

Background: In this study we evaluate the way for the diagnosis of lymphadenopathy related to the oral malignancy whether there is metastasis or not. So we used a technique of fine needle aspiration cytology as preoperative diagnosis for the clinically palpable lymph nodes(L.Ns.) and we used a technique of imprint cytology as intra operative diagnosis for the clinically and surgically palpable L.Ns. Their accuracy has been evaluated by comparing their results with the histopathological diagnosis result.

Aims of Study: To use the fine needle aspiration cytology(F.N.A.C.) as a rapid preoperative diagnosis of lymph node metastasis related to the oral malignancy, to use the imprint cytology as intra operative diagnosis of lymph node metastasis (instead of frozen section technique) related to the oral malignancy, to choose the line of treatment for those patients with oral malignancy who may need prophylactic or therapeutic lymphadenectomy and to evaluate the results of F.N.A.C. and imprint cytology by comparing them with the histopathological results to ascertain their diagnosis value.

Materials and Methods: In our study there were (20) patients with oral malignancy with or without cervical lymphadenopathy.

Results: The histopathology of the primary site was mainly Sq.C.C. (70%). For (18) clinically palpable L.Ns. we used F.N.A.C. most of these lymph nodes (61%) were associated with reactive hyperplasia and only (39%) of them were associated with malignant metastasis. There were one false positive and one false negative result. Accuracy rate (88.8%). For (54) L.Ns. which were clinically and surgically palpable L.Ns. we used imprint cytology. Most of these L.Ns. (81.5%) were associated with reactive hyperplasia and only (18.5%) of them were associated with malignant metastasis. Accuracy rate (96.2%).