



CYTOMORPHOLOGICAL ANALYSIS OF EXFOLIATED BUCCAL MUCOSA CELLS AT WORKERS OF HAIRDRESSING

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ABSTRACT

Aim of this study it was to investigate the genotoxic effect, on cytomorphology of buccal cells, under the impact of cosmetic preparations in buccal cells of hairdressing. We analysed 20 subjects and 20 subjects as control group.

We concluded that the cosmetic preparations has impact in diameters (smaller) of buccal cells, at hairdressing workers, compared with control group (higher diameters)

Key words: Cytomorphological , hairdressing, buccal, cells

INTRODUCTION

Oral exfoliative cytology is a simple, non-invasive, and painless method that involves microscopic analysis of cells collected from the surface of the oral mucosa (Diniz et al 2004). However, this method had been abandoned because of problems such as inadequate tissue samples, technical errors, and the incorrect interpretation of findings. Today, with advanced imaging techniques, computerized systems, and the use of quantitative techniques to verify the reliability of cytomorphometric analysis, this method is gaining in popularity once again (Pektaş et al. 2006).

Many factors affect the cytomorphology of the cells collected from the oral mucosa. Some of these factors are systemic diseases, e.g., anemia and diabetes mellitus; radiotherapy; alcohol consumption (Ogden et al 1999); and smoking. Cigarettes contain many carcinogenic substances, mostly DNA-toxic carcinogens. It is well known that these carcinogenic substances cause genetic mutations and chromosomal abnormalities and micronuclei.

MATERIALS AND METHODS

This study was carried out in the Department of Biology , Faculty of Natural Science, University of Prishtina.

The study group was composed of 20 individual, and the control group consisted of 20 healthy subject.

Cytomorphological parameters are analysed in 100 cells, for each individual, through scales in ocularmicrometer and calculated according the procedure of Odgen (1990)

It is necessary two type of micrometers: ocularmicrometers(Ocm) and objectmicrometers(Obm).

RESULTS AND DISCUSSION

This study was conducted on 40 individuals, which included 20 exposed individual and 20 individual as control group.

Smaller diameter (maximal diameter $50.0 \mu\text{m} \pm 2.8$, and minimal diameter $37.9 \mu\text{m} \pm 2.67$), but not to a significant scale, of the epithelial buccal cells of the salon employees compared with the control group (maximal diameter $51.4 \mu\text{m} \pm 3.2$ and minimal diameter $39.2 \mu\text{m} \pm 2.58$).

Larger diameter of a significant degree ($p < 0.001$; 0.006) of the epithelial cell nucleus in the epithelial buccal cells of analysis group (maximal diameter $10.11 \mu\text{m} \pm 0.45$ and minimal diameter $7.81 \mu\text{m} \pm 0.48$) compared with the control group (maximal diameter 9.6

$\mu\text{m} \pm 0.43$ and minimal diameter $7.38 \mu\text{m} \pm 0.46 \mu\text{m}$).

Reduction of cell and cytoplasmic surface of the analysis group (maximal diameter $1482.0 \mu\text{m}^2 \pm 183.3$; and minimal diameter $1419.3 \mu\text{m}^2 \pm 183.5$), compared with the control group (maximal diameter $1583.7 \mu\text{m}^2 \pm 169.0$; minimal diameter $1527.3 \mu\text{m}^2 \pm 167.1$), but not to a significant scale.

Increased of nuclear surface to a significant scale ($p < 0.008$) of the analysis group ($62.7 \mu\text{m}^2 \pm 8.1$), compared with the control group ($56.3 \mu\text{m}^2 \pm 6.2$).

Increased nucleo-cytoplasmic ratio to a significant scale ($p < 0.002$) of the analysis group analizēs (4.50 ± 0.92) compared with the control group (3.71 ± 0.48)

Table 1. Cytomorphologic parameters at control and exposed group

| Investigated parameters | Control group | Exposed group | t | P |
|--------------------------------------|-----------------------------------|------------------------------------|--------|--------------|
| Number of individual | 20 | 20 | | |
| Cells diameter | | | | |
| Maximal diameter / μm | 51.4 ± 3.2 | 50.0 ± 2.8 | -1.435 | 0.159 |
| | | | | |
| Minimal diametei/ μm | 39.2 ± 2.58 | 37.9 ± 2.67 | -1.563 | 0.126 |
| Nucleus diameter | | | | |
| Maximal diameter / μm | 9.6 ± 0.43 | 10.11 ± 0.45 | 3.520 | 0.001 |
| | | | | |
| Minimal diametei/ μm | 7.38 ± 0.46 | 7.81 ± 0.48 | 2.900 | 0.006 |
| Area of e cells/ μm^2 | 1583.7 ± 169.0 | 1482.0 ± 183.3 | -1.823 | 0.076 |
| Area of nuclei h./ μm^2 | 56.3 ± 6.2 | 62.7 ± 8.1 | 2.788 | 0.008 |
| Area of cytoplasm ./ μm^2 | 1527.3 ± 167.1 | 1419.3 ± 183.5 | -1.947 | 0.059 |
| Nucleo:Cytoplasmatic ratio % | 3.71 ± 0.48 | 4.50 ± 0.92 | 3.379 | 0.002 |

Exfoliative cytology is based on epithelial physiology. A normal epithelium is exposed to regular exfoliation, namely the loss of cell surface, and the thickness of the epithelium is constant (16). Under normal conditions, epithelial cells are strongly held in place. However, the presence of benign diseases or the occurrence of malignant epithelial formations causes the cells to lose their cohesive force, and results in exfoliation. Loss of cohesion between the cells enables the collection of the exfoliated cells for microscopic examination (17).

Cytomorphology is the most widely used method of oral exfoliative cytology, and assesses parameters such as cellular diameter (CD), nuclear diameter (ND), nuclear area (NA),

cytoplasmic area (CA), NA/CA ratio, nuclear shape, nuclear membrane continuity, optical density, and nuclear texture (17-19). These parameters, especially NA and NA/CA ratio, have been shown to provide meaningful results in the diagnosis of oral lesions (15, 17).

CONCLUSION

According to this investigation, we can conclude: that color of hair at hairdresser has impact in diameter of nuclei, were the diameters at exposed group it is smaller compared with control group but not statistically significant.

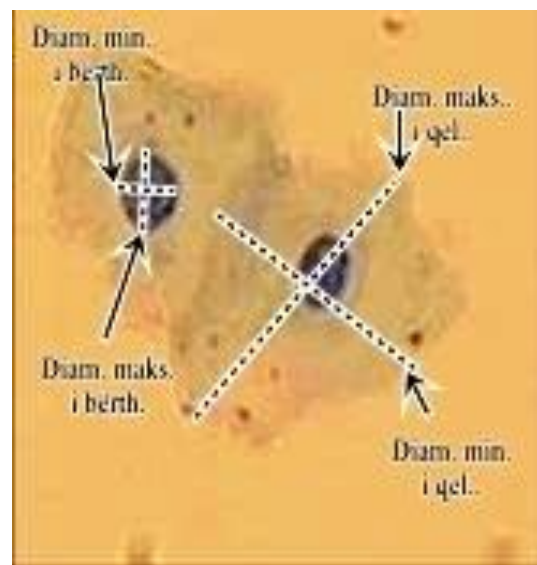


Figure 1. Diameter of nuclei – measured diameter: maximal and minimal

REFERENCES

1. Diniz FM, Garcia GA, Crespo AA, Martins CJL, Gandara RJM. Applications of exfoliative cytology in the diagnosis of oral cancer. *Med Oral* 2004; 9: 355-61.
2. Pektaş ZÖ, Keskin GÖ, Karslıoğlu Y. Evaluation of nuclear morphometry and DNA ploidy status for detection of malignant and premalignant oral lesions: quantitative cytologic assessment and review of methods for cytomorphometric measurements. *J Oral Maxillofac Surg* 2006; 64: 628-35.
3. Macleod RI, Hamilton PJ, Soames JV. Quantitative exfoliative oral cytology in iron deficiency and megaloblastic anemia. *Anal Quant Cytol Histol* 1988; 10: 176-80.
4. Alberti S, Spadella CT, Francischone TRCG, Assis GF, Cestari TM, Taveira LAA. Exfoliative cytology of the oral mucosa in type II diabetic patients: morphology and cytomorphometry. *J Oral Pathol Med* 2003; 32: 538-43.
5. Mehrotra R, Singh M. Serial scrape smear cytology of radiation response in normal and malignant cells of oral cavity. *Indian J Pathol Microbiol* 2004; 47: 497-502.
6. Ogden GR, Cowpe JG, Gren MW. Effect of radiotherapy on oral mucosa assessed by quantitative exfoliative cytology. *J Clin Pathol* 1989; 42: 940-3
7. Ogden GR, Wight AJ, Rice P. Effect of alcohol on the oral mucosa assessed by quantitative cytomorphometry. *J Oral Pathol Med* 1999; 28: 216-20.
8. Einstein TBA, Sivapathasundharam B. Cytomorphometric analysis of the buccal mucosa of tobacco users. *Ind J Dent Res* 2005; 16: 42-6.
9. Ramaesh T, Mendis BR, Ratnatunga N, Thattil RO. The effect of tobacco smoking and of betel chewing with tobacco on the buccal mucosa: a cytomorphometric analysis. *J Oral Pathol Med* 1999; 28: 385-8.
10. Ogden GR, Cowpe JG, Gren MW. Quantitative exfoliative cytology of normal buccal mucosa: effect of smoking. *J Oral Pathol Med* 1990; 19: 53-5.
11. DeMarini DM. Genotoxicity of tobacco smoke and tobacco smoke condensate: a review. *Mutat Res* 2004; 567: 447-74.
12. Ramaesh T, Mendis BRRN, Ratnatunga N, Thattil RO. Diagnosis of oral premalignant and malignant lesions using cytomorphometry. *Odontostomatol Trop* 1999; 85: 23-8.
13. Proia NK, Paszkiewicz GM, Nasca MA, Franke GE, Pauly JL. Smoking and smokeless tobacco-associated human buccal cell mutations and their association with oral cancer—a review. *Cancer Epidemiol Biomarkers Prev*. 2006; 15: 1061-71.
14. Cowpe JG, Longmore RB. Nuclear area and Feulgen DNA content of normal buccal mucosal smears. *J Oral Pathol* 1981; 10: 81-6.
15. Ogden GR, Cowpe JG, Wight AJ. Oral exfoliative cytology: review of methods of assessment. *J Oral Pathol Med* 1997; 26: 201-5.
16. Bermejo-Fenoll A, Sanchez-Perez A. Necrotizing periodontal diseases. *Med Oral Pathol Oral Cir Bucal* 2004; 9: 114-9.
17. Nayar AK, Sundharam BS. Cytomorphometric analysis of exfoliated normal buccal mucosa cells. *Ind J Dent Res* 2003; 14: 87-93.
18. Cowpe JG, Longmore RB, Gren MW. Quantitative exfoliative cytology of abnormal mucosal smears. *J R Soc Med* 1988; 81: 509-13.
19. Cowpe JG. Quantitative exfoliative cytology of abnormal oral mucosa squames: preliminary communication. *J R Soc Med* 1994; 77: 928-31.
20. Ramaesh T, Mendis BRRN, Ratnatunga N, Thattil RO. Cytomorphometric analysis of squames obtained from normal oral mucosa and lesions of oral leukoplakia and squamous cell carcinoma. *J Oral Pathol Med* 1998; 27: 83-6.