

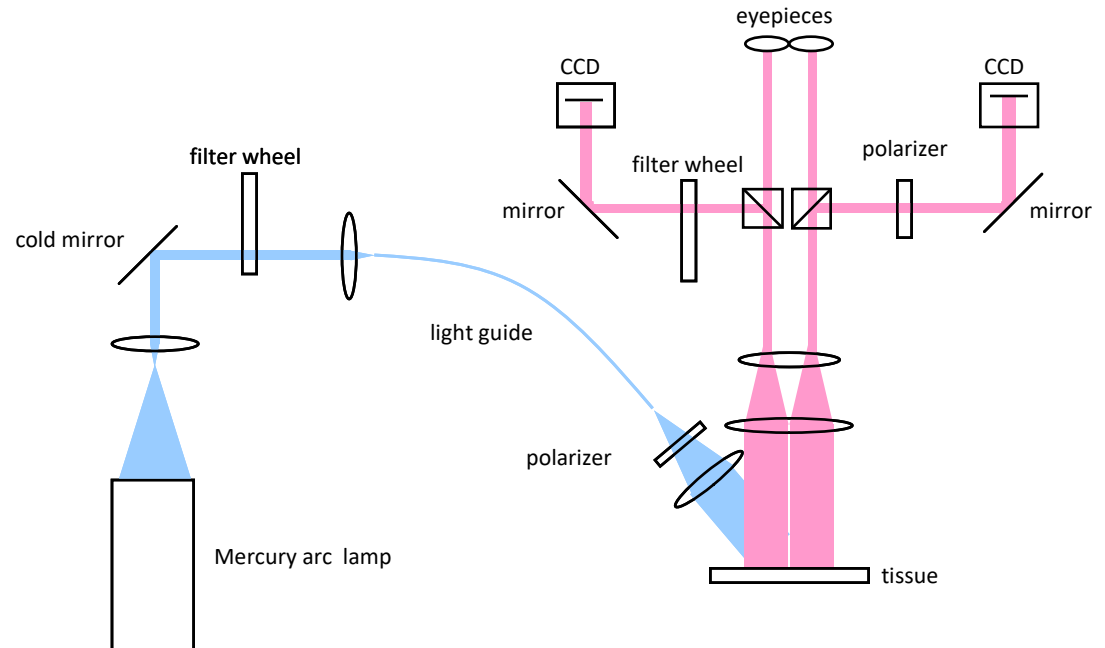
Técnicas de diagnóstico – Imagem  
de campo amplo de fluorescência



# Widefield FL/RL Imaging

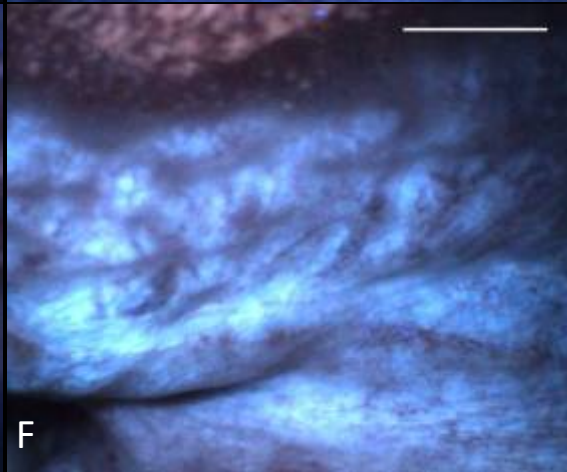
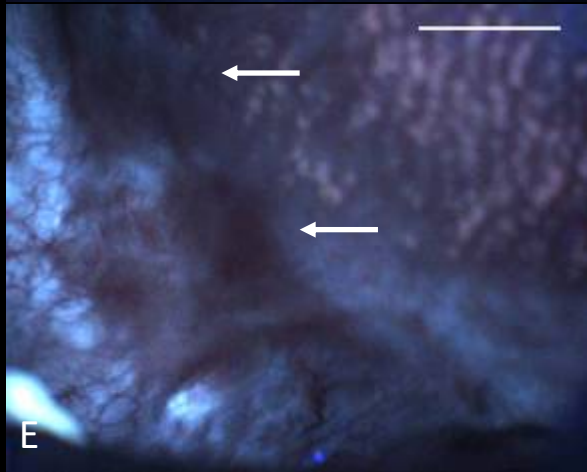
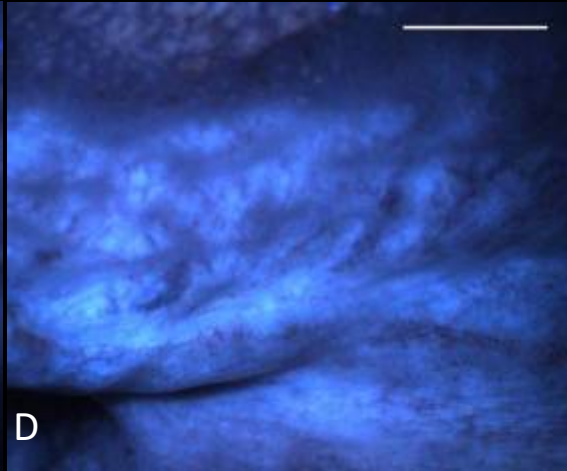
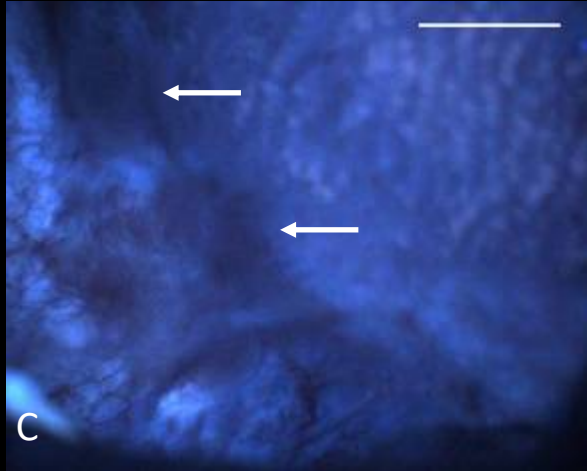
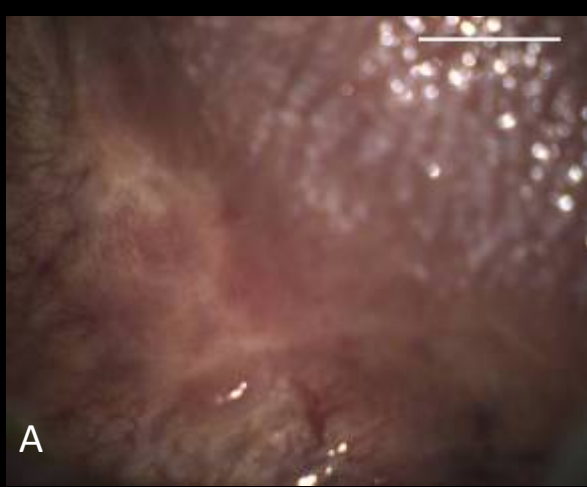
Rice University, MD Anderson Cancer Center

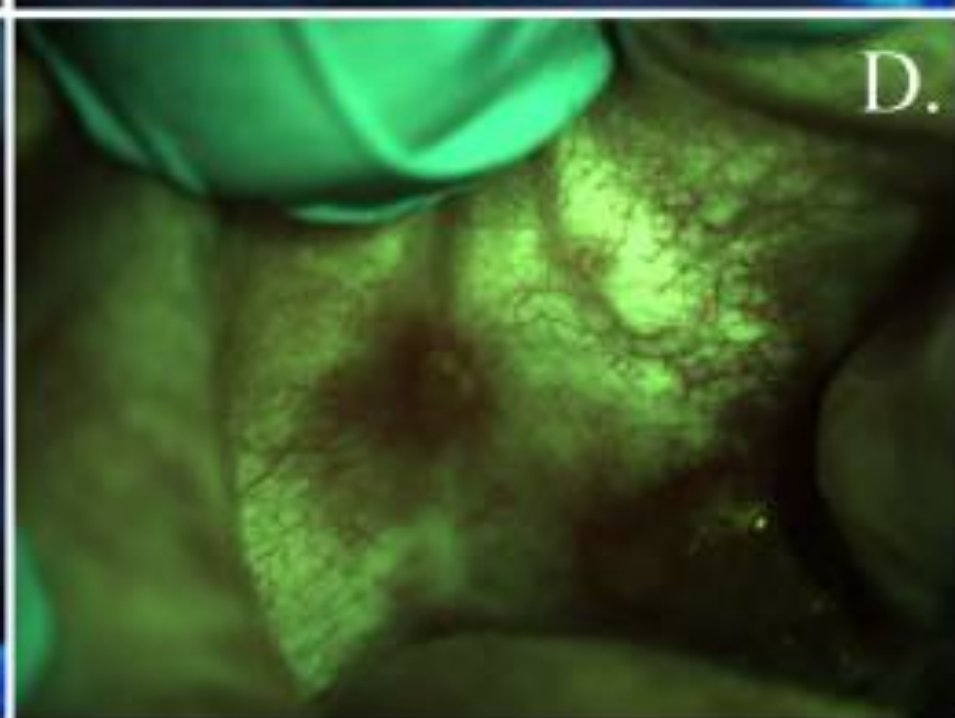
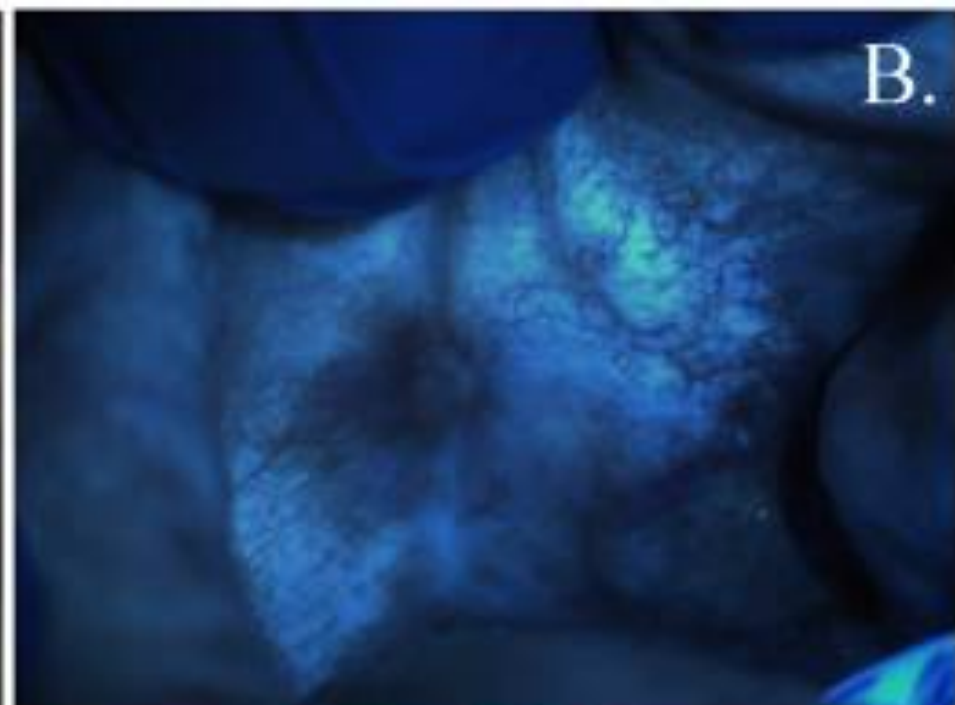
Excitation $\lambda$ (nm)	Imaging Modality	Irradiance (mW/cm <sup>2</sup> )	Typical Exposure Times (ms)
365	fluor.	11.15	100ms
380	fluor.	8.86	160ms
405	fluor.	7.00	400ms
450	fluor.	5.10	500ms
White	reflect.	12.02	16ms
420	reflect.	3.13	64ms
430	reflect.	9.62	13ms
530	reflect.	1.91	24ms
600	reflect.	4.17	64ms
orthogonal	polarized	3.47	100ms



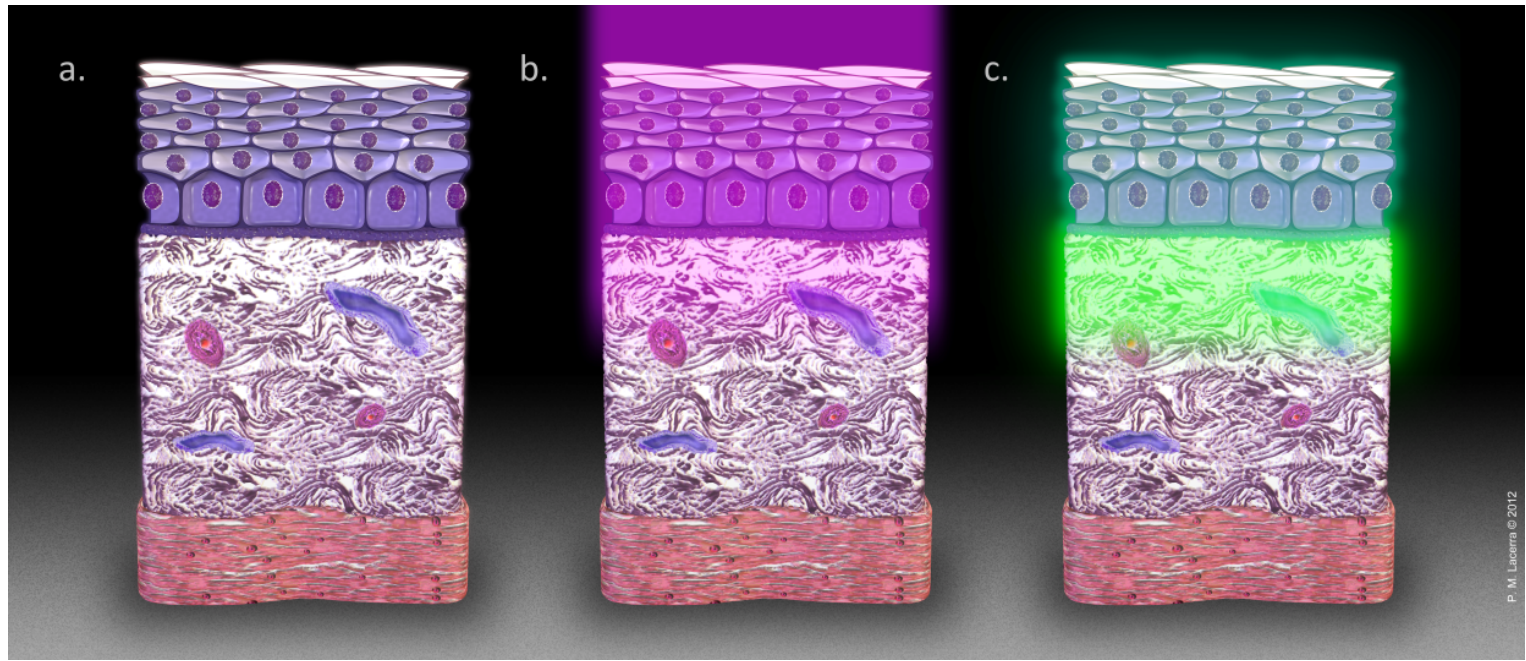
# Latero-ventral tongue



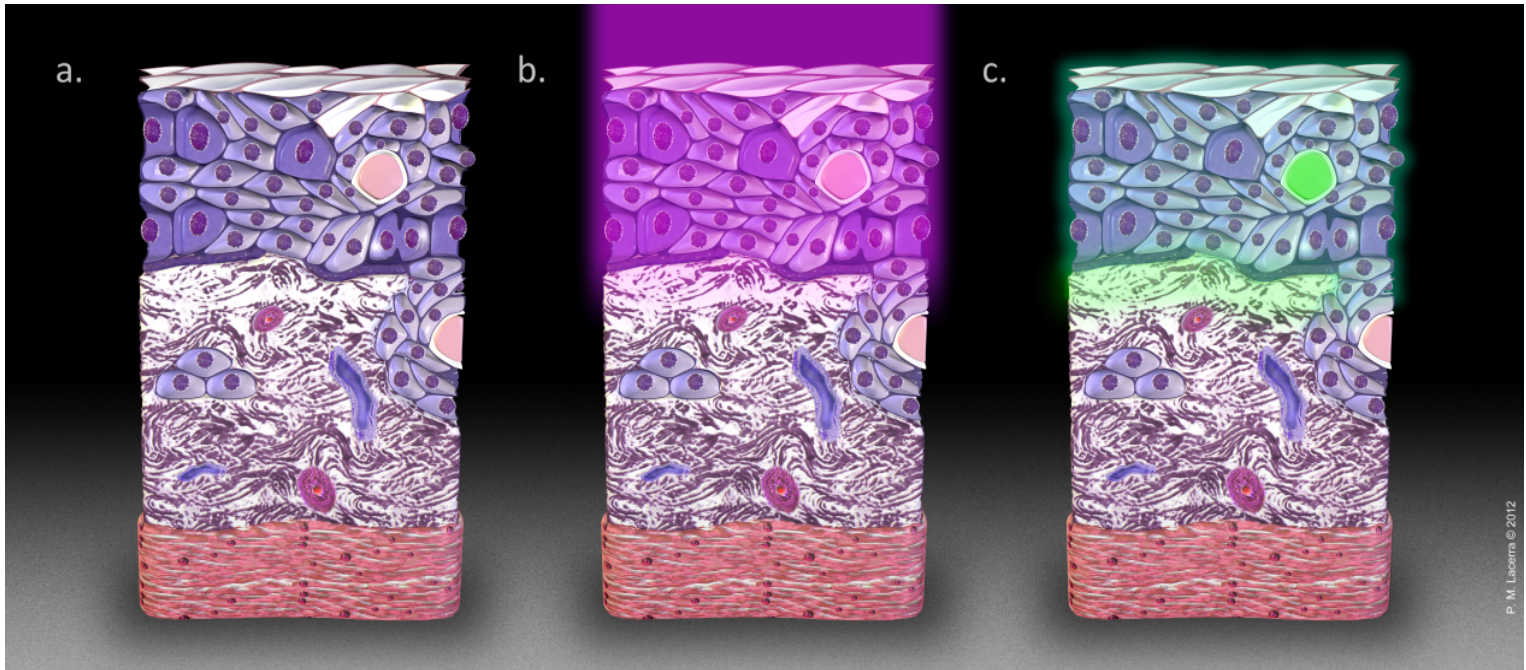


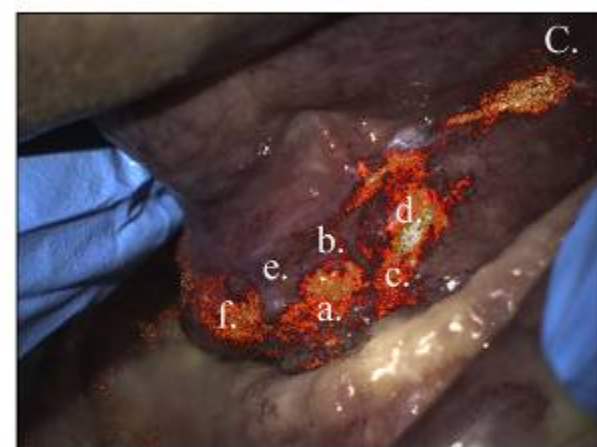
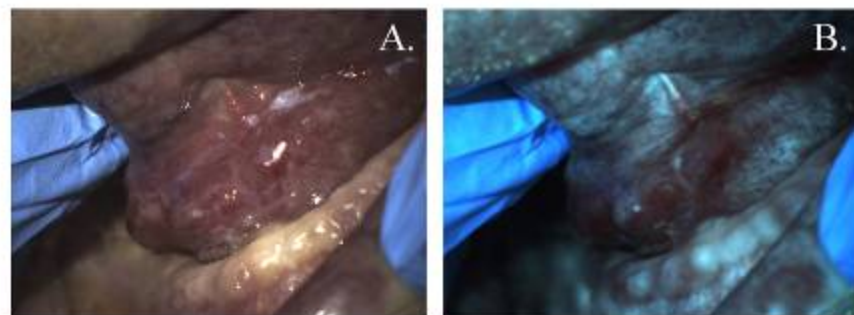
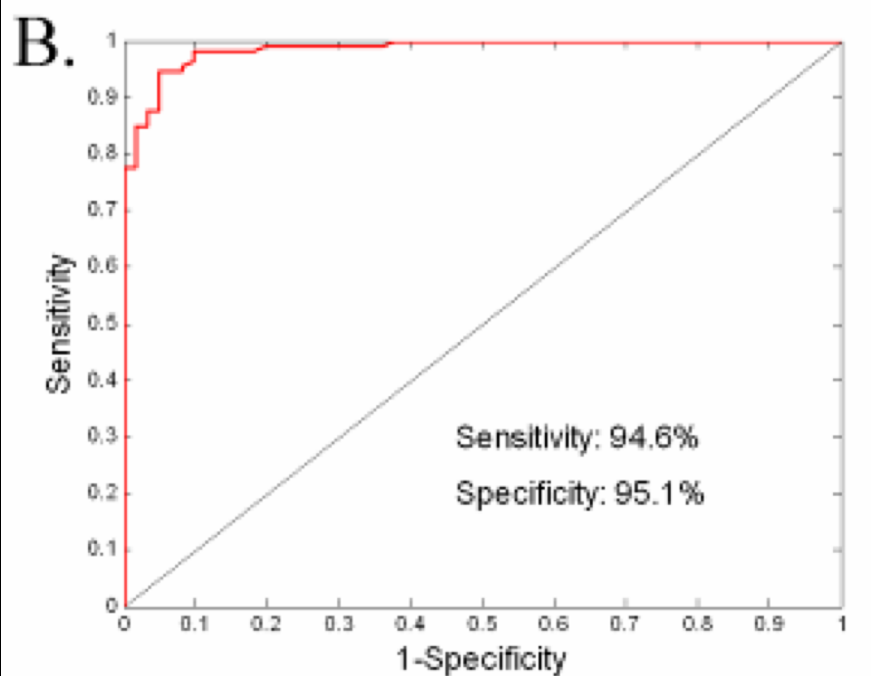
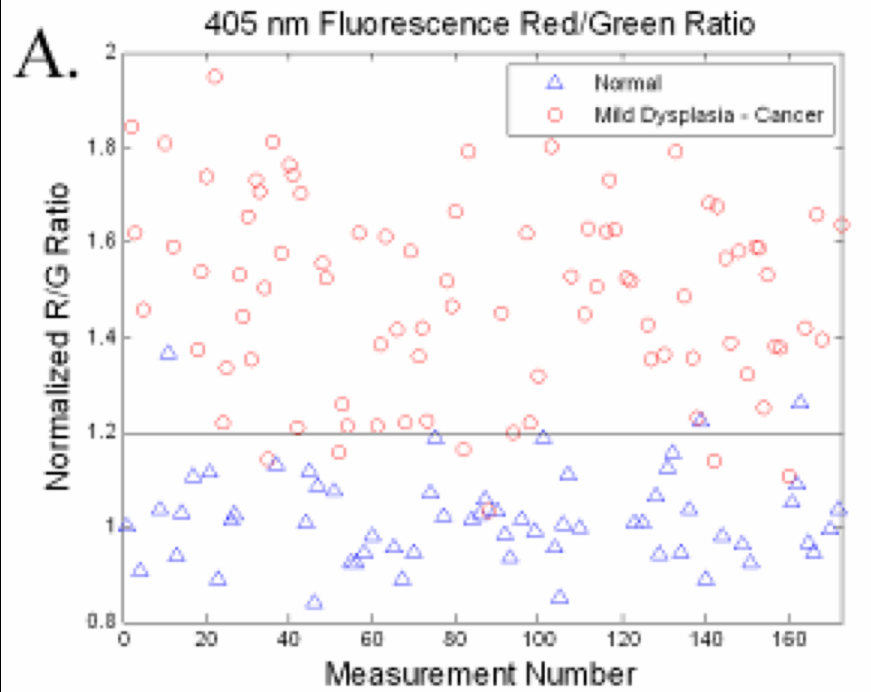


Mucosa normal

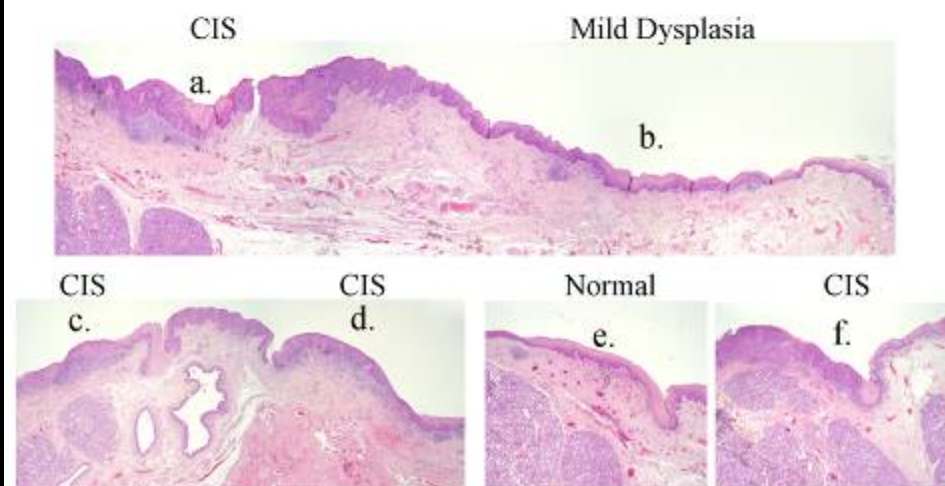


Carcinoma



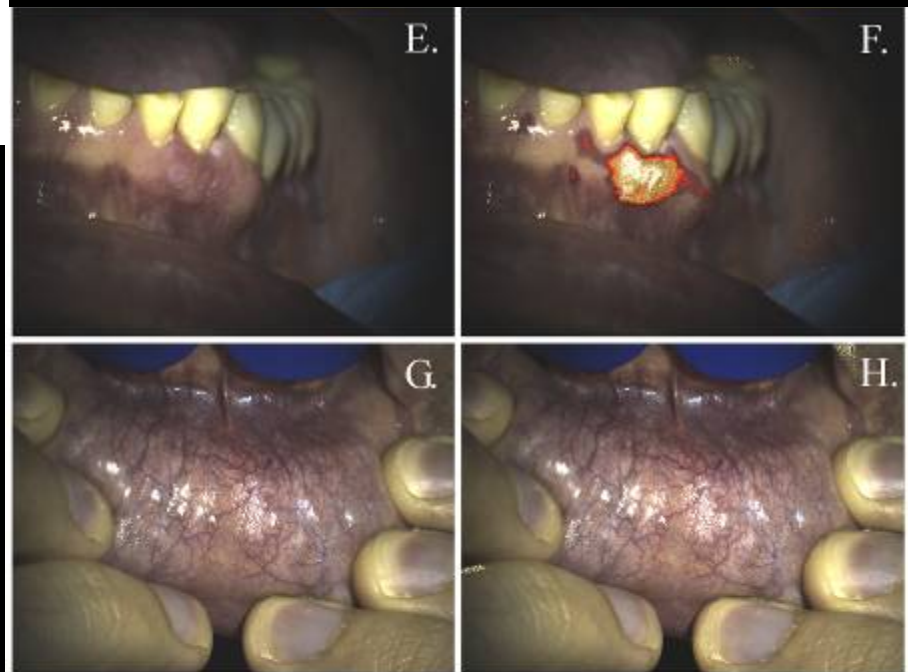
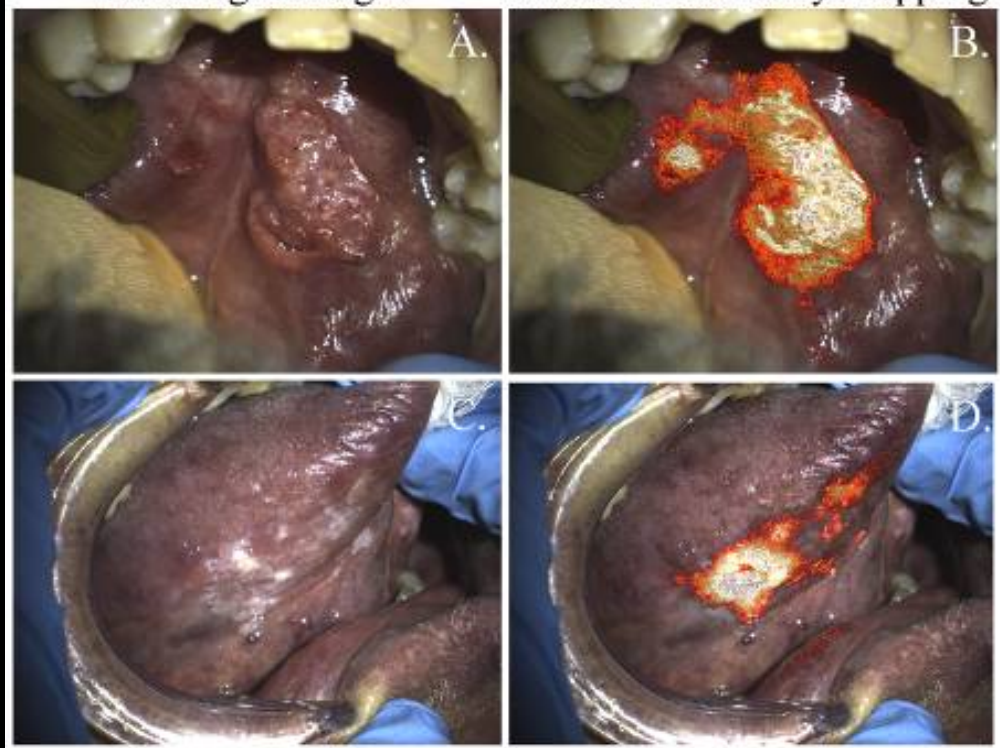


Site	Pathology
a.	CIS
b.	Mild Dysplasia
c.	CIS
d.	CIS
e.	Normal
f.	CIS

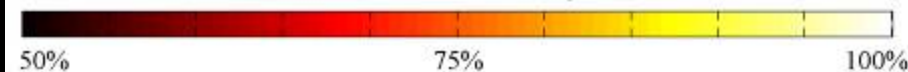


White Light Images

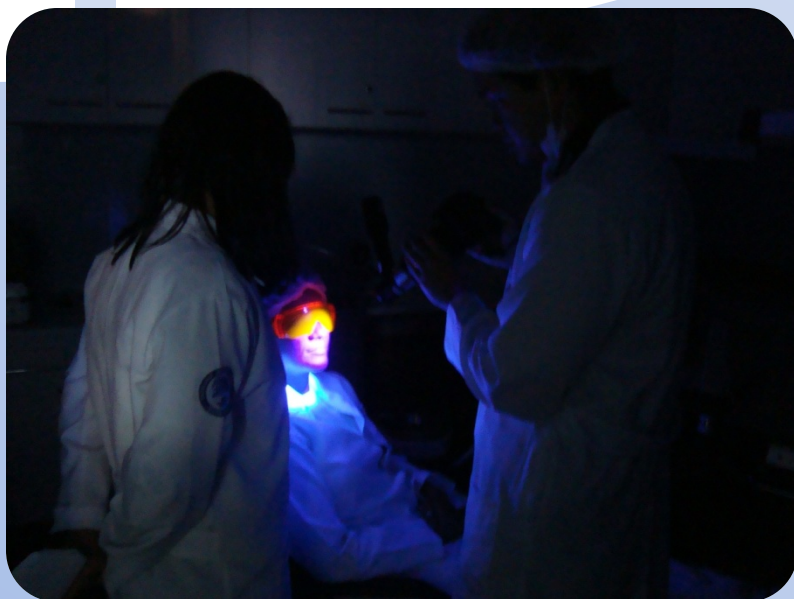
Disease Probability Mapping



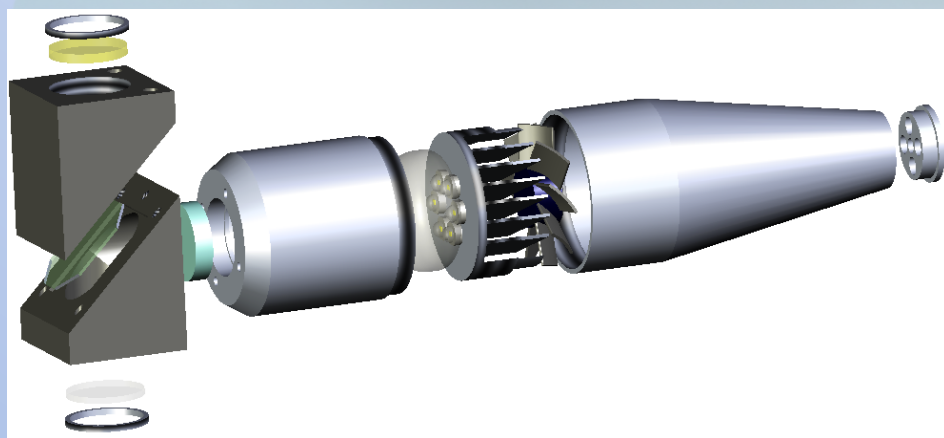
Predicted Probability

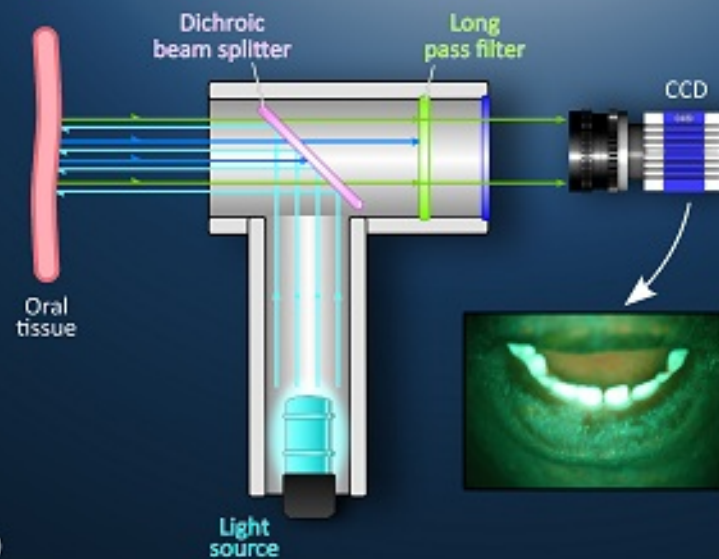
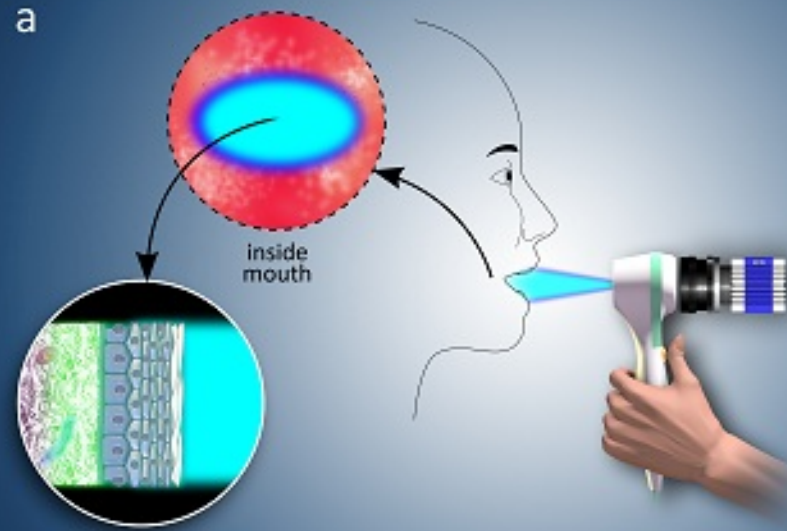






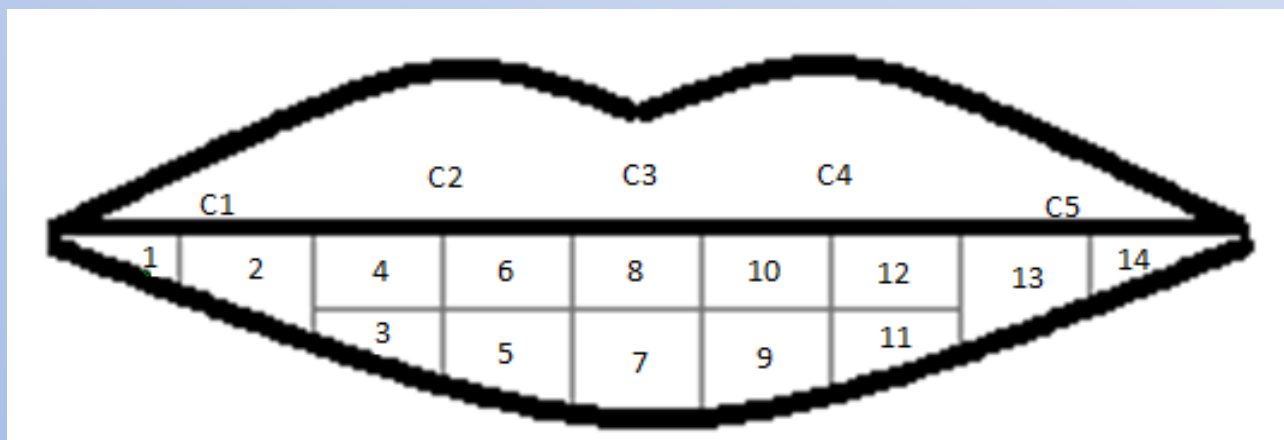
- LED excitation: 400 and 450 nm
- Optical components
- Digital camera



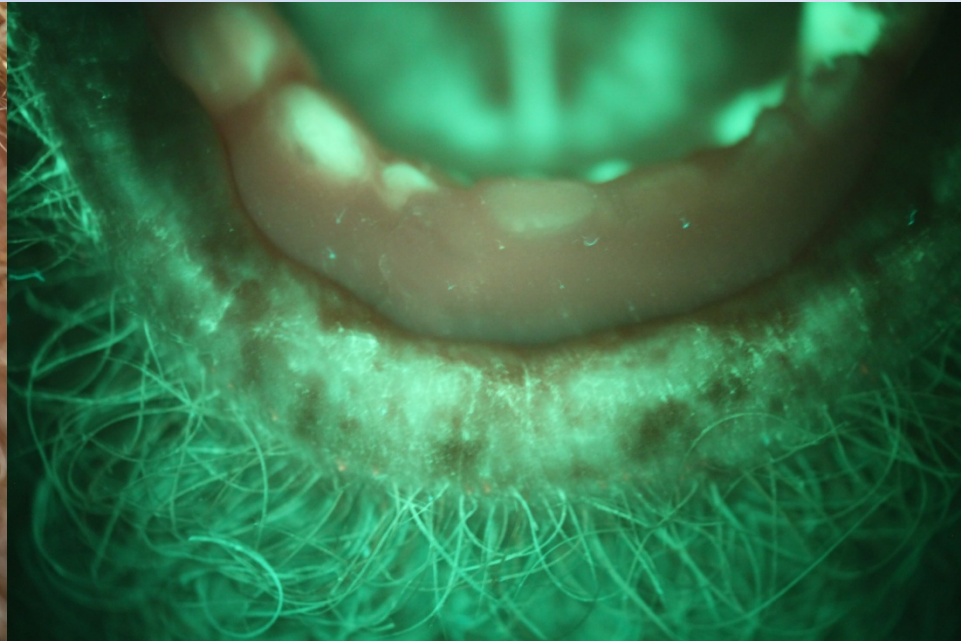


# CLINICAL PROTOCOL

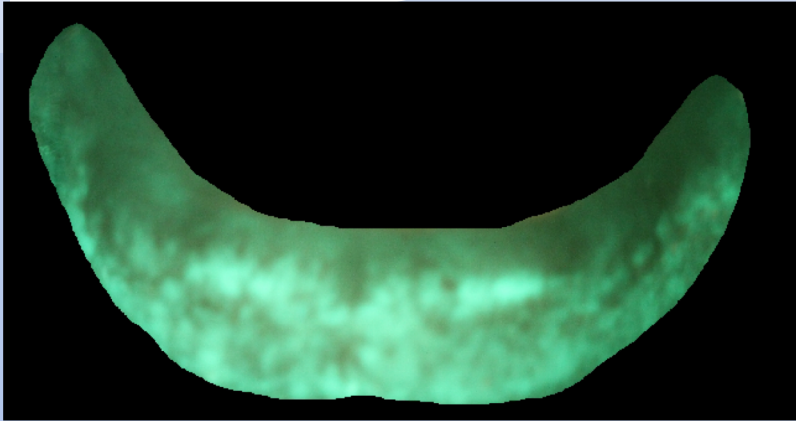
- 57 patients with clinically detected AC / 45 normal volunteers
- Clinical examination
- Optical interrogation
- Biopsy / histology (gold standard)



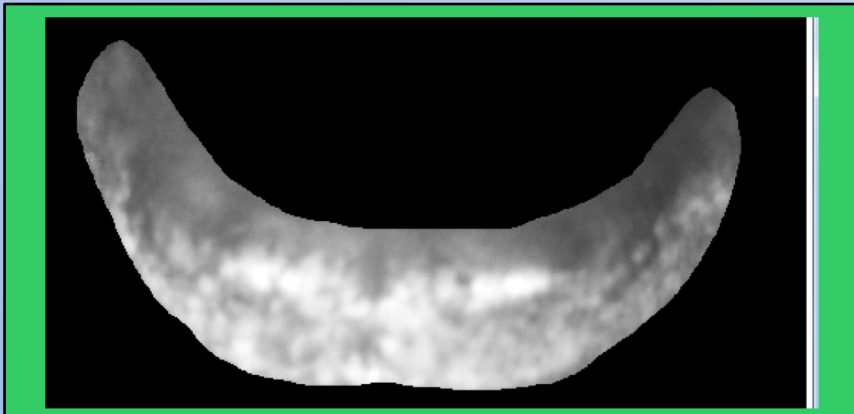
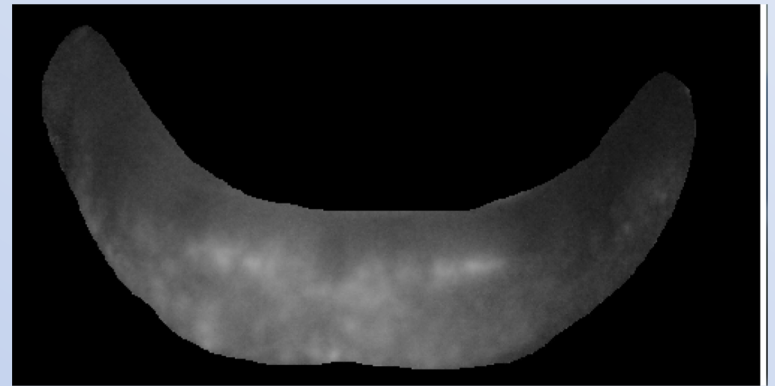
# RESULTS



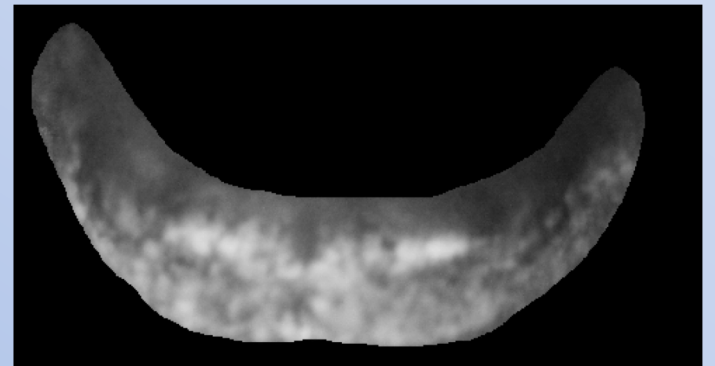
RGB



Red

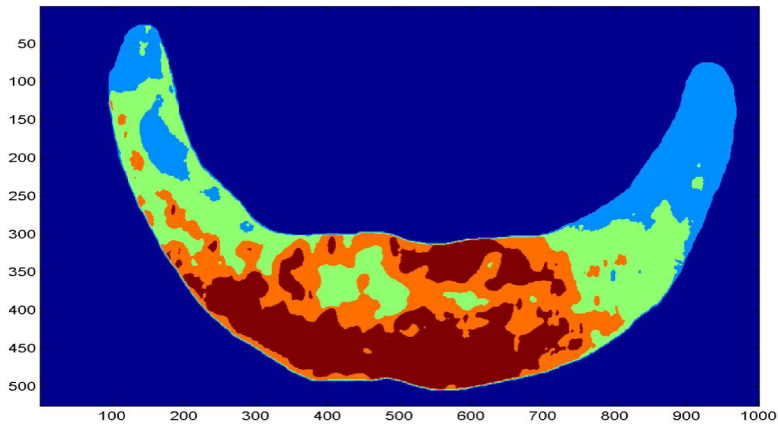
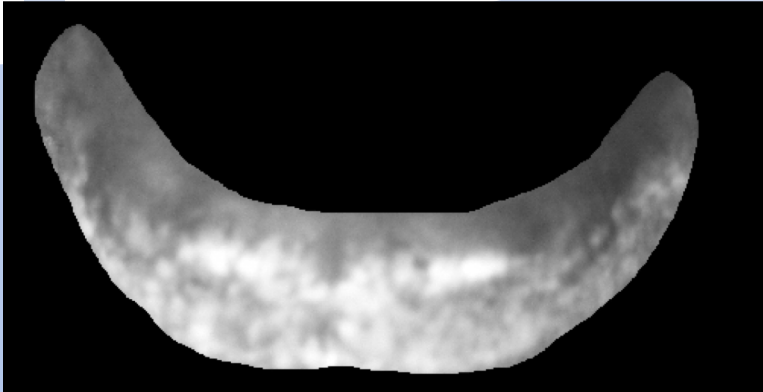


Green

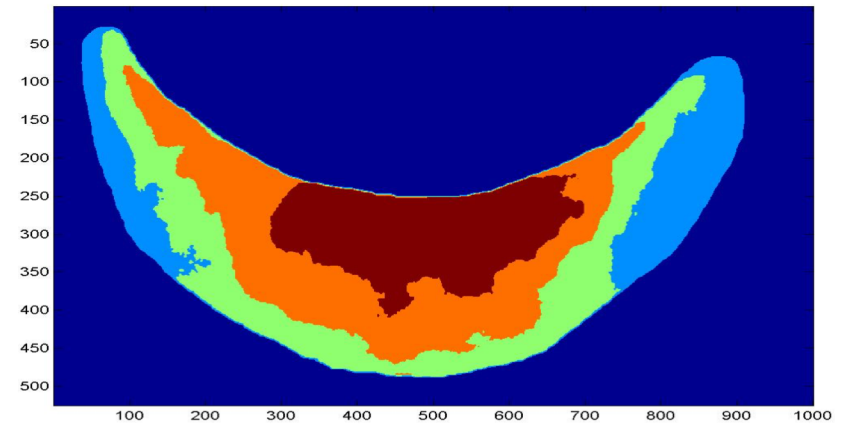


Blue

# IMAGE ANALYSIS – Kmean clustering



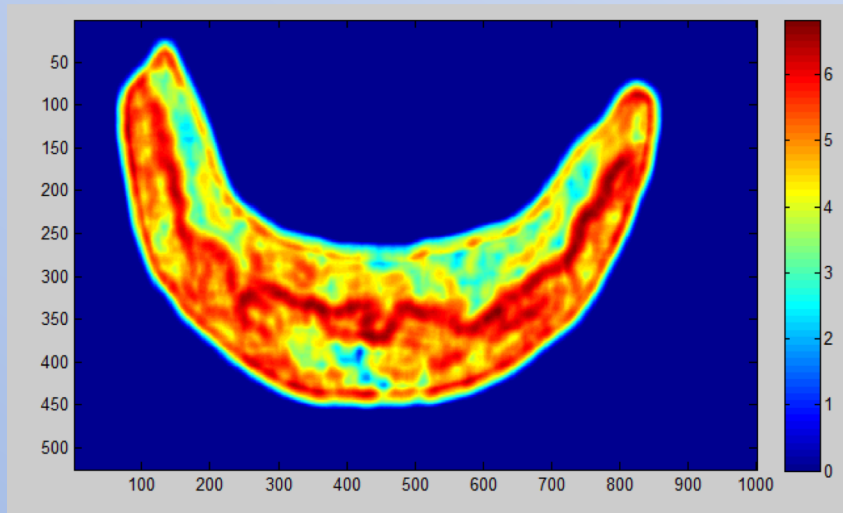
Actinic cheilitis



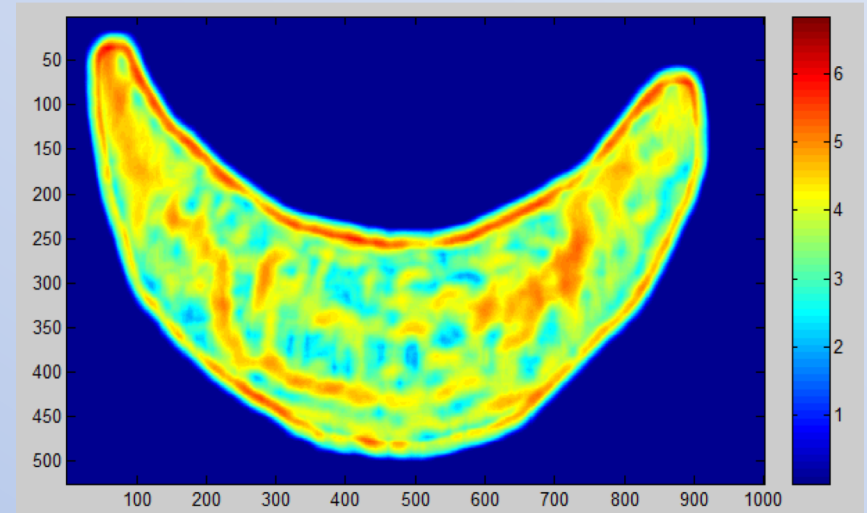
Normal

# IMAGE ANALYSIS – Local entropy

Actinic cheilitis

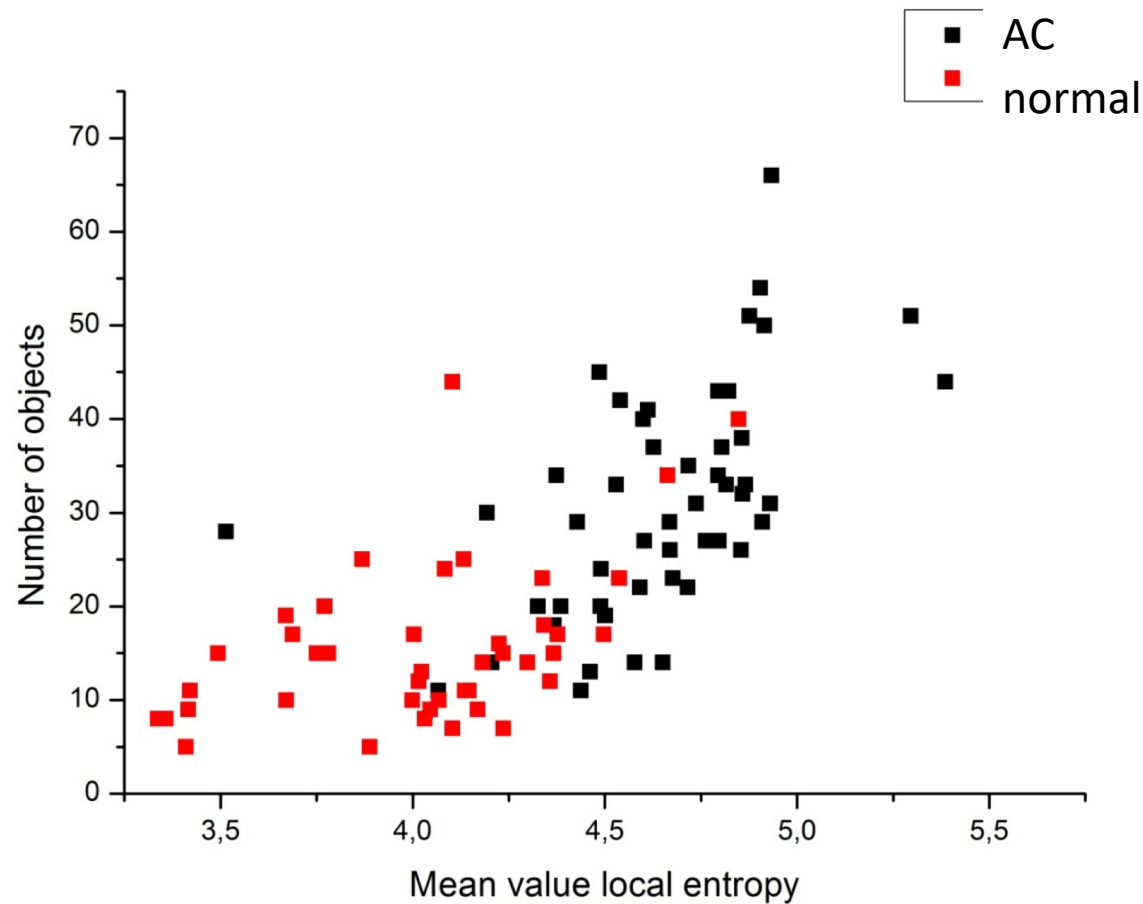


Normal



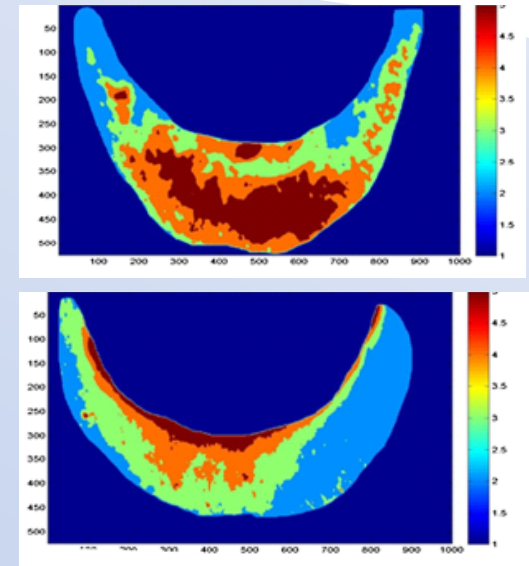
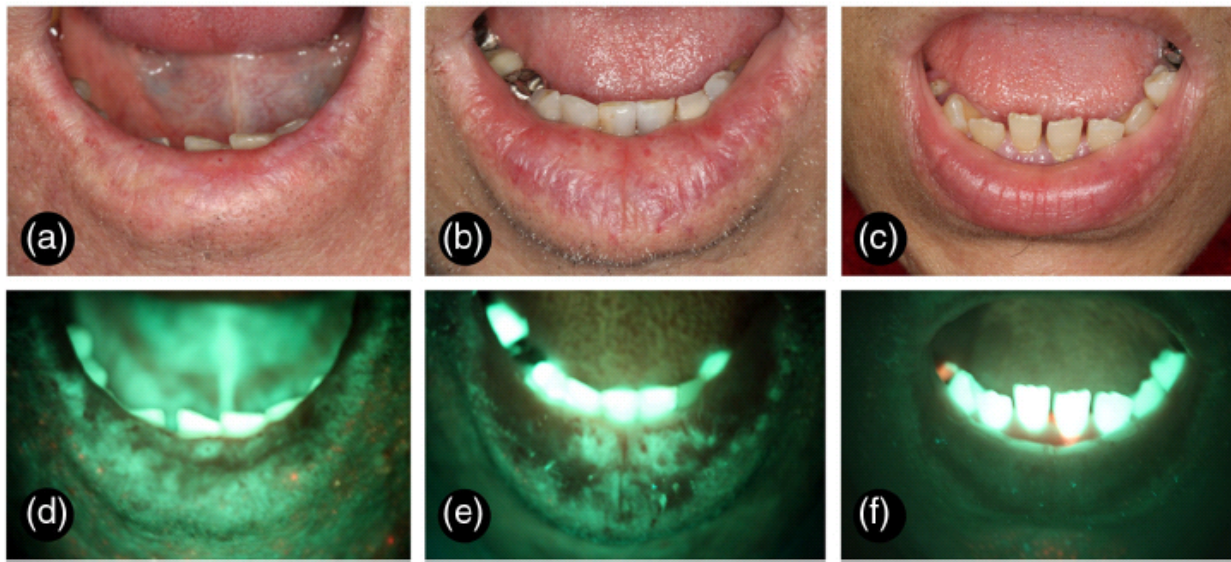
Entropy is a measurement of the homogeneity of the all pixel values

# IMAGE ANALYSIS – Kmean x Entropy





# Actinic cheilitis – Dysplasia classification



**Table 3** Summary data of the diagnostic methods used to indicate 113 areas of biopsy from 57 cases of AC.

Diagnostic methods	Epithelial dysplasia				Total <i>n</i> (%)
	Absence <i>n</i> (%)	Mild <i>n</i> (%)	Moderate <i>n</i> (%)	Severe <i>n</i> (%)	
Clinical exam	1 (12.5)	10 (18.2)	8 (19.5)	3 (33.3)	22 (19.5)
Fluorescence visualization	4 (50.0)	20 (36.4)	16 (39.0)	5 (55.6)	45 (39.8)
Clinical exam and fluorescence visualization	3 (37.5)	25 (45.4)	17 (41.5)	1 (11.1)	46 (40.7)
Total	8 (7.0)	55 (48.7)	41 (36.3)	9 (8.0)	113 (100)

$p = 0.631$ .

# Oral cancer screening

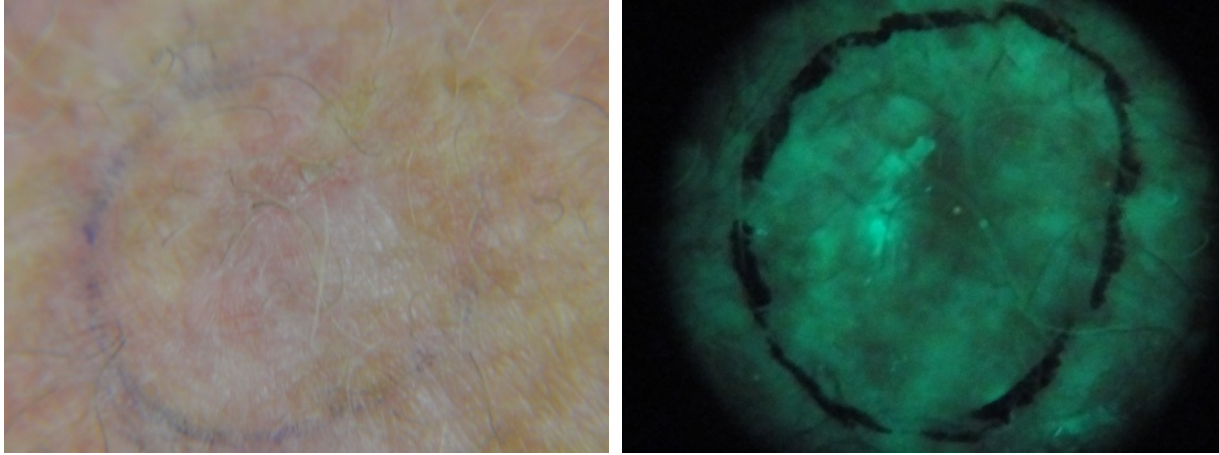


## One-day campaign:

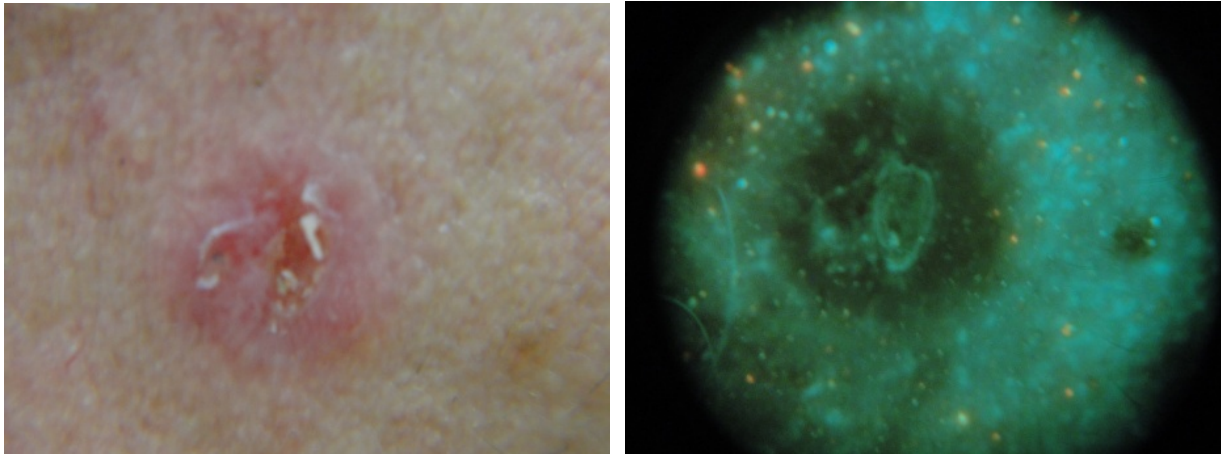
- 55 volunteers
- 14 pts scheduled
- 8 pts w/ MOD/SEV ED



Diagnóstico óptico – lesões em pele  
IFSC e Hospital Amaral Carvalho



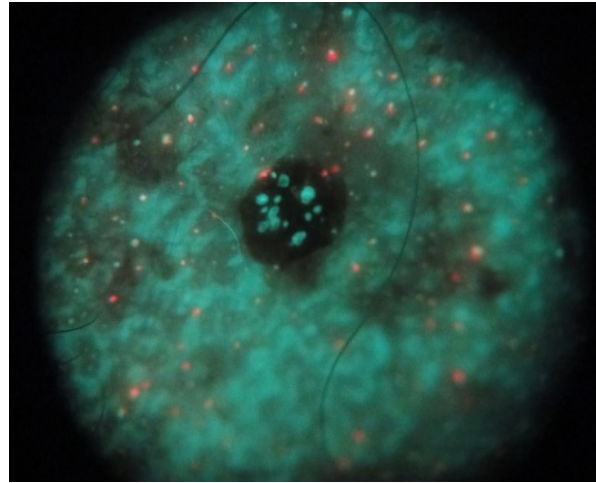
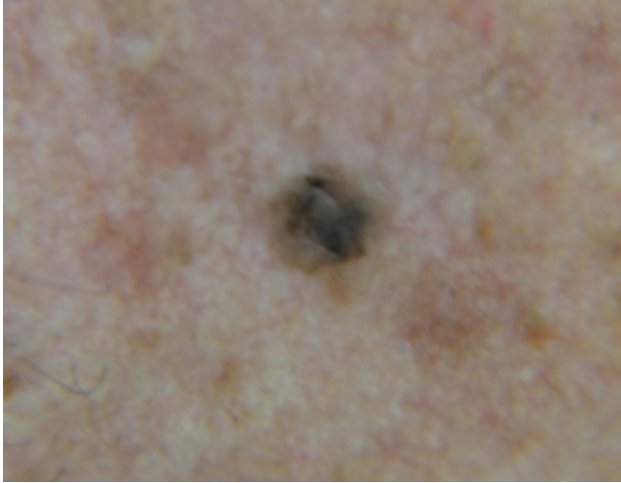
Ceratose actínica



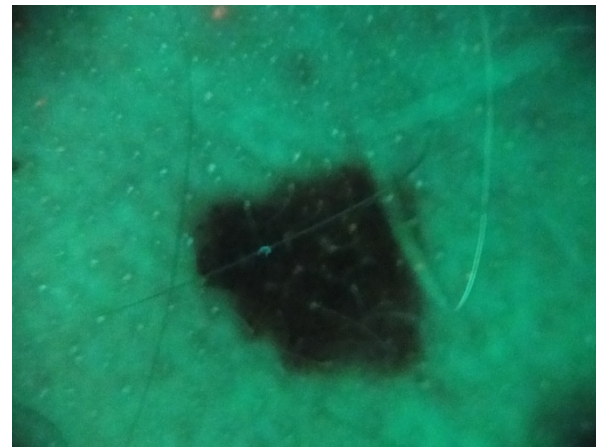
Carcinoma basocelular

# Diagnóstico óptico – exclusão de melanoma?

IFSC - Hospital Amaral Carvalho



Queratose seborréica



Melanoma

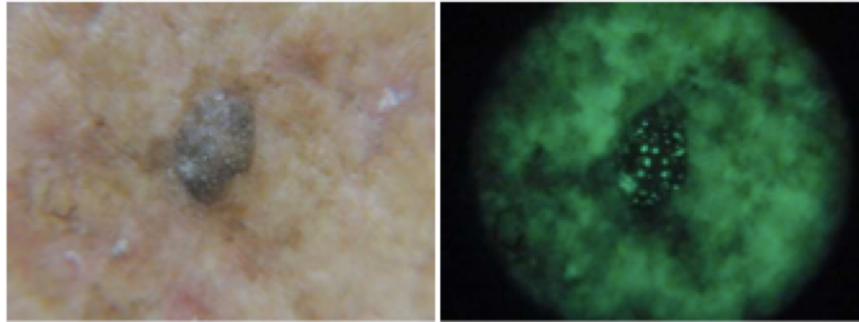


Fig. 6. Seborrheic keratosis under white light illumination (left hand picture) and at fluorescence imaging visualization (right hand picture).

¶(9pt)

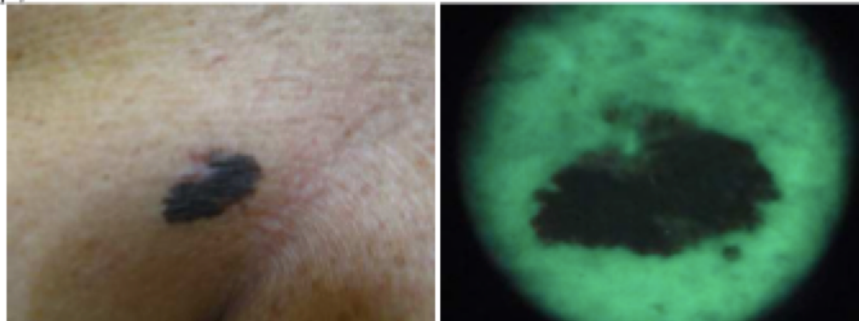


Fig. 7. Melanoma under white light illumination (left hand picture) and at fluorescence imaging visualization (right hand picture).

AG Salvio, NM Inada, VS Bagnato, C Kurachi. JAAD online (2019).

S. Prativieira, C. T. Andrade, A. G. Salvio, V.S. Bagnato and C. Kurachi (2011). Optical Imaging as Auxiliary Tool in Skin Cancer Diagnosis, Skin Cancers - Risk Factors, Prevention and Therapy, Prof. Caterina La Porta (Ed.), ISBN: 978-953-307-722-2, InTech.