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A reason for the use of toluidine blue staining in the presurgical management of patients with oral squamous cell carcinomas.

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Abstract

Verification of oral cancer relies on histopathological diagnosis of suspect or malignant lesions. There is evidence for further pre-surgical screening procedures to localize tumor borders and define other malignant lesions. Important methods are: visual examination, including pan-endoscopy, fluorescence imaging, and brush biopsy, as well as radiologic techniques such as conventional radiography, computed tomography, magnetic resonance imaging, scintigraphy, and ultrasonography, which may reduce the mortality rate associated with oral cancer. In addition, toluidine blue staining is a simple, inexpensive, and excellent diagnostic tool. Herein we show that the clinical use of in vivo staining is effective to define the superficial tumor borders and to detect malignant or pre-malignant cells in the surrounding area of the tumor following detection of a malignancy of the oral cavity. In our reported case, the main tumor mass was surrounded by layers of an intact mucosa, yet in a distance of more than 1 cm a group of malignant or pre-malignant cells in the surrounding area required a resection of the tumor in a size that would have been unaddressed during visual examination alone followed by clinical routine program of presurgical examinations after the detection of a malignancy of the oral cavity.

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