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Aim:

A clinical and immunohistochemical presentation of Langerhans`cell histiocytosis (LCH) in the oral maxillofacial region. Our aim is to compare the different methods of treatment available, to propose a classification and to provide a grading for disease severity.

Method:

Records and clinical data of 9 Patients were retrospectively evaluated. The patients ages ranged from 20 months to 38 years. Seven had manifestations in the maxillo-facial region (MF-region), of which four had a single oral manifestation only, with the three remaining having multiple manifestation in MF-region. Two patients had manifestations in the MF-region and upper thorax (coming to a total of nine patients). All of the patients were surgically treated with one treated additionally, previously with a steroid-therapy. The longest duration of investigation in this study was 16 years. Immunohistochemical stains for antigen-CD-1a, antigen-S-100 and antigen-Ki-67 were performed.

Results:

All of the patients under investigation showed no signs of LCH recurrence, which seems to imply that surgical treatment is very effective in the eradication and curing of the LCH. A proposal for a classification of the manifestations in the oral-maxillo-facial-region was made. The intensity of the antigen-Ki-67 stains were evaluated.

Conclusions:

The evaluation of our clinical study suggests that LCH is a disease that should be treated surgically. Only in very severe cases should the surgical treatment be complimented by either radio-therapy or chemotherapy, whereas especially in disseminated cases the chemo-therapy seems to improve the diseases outcome. The antigen Ki-67 as proliferation marker is suggested as a grading parameter of the LCH.