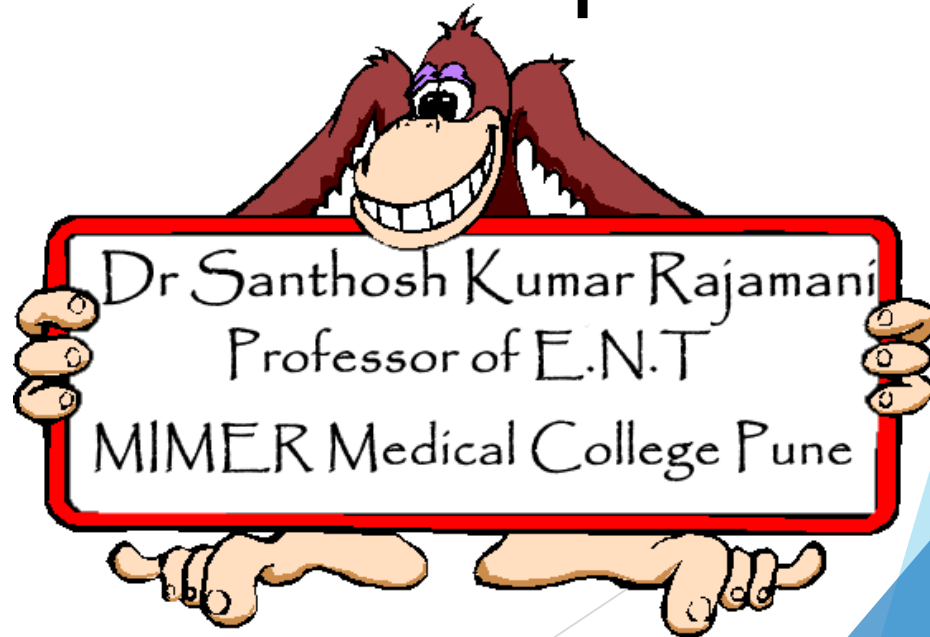
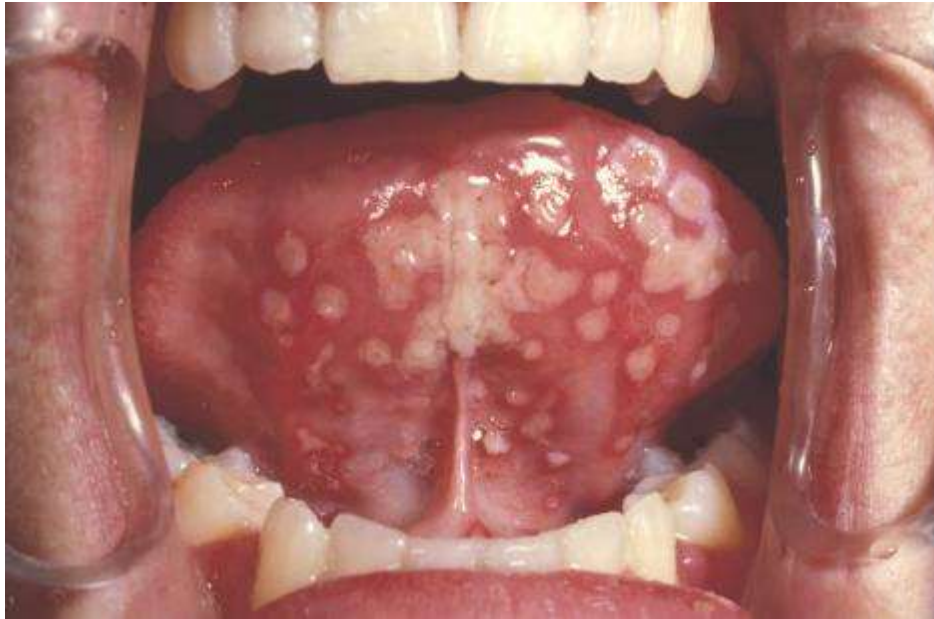


Lecture 4- Malignant & pre-malignant ENT diseases, National programs for prevention of deafness, cancer, noise and environmental pollution



Premalignant Lesions of ENT-ORAL Cavity



Premalignant Lesions of ENT-ORAL Cavity



Premalignant Lesions of ENT-ORAL Cavity



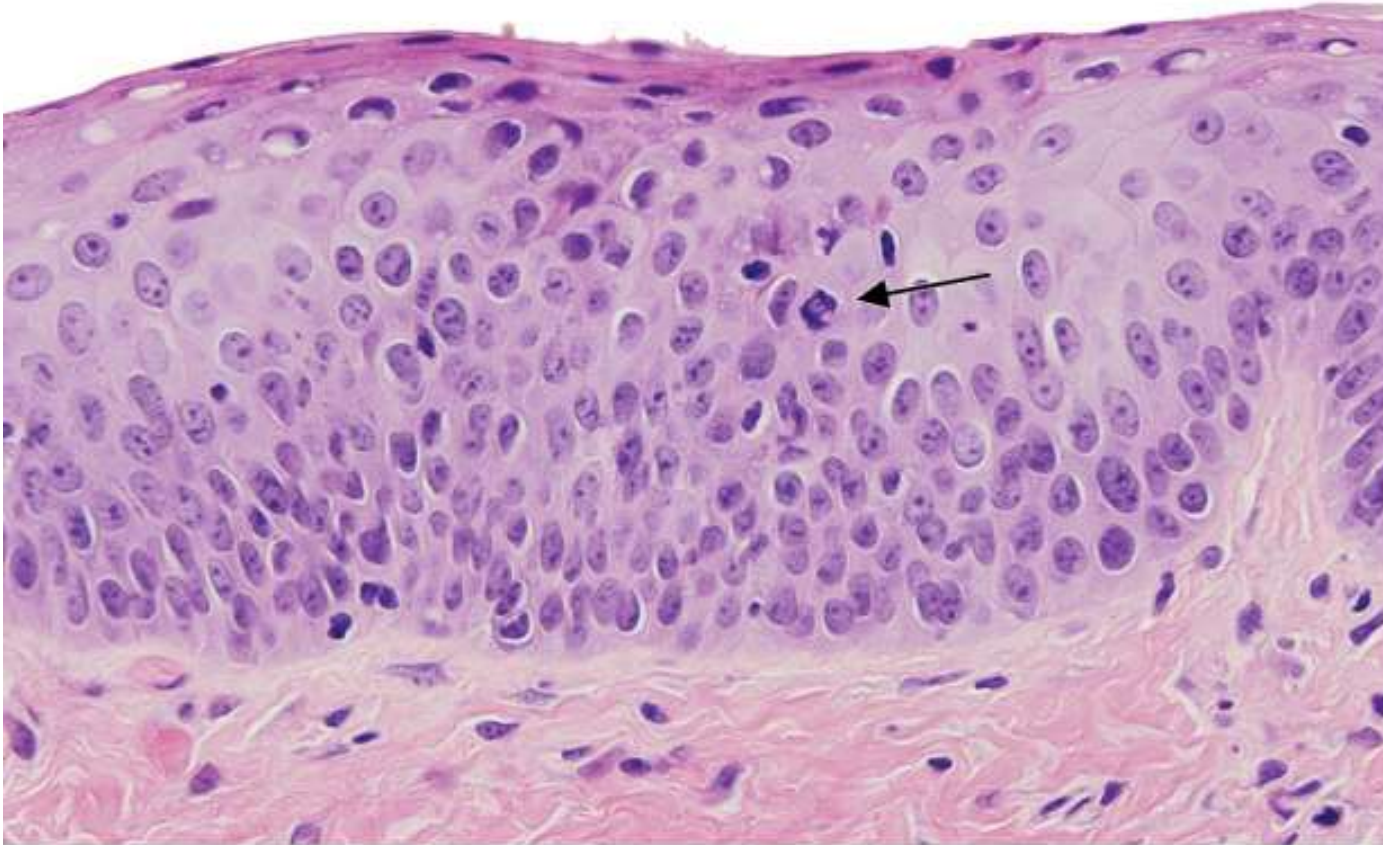
Premalignant Lesions of ENT- ORAL Cavity



Premalignant Lesions of ENT-ORAL Cavity



Premalignant Lesion Carcinoma in Situ



Premalignant Lesions of ENT- ORAL Cavity



Premalignant Lesions of ENT- ORAL Cavity



Premalignant Lesions of ENT- ORAL Cavity



Premalignant Lesions of ENT- ORAL Cavity



Table 21. Characteristics of OMDs

Disorders	Clinical features	Locations	Cumulative malignant transformation rate (99% CI)
Leukoplakia	Generally asymptomatic white plaque that cannot be rubbed off	Cheeks, lips, gingivae	8.6% (5.1–13.0%)
Erythroplakia	A symptomatic predominantly red patch with a well-defined margin	Mouth floor, tongue, retromolar pad, soft palate	33.1% (13.6–56.2%)
Proliferative verrucous leukoplakia (PVL)	Multifocal corrugated white patch or plaque with a high recurrence rate	Gingivae, alveolar process, palate	49.5% (26.7–72.4%)
Viadent leukoplakia	White patch or plaque	Gingivae, buccal and labial vestibule	No data
Candida leukoplakia	Firm, white leathery plaques	Cheeks, lips, palate	No data
Smokeless tobacco keratosis	White plaque	Buccal or labial vestibule	No data
Palatal keratosis associated with reverse smoking	White patches and plaques	Palate, tongue 83.3% dysplasia	No data
Verrucous hyperplasia	The extensive thick white plaque	Buccal mucosa	No data
Oral verrucous carcinoma	The extensive thick white plaque	Buccal mucosa	No data
Dyskeratosis congenita	Oral leukoplakia	Buccal mucosa, tongue, oropharynx	No data
Actinic cheilosis	Diffuse, poorly defined atrophic, erosive, ulcerative, or keratotic plaques	Lower lip	No data
Keratoacanthoma	Firm, sessile non-tender nodule + a central plug of keratin	Lips, tongue, sublingual region	No data
Oral submucous fibrosis	Mucosal rigidity Buccal mucosa, retromolar area, restricted mouth opening	Tongue, soft palate	5.2% (2.9–8.0%)
Oral lichenoid lesions	White-and red lesions with a reticular, striated appearance	Localized next to allergenic material	3.8% (1.6–7.0%)
Oral lichen planus	Asymptomatic, reticular, annular, linear, erosive, atrophic, bullous, ulcerative, popular, plaque-like	Posterior buccal mucosa, tongue, gingivae, palate, vermillion border	1.4% (0.9–1.9%)
Discoid lupus erythematosus	White plaques with elevated borders, radiating white striae, and telangiectasia	Cheeks, lips, palate	No data
Epidermolysis bullosa	Bullae and vesicle formation following mild trauma	Cheeks, tongue, palate	No data
Verruciform xanthoma	A well-demarcated mass with a yellow-white or red color and a papillary or verruciform surface	Gingivae, tongue, buccal mucosa, vestibular mucosa, the floor of the mouth	No data
Graft-versus-host disease	Atrophy, erythema, erosions, ulcers, lichenoid lesions	Cheeks, tongue, lips, buccal & labial vestibule	No data

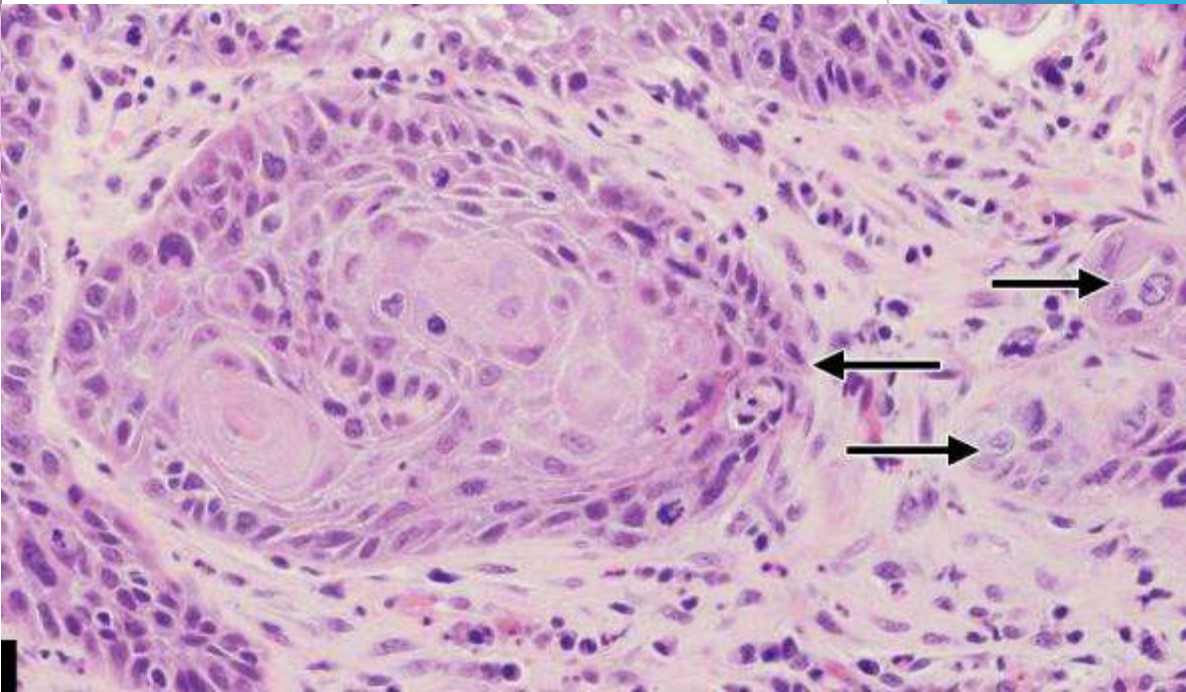
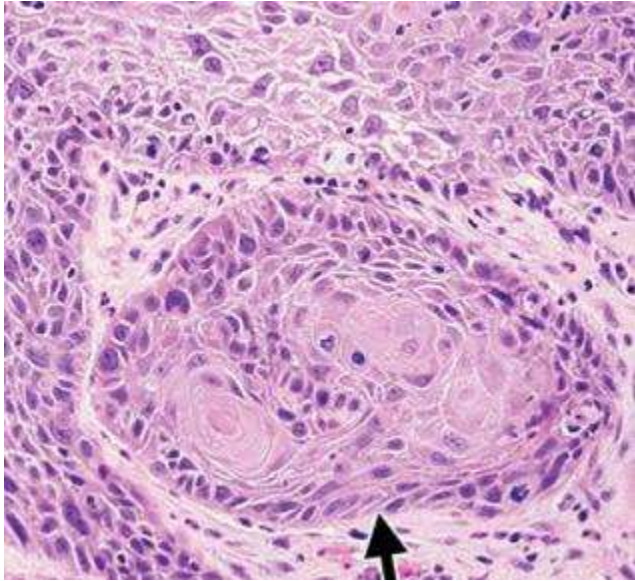
Malignant Lesions of ENT- ORAL Cavity



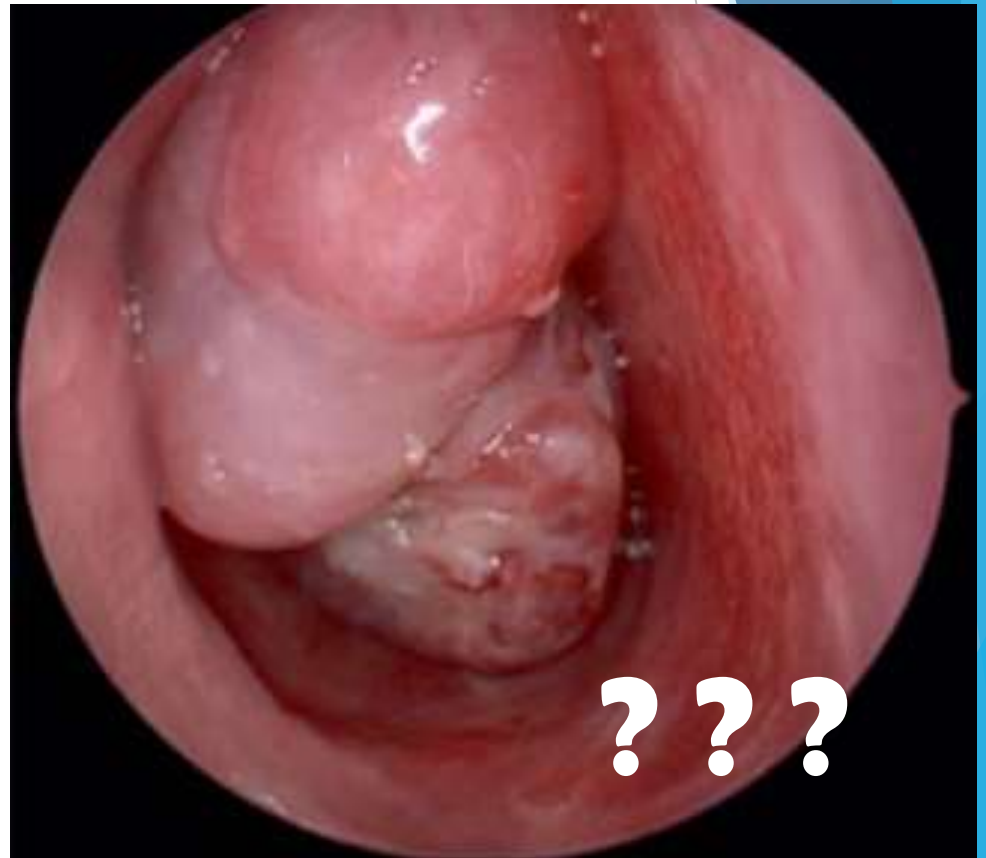
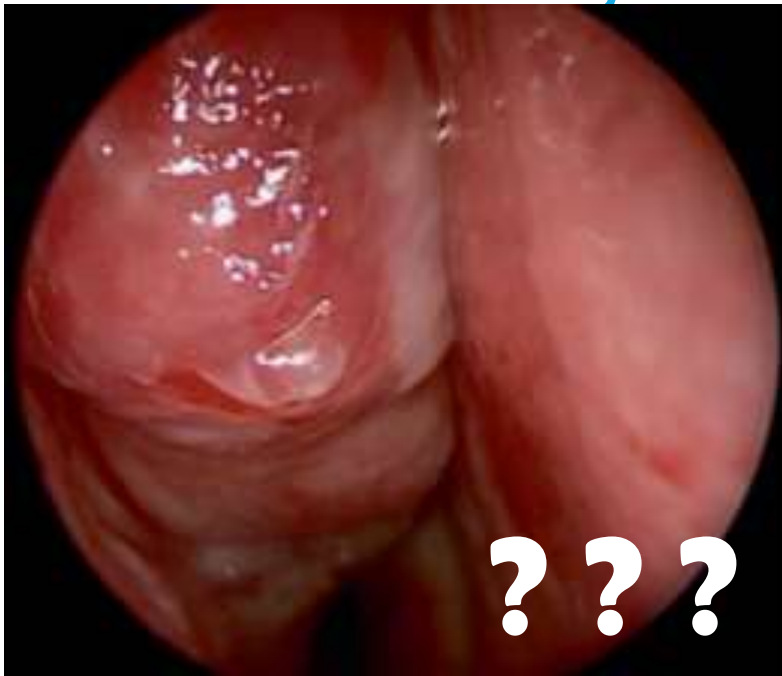
Malignant Lesions of ENT- ORAL Cavity



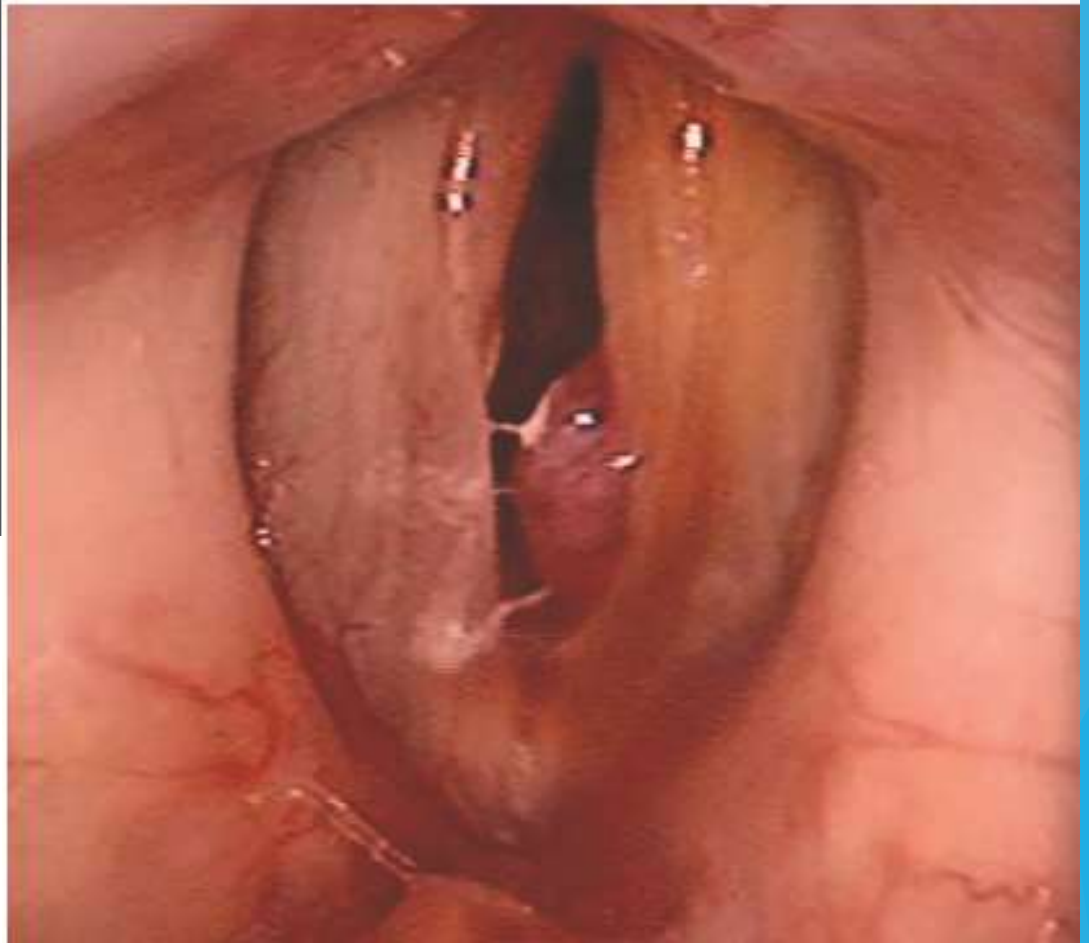
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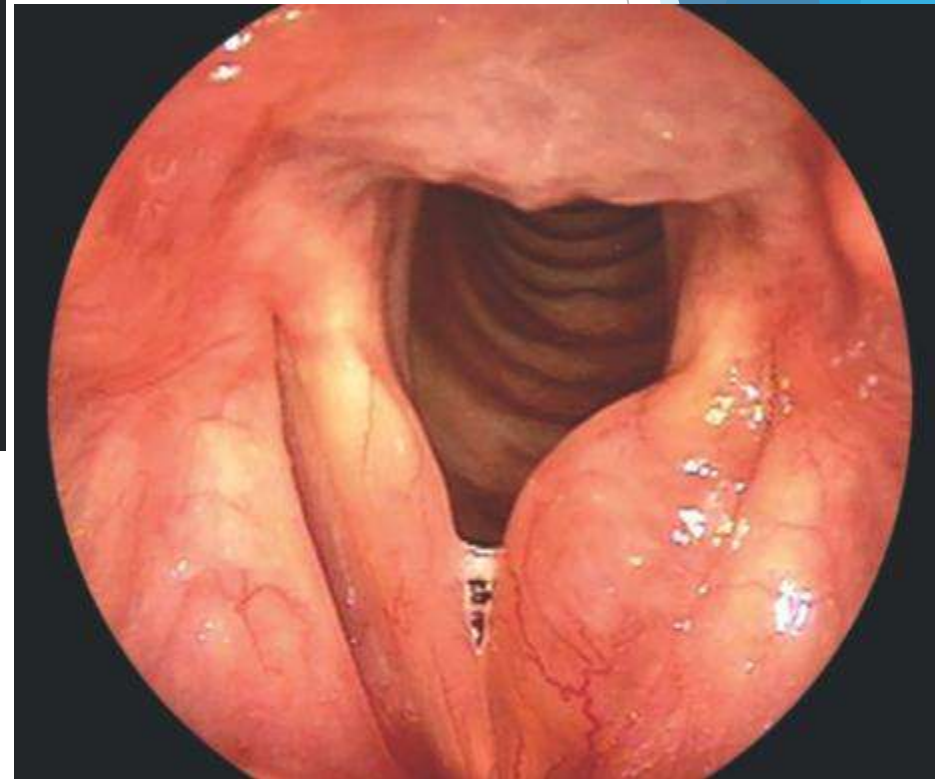
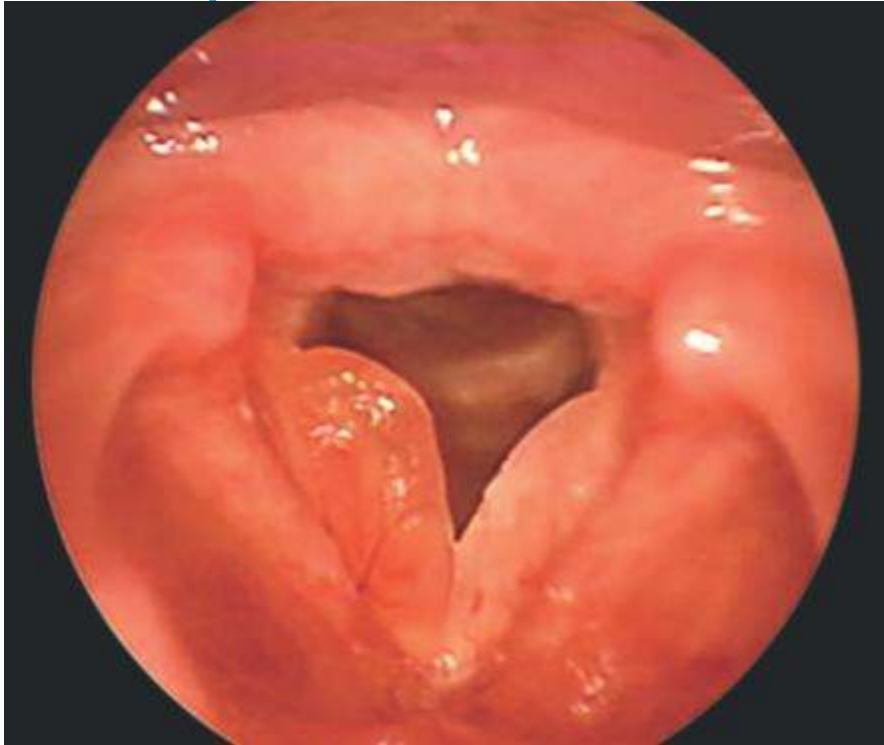
Premalignant Lesions of ENT- Nasal Cavity



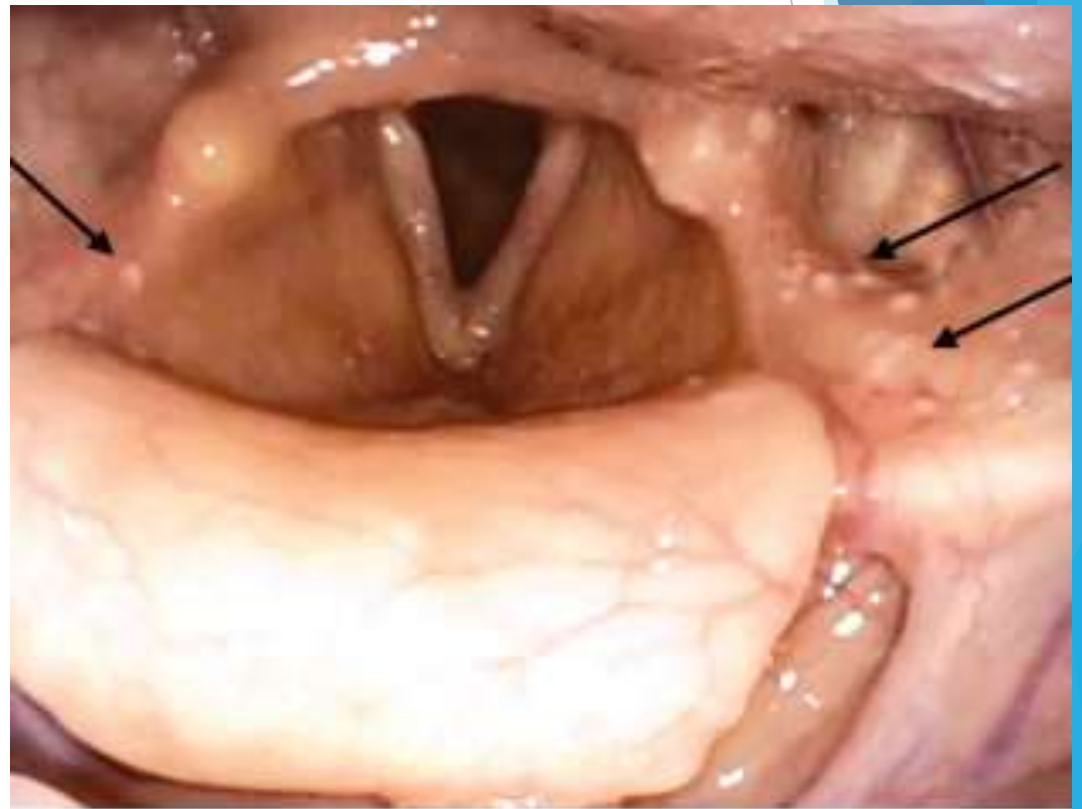
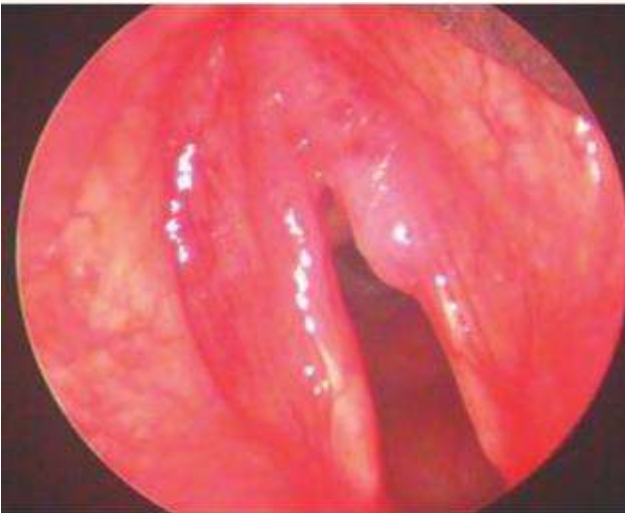
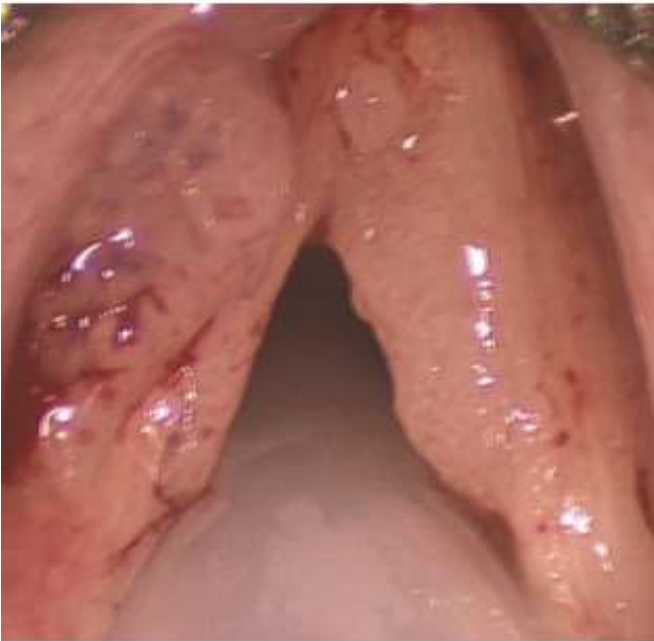
Premalignant Lesions of ENT- Larynx



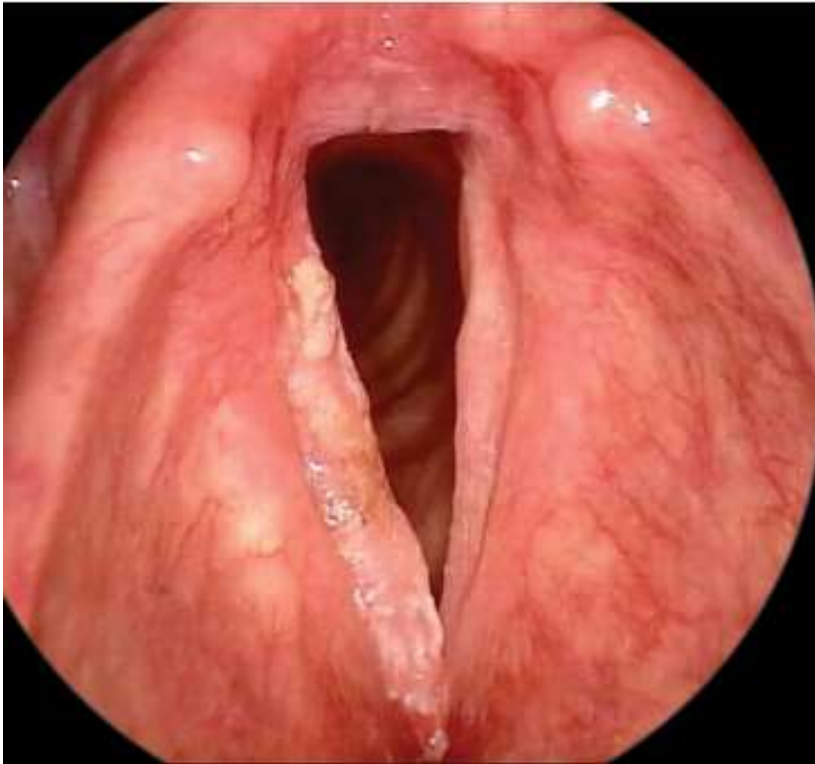
Premalignant Lesions of ENT- Larynx



Premalignant Lesions of ENT-



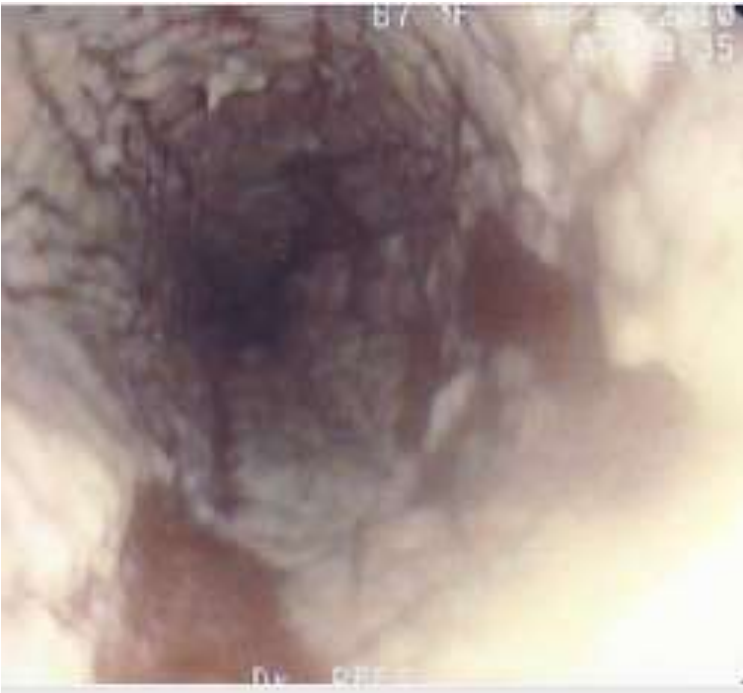
Premalignant Lesions of ENT- Larynx



Premalignant Lesions of ENT- Oesophagus



Premalignant Lesions of ENT- Larynx



Premalignant Lesions of ENT-Hypopharynx

- ▶ Plummer-Vinson syndrome
- ▶ Patterson-Brown-Kelly syndrome



Environmental Pollution and Noise

The background of the slide features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side and bottom of the frame, creating a modern, dynamic feel. The main text is positioned on the left side of the slide, set against a plain white background.

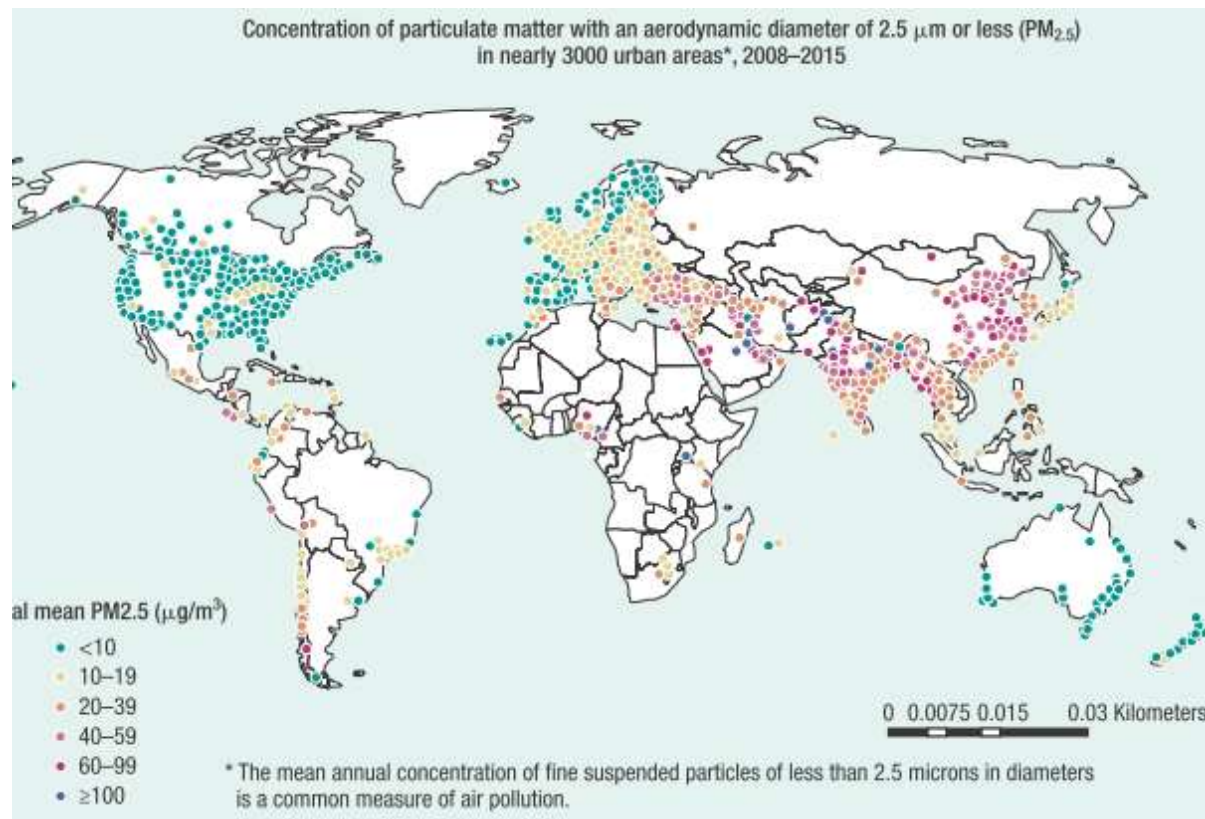
Pollution

- ▶ WHO 125 million people are at risk from toxic pollution
- ▶ 9 million people die per year
- ▶ lead, chromium, mercury, Arsenic, Chromium and asbestos, As,Cd,Cr,Cu,Mn,Ni,Pb and Zn
- ▶ 90% of deaths in low-income and middle-income countries
- ▶ Export and outsourcing from developed countries
- ▶ Industrialisation, uncontrolled urbanisation, population growth, fossil fuel combustion, and an absence of adequate national or international chemical policy

Air Pollution

- ▶ 6.5 million deaths each year globally
- ▶ Non-communicable diseases, such as asthma
- ▶ Neurodevelopmental disorders
- ▶ Birth defects among children
- ▶ Heart disease,
- ▶ Stroke,
- ▶ Cancer
- ▶ triad of pollution, climate change, and biodiversity loss are the key global environmental issues of our time
- ▶ Sick Building Syndrome

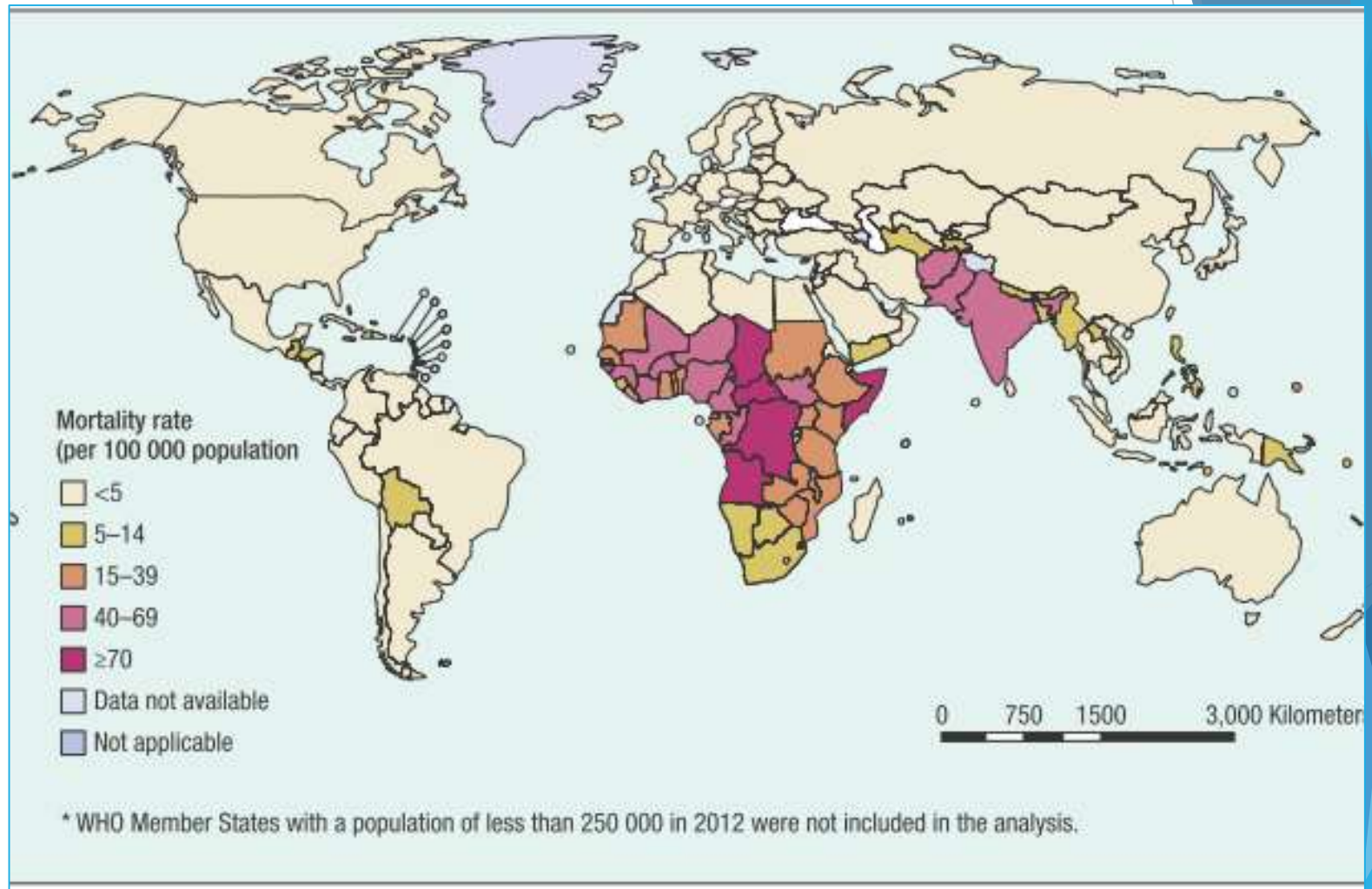
Pollution worldwide



Green house effect

- ▶ Global warming
- ▶ we are consistently measuring the warmest years on record
- ▶ heat wave is a prolonged period of excessively hot weather
- ▶ Poorer neighborhoods without open parks or shaded areas
- ▶ precipitation, Floods, drought, and cyclones
- ▶ Malaria, dengue viral disease, Borrelia burgdorferi, which causes Lyme disease

Water pollution



Water pollution

- ▶ Plastic microbeads
- ▶ Agricultural runoff
- ▶ Industrial chemical effluents
- ▶ Sewage and Sullage runoff
- ▶ Lead toxicity and arsenic exposure
- ▶ Pesticides and herbicides
- ▶ synthetic and volatile organic contaminants (e.g., benzene, toluene)

Noise pollution

- ▶ Threshold shifts
- ▶ Noise induced hearing losses
- ▶ high frequency sensorineural hearing loss
- ▶ industrial and agricultural noise
- ▶ Exposure to metals such as lead and organic solvents may compound

NATIONAL CANCER CONTROL PROGRAMME

- ▶ Started in 1975
- ▶ educate the population and make detection and diagnosis resources available
- ▶ increase capacity in the structures already dealing with cancer and address the short fallings of palliative care
- ▶ cancer control program was decentralised with the introduction of services at the district level
- ▶ establishment of the National Cancer Registry Programme in 1982

NATIONAL CANCER CONTROL PROGRAMME

- ▶ foster primary prevention such as a tobacco control policy to minimise the negative impacts of the use of tobacco
- ▶ 27 cancer centres across the country, and 85 additional oncology programs in medical schools
- ▶ Accessibility, availability, and affordability of cancer care resources remain a major issue faced by the program
- ▶ Availability is a major problem particularly in rural areas

District Cancer Control Programme (DCCP)

- ▶ Prevention of cancers,
- ▶ Early detection,
- ▶ Minimal treatment of common cancers and
- ▶ Provision of supportive care in the district
- ▶ Financial provisions:
 - a. Rs.17 lakhs as recurring expenditure per year with provision for manpower deployment, IEC, training, etc.
 - b. Rs. Five lakhs as non-recurring expenditure for the first year only for augmentation of diagnostic facilities

National Programme for Prevention and Control of Deafness (NPPCD)

- ▶ HL World over, it is the second leading cause for 'Years lived with Disability (YLD)'
- ▶ 2006 to 2008 in 10 States and 1 Union Territory in an effort to tackle the high incidence of deafness in the country
- ▶ even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one sided) hearing loss

NPPCD

- ▶ Programme was a 100% Centrally Sponsored Scheme during 11th FYP
- ▶ 12th Five Year Centre and the States will have to pool in resources
- ▶ it is proposed to expand the Programme to additional 200 districts
- ▶ 192 districts of 20 States/UTs

Objectives of the Programme

1. To prevent the avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness
3. To medically rehabilitate persons of all age groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation Program, for persons with deafness
5. To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

Components of the Programme

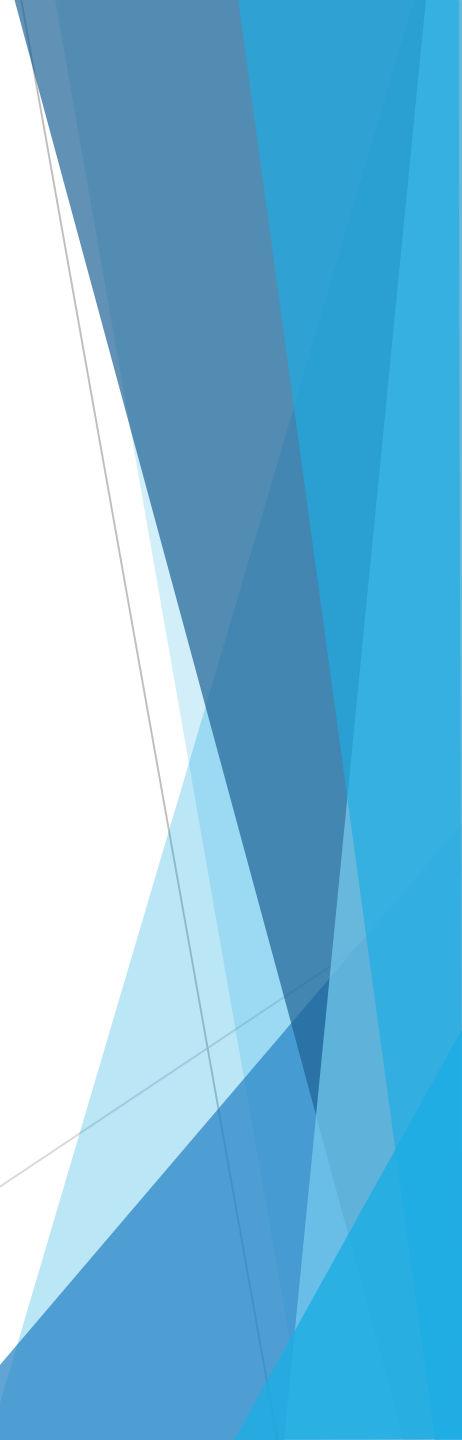
- ▶ Manpower training and development
- ▶ Capacity building
- ▶ Service provision
- ▶ Awareness generation through IEC/BCC activities

Strategies

- ▶ To strengthen the service delivery for ear care
- ▶ To develop human resource for ear care services
- ▶ To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness
- ▶ To develop institutional capacity of the district hospitals, community health centers and primary health centers selected under the Programme

Expected Benefits of the Programme

- ▶ Availability of various services like prevention, early identification, treatment, referral, rehabilitation etc. for hearing impairment and deafness as the primary health center / community health centers / district hospitals largely cater to their need
- ▶ Decrease in the magnitude of hearing impaired persons
- ▶ Decrease in the severity/ extent of ear morbidity or hearing impairment

- 
- ▶ Improved service network/referral system for the persons with ear morbidity/hearing impairment.
 - ▶ Awareness creation among the health workers/grass root level workers through the primary health centre medical officers and district health officers, which will percolate to the lower level health workers functioning within the community.
 - ▶ Capacity building at the district hospitals to ensure better care.

Thank you!