

plicative fashion and were increased more than 14-fold among those who consumed more than 15 cigarettes and 7 or more drinks per day. Cessation of smoking was associated with reduced risk of this cancer. The risks varied by type of cigarettes smoked, being lower among those consuming filtered cigarettes only (OR=1.6) than non-filter (OR=6.5) or mixed (OR=4.2) cigarettes. After adjustment for tobacco smoking and alcohol drinking, poor dentition as reflected by missing teeth, frequency of dental check-ups and frequency of teeth brushing emerged as a strong risk factors. Number of missing teeth and frequency of dental check-ups and frequency of tooth brushing showed increased ORs of 9.8, 11.9 and 3.2 respectively. Denture wearing per se did not affect oral cancer risk. In terms of attributable risk, smoking accounted for 57% of oral cancer cases in Poland, and alcohol for 31%. Attributable risks for low frequency of tooth brushing and dental check-ups were 56% and 47% respectively.

Conclusion: These findings indicate that poor oral hygiene may be independent risk factor. Smoking and drinking cessation are likely to be effective preventive measures against oral cancer.

P.66 Review of 234 ameloblastomas with particular reference to recurrence rate

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Introduction: Ameloblastoma is an aggressive tumor known for its local invasiveness and tendency to recur. Knowledge of the factors that influence the recurrence of a tumor, especially those tumors characterized by frequent recurrence, is a direct path to improving prognoses. We report here a review of the clinicopathologic parameters of 234 ameloblastomas in South Korea, with particular attention to recurrence rate according to various factors.

Materials and Methods: The records of 234 ameloblastomas were retrieved from the Department of Oral Pathology at Seoul National University Hospital, spanning the years 1990 to 2003. We reviewed age, sex, clinicoradiographic type, histologic pattern, site of involvement, treatment modality, and recurrence rate.

Results: The overall recurrence rate was 19.1%, with several factors appearing to influence frequent recurrence of ameloblastoma. The ratio of males to females in our study was 4:3, and the average age was 35.1 years. The most frequent site of involvement was around the mandibular molar ramus (57.6%). One-hundred fifty-five (66.2%) of all cases were conventional ameloblastomas, 65 (27.7%) were unicystic, and 14 (6.0%) were peripheral. The recurrence rate for conventional ameloblastomas (28/142, 19.7%) was significantly higher than for the unicystic type (6/55, 10.9%) ($P < 0.05$). According to histologic pattern, the acanthomatous (15.8%), plexiform (15.4%), and follicular (13.9%) patterns had similar recurrence rates among the conventional ameloblastomas. In the unicystic ameloblastoma, meanwhile, mural ameloblastomas had the highest rate of recurrence (28.6%). Patients under 30 years of age tended to recur within five years of treatment (90.9%), while those over 30 tended to recur after five years (62.1%) ($P < 0.05$). Also, the recurrence rate after conservative surgery (27.2%) was significantly higher than that after radical surgery (5.6%) ($P < 0.05$).

Conclusion: When determining treatment modalities for ameloblastoma, clinicoradiographic type, histologic pattern, age at time of treatment, and operation methods should all be taken into consideration so as to minimize the likelihood of recurrence.

P.67 Accomplishment of oral cavity carcinoma screening in Belgrade

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Introduction: In Serbia in previous decade of last century tobacco use is in high increasing trend. Accompanied with other risk factors it has resulted with increasing number of OCC. Although the Campaign "QUIT AND WIN" has been conducted, tobacco use is in increasing trend.

Materials and Methods: It is social-medicine evaluation study based on statistical reports extracted from National population Cancer and Neoplasm Register and statistical reports of GYTS recommended by CDC-Atlanta of National Campaign "QUIT&WIN" in period 1998–2003 year.

Results: In Belgrade in period of five years it has been detected new 719 OCC. Although it was part of National Preventive Dental Health Program, screening of OCC had not conducted among citizens with high risk factor. It is related with high tobacco use, 55% among male and 33.1% among female population are permanent tobacco users. Serbia & Montenegro is in the third place in Europe, on tobacco use, after Turkey and Greece. The most number of 486 new detected OCC was among long term smokers over 60 years.

Conclusion: Tobacco use in Belgrade is one of the most important risk factors for increasing trend of OCC. Absence of OCC screenings was one of the most important reasons for such big number of late detection of OCC which influenced human life quality in many ways and many years.

P.68 Clinical pathological evaluation and risk factors of oral cancer cases of east coast of peninsular Malaysia

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Introduction: Oral cancer is one of the common cancers in Malaysia. The population of east coast of Peninsular Malaysia has a different lifestyle and Malay is the predominant race. Oral cancer research in this area started since the Malaysian National Oral Cancer group was established. The aim of this study is to evaluate the clinical pathological findings and to investigate the role of tobacco smoking, alcohol consumption and betel quid chewing as the risk factors among oral cancer cases in east coast of peninsular Malaysia.

Materials and Methods: Fifty case records of only treated/operated cases of patients with oral cancer between 1994–2003 in Hospital Universiti Sains Malaysia were reviewed. This study is based on questionnaire developed by the Malaysian National Oral Cancer group. The data analysed includes personal information and clinical pathological findings.

Results: Patients' age range was between 27–97 years old. The male to female ratio was 1.4:1. Malays ethnic group has the highest incidence of oral cancer (n=46). Out of 50 cases, 80% were new cases and 66% was squamous cell carcinoma of the oral mucosa. Data revealed 12 different sites of lesions and the highest frequency was on buccal mucosa (30%) with 75% neck node involvement while 12% of the patients have two sites of lesions. Distant metastasis occurred in 76.9% of the cases. Tobacco smoking was found to be the predominant risk factor (54%) while 24% of patients were found to be quid chewer. Only 8% of patients consumed alcohol. The remaining

14% patients do not admit any of the risk factors and the author would contribute their etiology to viruses.

Conclusion: The most common site of oral cancer was buccal mucosa with 75% neck node involvement. Presence of distant metastasis can be witnessed on most cases. More than half cases were new cases. Tobacco smokings exceed betel nut chewing as a probable risk factor among the subjects.

P.69 The need for health promotion and education regarding oral cancer awareness and its risks

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Introduction: There have been different surveys in some parts of the country in different dental practices, on the awareness of oral cancer in the wider community. All confirm still great lack of awareness. Perhaps the setting of community dental services could provide the ground for education and screening patients who otherwise would not be screened. This survey was conducted to assess the level of awareness of oral cancer and whether health promotion/education is taking place in any form regarding oral cancer.

Materials and Methods: This was a postal questionnaire survey and two questionnaires were designed. Questionnaire A, was given to patients, over 16 years of age, in the waiting room. It included questions on their smoking, drinking habits and whether they had "heard or oral cancer". Another questionnaire, was aimed for dental practitioners. It included questions on whether they recorded their patient's social habits or if they offered advice on habits cessation and screening.

Results: The survey revealed that there was a remarkable lack of awareness of oral cancer and its risks. Patients felt they were not informed. 5% stated they were not really interested. On the other hand, there was no consistency in recording social habits or soft tissue examination remarks in patient's notes. Reasons included: no time, no space in the cards, patients were not comfortable with such questions or advice face to face.

Conclusion: There is still the need for more structured health promotion and education for patients. Following this survey, a leaflet for awareness on oral cancer was designed to be distributed to the clinics.

P.70 Incidence of oropharyngeal tumors after orthotopic liver transplantation

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Introduction: An increased incidence of oropharyngeal tumors have been observed after liver transplantation. This study aimed to analyze the incidence and associated risk factors for these types of tumors in a population of liver transplant recipients (LTR).

Materials and Methods: Appearance of oral and pharyngeal tumors was analyzed retrospectively in 701 patients, after excluding those patients who had died within the first two months after transplantation, the paediatric group and those who were re-transplanted. The sample was divided into two groups, group A which included 276 (39.4%) recipients transplanted for alcoholic cirrhosis (AC) and group B, which included 425 (60.6%) recipients transplanted for acute or chronic non-alcoholic hepatopathy. The Odds ratio and the differences between proportions were assessed by chi-square test.

Results: Eight tumors were observed (incidence 1.14%) in group A and none in group B (2.9% vs. 0%, $P < 0.001$). Mean time between transplantation and the appearance of the tumor was 70 months (range 33–159). All the tumors were squamous cell carcinomas: mouth floor in three cases, tongue in two cases, tonsil in two cases and pharynx in one case. All of these patients had been active drinkers (>120 g/d) and heavy smokers (>20 c/d >20 yrs). Seven out of 8 patients had continued to smoke after transplantation. Surgical resection was performed in 7 patients, radiotherapy in 3 cases, additional chemotherapy in two cases and radio/chemotherapy in the case who could not be operated. Only two patients (carcinoma of the mouth floor and carcinoma of the tonsil) remain alive. The Odds Ratio was 14.2.

Conclusion: The incidence of oro-pharyngeal cancer is exclusively increased in LTR due to AC. Its appearance is exclusive in this group, and it has also been closely related to smoking habits, showing a bad course and prognosis.

P.71 Oral cancer in kidney transplant recipients. A cross-sectional and retrospective study

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Introduction: Renal transplant recipients (RTR) receiving immunosuppressive treatment have a higher tendency to develop dysplastic and malignant oral lesions. The aim of this study was to determine the prevalence of oral cancer in RTR.

Materials and Methods: The oral mucosa of 270 RTR from the kidney transplantation unit at the Hospital 12 de Octubre at Madrid was examined (174 men, 96 women, mean age 53.12 ± 13.44 years). Mean time since transplantation was 64.47 ± 52.68 (range, 1 to 240 months). All the patients received different immunosuppressant regimens. Criteria for biopsy included leukoplakias, nodular or papillomatous-like tissue and gingival tissue requiring gingivectomy. Also, data from clinical records related to previous oral cancer were recorded.

Results: None RTR had oral cancer at the moment of the oral examination. Overall incidence of oral cancer was 1.85%. Four patients displayed lip cancer, three were smokers and were over exposed to the sun. One patient displayed systemic Kaposi's sarcoma with affectionation of palate. The five patients received Ciclosporine A as immunosuppressant regimen. Mean time after transplantation and the appearance of the tumors was 125.6 months

Conclusion: RTR have a greater risk of suffering oral cancer in our series. Appearance of lip cancer was associated to the immunosuppressant treatment and it was a late finding after kidney transplantation. Sun over-exposure and tobacco habits were associated risk factors. Thus, the oral condition of RTR must be controlled periodically.