of patients grouped as follows: 1-15, 16- 30, 31-45, 46-60, and above 61 years. Site of distribution lesions includes palate, the floor of mouth, lips, tongue, gingiva, buccal mucosa, maxilla and mandible.

Results: Among the 743 oral biopsy reports, 475 (63.9%) found in males and 268 (36.1%) were in females. Neoplastic lesions were the commonest oral lesions 514 (69.2%) followed by tumour-like lesions 116 (15.6%), cystic lesions 54 (7.3%), inflammatory lesions 35 (4.7%) and then white lesions 24 (3.2%). The first site was tongue 140 (18.8%), followed by lips 118 (15.9%) and the floor of the mouth 115 (15.5%)meanly between 46-60 years 205 (27.6%).

Conclusion: The majority of oral lesions were in males, and it is of a neoplastic and tumour-like type. This will highlight the importance of prevention, early detection and diagnosis of such lesions.

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### INTRODUCTION

Oral cavity consists of the gingiva, tongue, buccal mucosa, two lips at its entrance. The major and minor salivary glands opened up into the oral cavity via various ducts 1. Oral lesions can be seen in any oral cavity

structure and cause discomfort or pain that affects, swallowing, chewing and, speech. Oral lesions may cause symptoms such as xerostomia, halitosis that interfere with daily social activity. Also, poor oral hygiene, sharp teeth,