

## **Oncopathology in the practice of a dentist at an outpatient appointment**

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**Annotation.** In the structure of the incidence of malignant neoplasms, on the territory of the Samara region, oncopathology of the maxillofacial region is in 15th place and is about 2.4%. In the period from 2013 to 2018, among the cancer of the oral cavity, the first place is occupied by cancer of the tongue, then the lips and salivary glands, but at the same time there is a tendency towards an increase in the cancer of the tongue. The main reasons for the growth of oncological diseases of the maxillofacial region are the latent course of the initial stages of the disease, an insufficient level of early diagnosis, untimely treatment of patients to doctors.

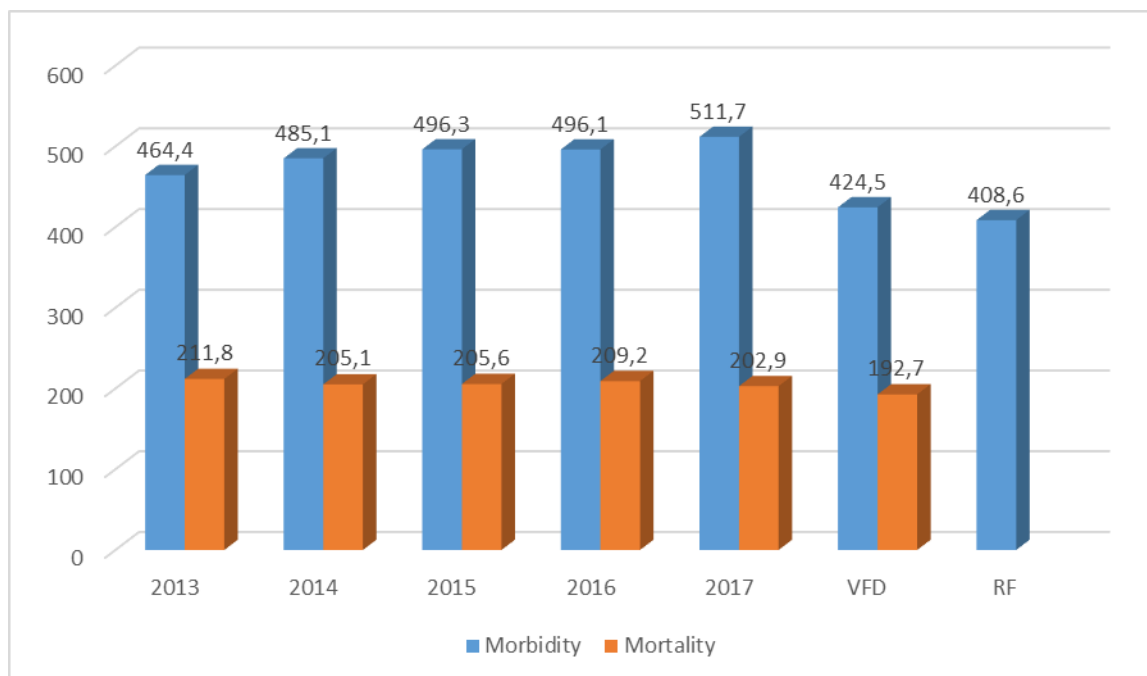
**Key words:** prevalence of oncopathology, screening, cancer alertness, oral cancer

**Relevance.** Oncology of the maxillofacial region accounts for about 15% of tumors in the human body. Oral cancer is one of the most common types of cancer. The total increase in the number of cancer patients over the past 10 years in our country amounted to 18%; about 2.8 million patients with various forms of cancer are registered in oncological dispensaries in Russia.

The aim of the study is to determine a modernized approach for organizing sequential actions in medical organizations of the order of providing medical care to patients with oncopathology.

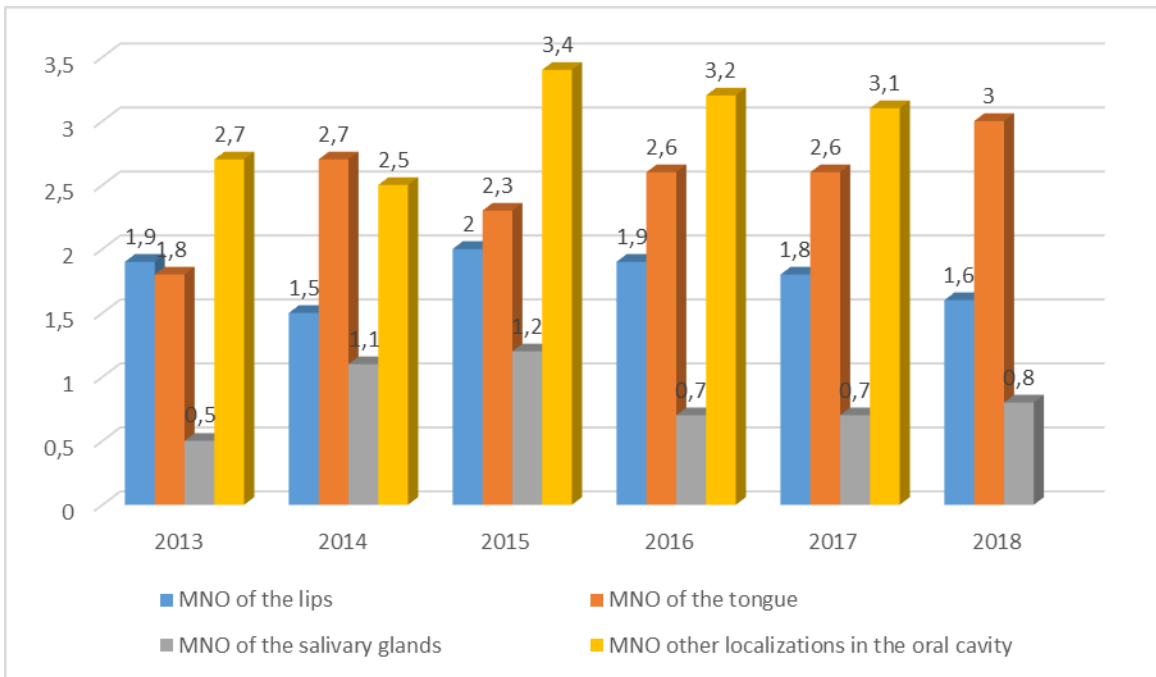
**Material and methods.** To analyze the prevalence of malignant neoplasm of the maxillofacial region according to the statistical reports of medical institutions of the dental profile of the Samara region and form a sequence of actions of a dentist in providing medical care to patients with oncopathology.

**Results.** The analysis showed that the rates of morbidity and mortality in malignant neoplasms in the Samara region in 2013-2017. (per 100 thousand people) also do not have a downward trend and exceed the level of the Volga Federal District and the Russian Federation (Fig. 1).



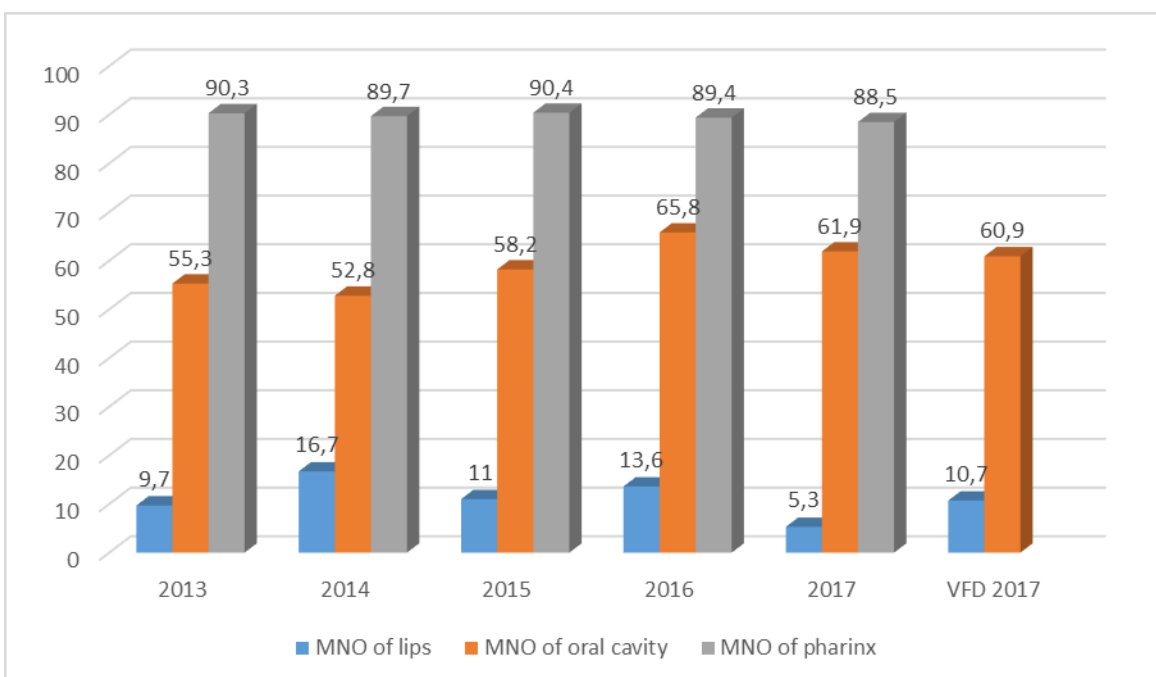
**Figure 1. Dynamics of morbidity and mortality in malignant neoplasms in the Samara region for 2013-2017. (per 100 thousand people)**

Malignant neoplasms (MNO) of the head and neck in the general structure of oncological diseases in the Russian Federation account for about 15% [4]. In the structure of the incidence of malignant neoplasms, on the territory of the Samara region, oncopathology of the maxillofacial region is in 15th place and is about 2.4%. The first 5 places are occupied by skin cancer - 41%, prostate cancer - 17%, colorectal cancer - 12%, breast cancer - 11%, lung cancer - 9%. Among cancers of the head and neck organs, cancer of the oral mucosa and the red border of the lips (OM and RBL) takes the first place, and from 62 to 80% of cases, the development of this pathology is preceded by precancerous diseases [2]. On the territory of the Samara Region, in the period from 2013 to 2018, among the cancer of the oral cavity, the first place is taken by cancer of the tongue, then the lips and salivary glands, but at the same time there is a tendency towards an increase in the cancer of the tongue (Fig. 2).

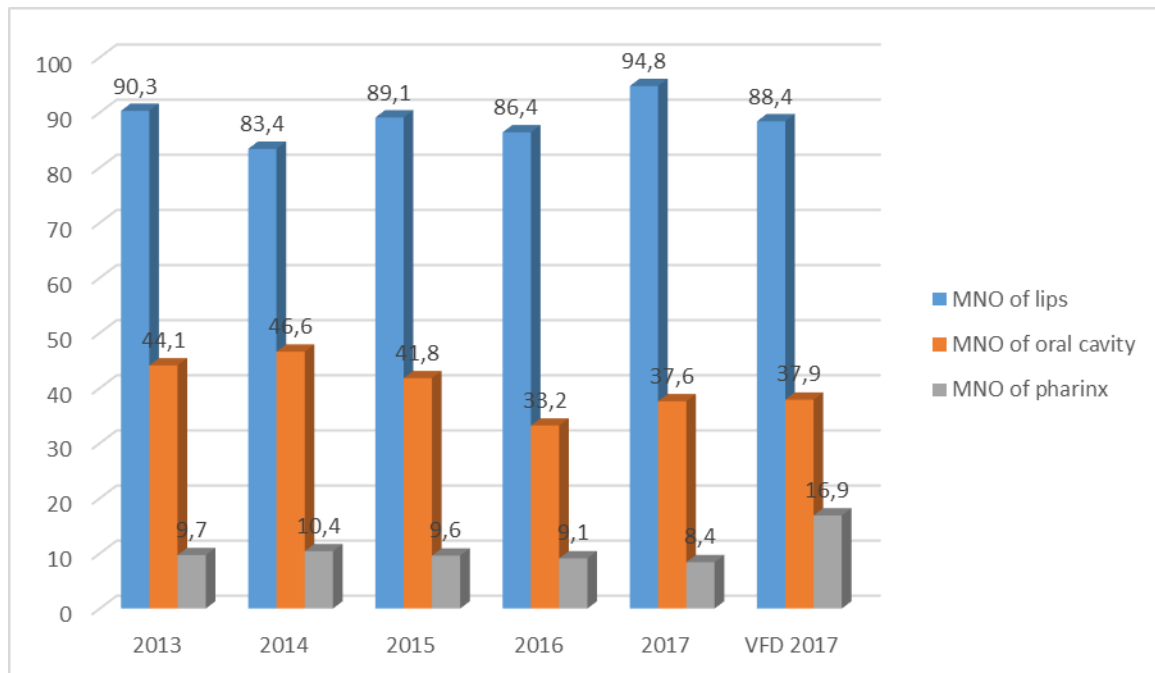


**Figure 2. The dynamics of the incidence of cancer of the oral cavity in the Samara region in the period from 2013-2018. (per 100 thousand people)**

The main reasons for the growth of oncological diseases of the maxillofacial region are the latent course of the initial stages of the disease, an insufficient level of early diagnosis, and untimely visits of patients to doctors. Thus, malignant neoplasm of the lips of 1-2 stages of the disease in the period from 2013 to 2017 was diagnosed on average in 10%, and in the later stages it ranged from 90 to 95% (Fig. 3, 4).



**Figure 3. Statistics of firstly diagnosed malignant neoplasms in the oral cavity of stages 1-2 (2013-2017)**



**Figure 4. Statistics of firstly diagnosed malignant neoplasms in the oral cavity of stages 3-4 (2013-2017)**

According to the results of 2018, in the Samara region, among the newly diagnosed MNO, OM and RBD, the third or fourth stages of cancer rbd were registered in 94.6%, OM - in 37.6%. The prognosis of cancer in patients is directly related to the stage of the pathological process: at the 1st stage of tumor development, the five-year survival rate is 93%, the 2nd stage is 75%, the 3rd is 55% and the fourth stage is 13%.

The main task of oncological alertness of dentists of dental clinics is the early diagnosis of cancer of the oral cavity. The concept of "oncological alertness" implies knowledge of the risk factors for the development of oncological diseases. This is the impact on the removable and the consideration of unremovable risk factors, the formation and monitoring of the risk group for the development of the disease, the identification of early signs of oncopathology and, if suspected or detected, the conduct of special examination methods [1,3]. It was found that compliance with the recommendations of doctors and adherence to a healthy lifestyle helps to reduce the progression of the disease, disability and mortality [5].

Analysis of the statistical results obtained suggests that the organization of interaction between dentists, therapists and oncologists in terms of tracking the timing and results of additional examination of patients with suspected oncopathology is not at the proper level. In this regard,

since the second half of 2018, in the dental institutions of the Samara region, routing of patients with malignant neoplasms or suspected malignant neoplasms of the maxillofacial area has been carried out. Routing is a modernized approach to the organization of sequential actions in the practice of medical organizations in order to provide medical care for various profiles. The purpose of routing is to ensure continuity at every stage of care. An effective model for organizing medical care in the regions of the Russian Federation is a three-level routing system. The first level includes the primary diagnosis of cancer and the identification of patients with suspected cancer in outpatient clinics - screening. The purpose of cancer screening is early diagnosis of neoplasms and reduction of mortality.

In most cases, tumor and precancerous formations of the oral cavity are localized in the region of the lips, the floor of the mouth, the dorsal and lateral surfaces of the tongue, the soft palate and the mucous membrane of the cheeks. In this regard, the main screening test for detecting oral neoplasms is visual inspection. As a result of the screening examination, the dentist detects or suspects the development of malignant neoplasms of the OM and RBL, the patient is given a referral for a consultation with an oncologist at a medical organization at the place of attachment of the patient. On the territory of the Samara region, a system of "tear-off coupons" has been developed and implemented. The medical organization of the dental profile sends a tear-off coupon to the clinic at the place of attachment of the patient through a courier service or a secure channel "VipNet". After an additional examination of the patient and a final diagnosis, the finalized tear-off coupon is returned to the dental clinic within a month. In case of confirmation of the malignant neoplasm of the OM or RBL, or the unclear diagnosis, the oncologist of the medical organization at the place of attachment of the patient directs him - for consultation and / or treatment at the Samara Regional Clinical Oncological Dispensary (SBHI SRCOD) - the third level of routing. If the diagnosis of malignant neoplasm is not confirmed, the patient's treatment and dispensary observation is carried out by a dentist in accordance with clinical recommendations (treatment protocols), according to the established diagnosis.

**Conclusion.** The low rate of appeal of the adult population to dentists significantly affects the incidence and mortality rate from malignant neoplasms of the maxillofacial region.

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