

Brief Research Report

Effectiveness of Identafi® in Evaluation of Precancerous Oral Lesions

Vural Fidan, MD^{1*}; Handan Koyuncu, MD²; Emine Sakalar, MD²; Bengisu Turfan, Dt³

¹Department of ENT, Eskisehir City Hospital, Eskisehir, Turkey

²Department of ENT, Yunus Emre Government Hospital, Eskisehir, Turkey

³Near East University, Nicosia, Cyprus

*Corresponding author

Vural Fidan, MD

Associate Professor, Department of ENT, Eskisehir City Hospital, Eskisehir, Turkey; E-mail: vuralfidan@gmail.com

Article information

Received: July 16th, 2020; Revised: August 6th, 2020; Accepted: August 26th, 2020; Published: September 3rd, 2020

Cite this article

Fidan V, Koyuncu H, Sakalar E, Turfan B. Effectiveness of identafi® in evaluation of precancerous oral lesions. *Otolaryngol Open J.* 2020; 6(1): 8-10.

doi: [10.17140/OTLOJ-6-161](https://doi.org/10.17140/OTLOJ-6-161)

ABSTRACT

Aim

To examine the role of the Identafi® device in early diagnosis of the nature of oral lesions.

Results

Buccal mucosal lesions that diagnosed Kreatosis were the most seem lesion in oral area.

Conclusion

It has been observed that the indentative device provides convenience to the physician in the early diagnosis of precancerous oral lesions and some tissue formations that may be overlooked can be reached.

Keywords

Identafi®; Oral lesion; Precancerous; Early diagnosis; Tobacco; Alcohol.

INTRODUCTION

Oral cancers; It is a type of cancer that has been diagnosed with lesions in areas such as the floor of the mouth (under the tongue), lips, gums, tongue, inner faces of cheeks, palate.¹⁻³ Its Mortality rate has increased significantly in recent years.^{4,5}

Identafi® is an feasible, ancillary, veiling equipment aspecting three distinct flashes that are practiced subsequently to explore oral ornaments. In addition to a flash transmitting diode (light-emitting diode (LED)) white flash, the equipment also contains violet flash of 405 nm wavelength and a 545 nm wavelength green-amber flash. The violet and green-amber flashes activate ornament fluorescence and reflectance spectroscopy variously.

Looking at the early diagnosis statistics of oral cancer, it is seen that it creates serious differences in terms of survival.⁶ Although there is a great responsibility for doctors in early diagnosis, some problems that vary from patient to patient can make early diagnosis difficult.⁷ Based on these problems, we conducted

this study, which examined the role of the Identafi® device in early diagnosis, on cases we observed suspicious on cases in Eskişehir and encountered remarkable results.

Purpose

The aim of this study is to provide early diagnosis of precancerous oral lesions in the mouth and to determine how it will affect the prognosis in early diagnosis by testing the Identafi® device that will help the physician for this purpose.

MATERIALS AND METHODS

The present study included the patients whom applied to Otorhinolaryngology Department of Yunus Emre Government Hospital and City Hospital of Eskişehir between 2011-2019. An initial oral screening was done by otorhinolaryngologists and dentists. The suspected cases were subjected to Identafi® Oral cancers sreening device.

This device is designed for light; it uses the energy it broadcasts at different wavelengths by combining it with different reflection feature between malignant and benign tissue. The device, by its design, has many features that will make it easier to scan the restrictive oral area. Thus, the findings required for early diagnosis can be easily detected even in hard-to-reach areas.

RESULTS

The identification device has been tested in cases of suspected suspicion and numerical data have been obtained that can be classified according to cigarette, alcohol, spicy food use, age and gender, oral location (Tables 1, 2, 3, 4, 5 and 6).

Table 1. Distribution of Study Subjects by Gender

Gender	n (%)
Male	284 (47.3)
Female	317 (52.7)
Total	601 (100)

Table 2. Distribution of Subjects Based on Consumption of Smoke

Status	n (%)
Smoker	48 (8)
Non-smoker	553 (92)
Total	601 (100)

Table 3. Distribution of Subjects Based on Consumption of Alcohol

Status	n (%)
User	284 (47.3)
Non-user	317 (52.7)
Total	601 (100)

Table 4. Distribution of Study Subjects by Gender

Lesion Type	n (%)
Leukoplakia	149 (24.8)
Erythroplakia	8 (1.3)
Lichen planus	217 (36.1)
Fibrosis	165 (27.5)
Keratosis	209 (34.8)
Total	601 (100)

Table 5. Distribution of Study Subjects Based on the Site of the Lesions

Site	n (%)
Palate	2 (0.4)
Floor of mouth	1 (0.2)
Tongue	25 (4.2)
Buccal mucosa	573 (95.2)
Total	601 (100)

Table 6. Distribution of Study Subjects Based on the Site of the Lesions

	Lesion	Without Lesion	p	Odds Ratio
Tobacco user	45	3	0.001	14.310
Tobacco nonuser	7	546		
Alcohol user	23	4	0.001	9.612
Alcohol nonuser	2	572		

CONCLUSION

The conclusion of this study; it has been observed that the indentative device provides convenience to the physician in the early

diagnosis of precancerous oral lesions and some tissue formations that may be overlooked can be reached.^{8,9}

There liability of the device would depend upon further studies which can reveal its specificity and sensitivity.^{8,9} The effectiveness of this device when proved and reduction of the cost of the device would make it a popular and common screening tool among dentists and dental schools in the detection of oral cancer in the community. Studies have shown a strong relationship between the use of tobacco and alcohol in the development of precancerous lesions.^{6,9} This study also presents that tobacco was a capable prognosticator for improvement of precancerous lesions.

The gains of the Identafi® equipment is it is modest, firm extent deuced with a twisted diagnosis reflector which grants customers to obviously observe tough-to-grasp fields, such as beneath the tongue, and behind of the pharynx.

The government authorities should provide training to rural health workers to enable them to screen patients for oral precancerous lesions and refer them for biopsy and further management at higher centres. The health authorities should provide regular health education on the hazards of tobacco use to school children thereby deterring them from adopting the habit of tobacco use.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

REFERENCES

1. Agha-Hosseini F, Sheykhbahaei N, SadrZadeh-Afshar MS. Evaluation of potential risk factors that contribute to malignant transformation of oral lichen planus: A literature review. *J Contemp Dent Pract.* 2016; 17(8): 692-701.
2. Rivera C, Zandonadi FS, Sánchez-Romero C, Soares CD, Grana-to DC, González-Arriagada WA, et al. Agrin has a pathological role in the progression of oral cancer. *Br J Cancer.* 2018; 118(12): 1628-1638. doi: 10.1038/s41416-018-0135-5
3. George B, Sebastian ST, Soman RR, Mulamoottil VM, Johny MK. Prevalence of precancerous lesions in an adult population. *Indian J Dent Res.* 2019; 30(4): 500-505. doi: 10.4103/ijdr.IJDR_138_18
4. Ballivet de Régloix S, Badois N, Bernardeschi C, Jouffroy T, Hofmann C. Risk factors of cancer occurrence after surgery of oral intraepithelial neoplasia: A long-term retrospective study. *Laryngoscope.* 2018; 128(11): 2546-2551. doi: 10.1002/lary.27214
5. Nadeau C, Kerr AR. Evaluation and management of oral potentially malignant disorders. *Dent Clin North Am.* 2018; 62(1): 1-27. doi: 10.1016/j.cden.2017.08.001
6. Ye X, Zhang J, Tan Y, Chen G, Zhou G. Meta-analysis of two computer-assisted screening methods for diagnosing oral precancer and cancer. *Oral Oncol.* 2015; 51(11): 966-975. doi: 10.1016/j.oraloncology.2015.09.002

7. Goodson ML, Sloan P, Robinson CM, Cocks K, Thomson PJ. Oral precursor lesions and malignant transformation--who, where, what, and when? *Br J Oral Maxillofac Surg*. 2015; 53(9): 831-835. doi: [10.1016/j.bjoms.2015.08.268](https://doi.org/10.1016/j.bjoms.2015.08.268)
8. Lalla Y, Matias M, Farah CS. Oral mucosal disease in an Australian urban Indigenous community using autofluorescence imaging and reflectance spectroscopy. *Aust Dent J*. 2015; 60(2): 216-224. doi: [10.1111/adj.12320](https://doi.org/10.1111/adj.12320)
9. Huber MA. Adjunctive diagnostic aids in oral cancer screening: an update. *Tex Dent J*. 2012; 129(5): 471-480.