



## LETTER TO THE EDITOR

### Assessing actinic cheilitis oncogenic potential via micronucleus assay

LUCAS A. DA MOTA SANTANA, GINA DÉLIA ROQUE-TORRES, RAJIV G. GOPALSAMY,  
LYSANDRO P. BORGES, DANIEL ARAKI RIBEIRO, VIRGÍNIA K.S. SILVA, CLEVERSON  
LUCIANO TRENTO & WILTON M. TAKESHITA

Dear Editor,

Actinic Cheilitis (AC) is a chronic inflammatory condition caused by prolonged solar radiation, characterized by a spectrum of clinical-morphological alterations including dryness, ulceration, fissures, and atrophy (Vasilovici et al. 2022). In general, the disease progresses slowly and asymptotically, with most cases being associated with the development of *in situ* squamous cell carcinoma (SCC) of the lip (Vasilovici et al. 2022). Similar to other alterations in the oral cavity, AC is diagnosed through oral biopsy surgery, a procedure that may compromise tissue stabilization failures (Shah et al. 2023, Jeng et al. 2024). Given the clinical relevance of AC and the need for monitoring to prevent its progression to oral cancer, we discuss in this letter the potential integration of the micronucleus assay (MN assay) as an auxiliary diagnostic tool and its incorporation into oral medicine services.

A micronucleus (MN) is an extra-nuclear anomalous body containing chromosomal fragments that originate from mis-segregation during mitosis (Di Bona & Bakhoun 2024). In cancer cells, this structure is chromosomally unstable and has been associated with tumor progression as well as genomic, epigenetic, and transcriptional alterations that increase the risk of mutagenicity (de Souza et al. 2022). The MN assay is typically performed on samples collected via exfoliative cytology, and its analysis can reveal cellular morphological features while also aiding in the early diagnosis of oral premalignant lesions (Elnaggar et al. 2023, Caponio et al. 2024). Given that AC is characterized by genomic instability in keratinocytes exposed to solar radiation (Shah et al. 2023), it can be investigated by exfoliative cytology, which may help assess the risk of malignant transformation in the oral mucosa.

Traditionally, exfoliative cytology is considered a non-invasive, painless, low-cost, and easy-to-perform technique (Caponio et al. 2024). As a result, this approach may aid in monitoring AC progression and assessing its clinical response of the disease to current therapeutic modalities (e.g., Photodynamic therapy and Topical agents). Due to its benefits and wide applicability in micronucleus analysis, several authors have discussed its use for monitoring oral potentially malignant disorders

(OPMDs) (de Souza et al. 2022). For instance, Elnaggar et al. (2023) demonstrated that the accuracy of the MN assay was higher in individuals with OPMDs (i.e., leukoplakia) compared to the control group. Similarly, Bhatnagar et al. (2023), who investigated exfoliated cell samples from the buccal mucosa of patients with SCC, oral submucous fibrosis, and leukoplakia, concluded that MN may be an effective biomarker for monitoring OPMDs, particularly in misdiagnosed cases.

However, the MN assay requires the use of DNA-specific stains such as Feulgen, 4', 6-diamidino-2-phenylindole dihydrochloride (DAPI), and Acridine orange to prevent the risk of diagnostic confusion as well as under- or overestimation of MN count (Naderi 2020). In turn, this protocol contrasts with the usual stains used in pathology services (e.g., Papanicolaou stain, Hematoxylin and Eosin), which are considered less precise for MN detection. This discrepancy implies additional costs-for acquiring specific reagents (Naderi 2020, Ayres et al. 2023). Nevertheless, preliminary findings support the use of the MN assay as a diagnostic adjunct to biopsy for identifying OPMDs (Bhatnagar et al. 2023, Elnaggar et al. 2023). Although still unexplored, cutaneous lesions caused by high levels of solar radiation, exacerbated by climate changes, have been identified as a potential contributor to the rising incidence of skin cancer (Watson et al. 2024). Intriguingly, this aspect draws attention to the potential emergence of new AC cases, highlighting to incorporate alternative diagnostic methods for the rapid detection of this condition.

Therefore, the MN detection test is an invaluable tool for detecting abnormal cellular changes before cancer develops. Additionally, more extensive epidemiological studies and larger population samples are necessary to validate the application of this technique to other conditions relevant to Oral Medicine.

## REFERENCES

- AYRES LCG ET AL. 2023. Comparative evaluation of mutagenic effects of two cone-beam computed tomography in oral mucosa cells. *Diagn Cytopathol* 51(12): 729-734.
- BHATNAGAR A, NAGPAL M, KUMAR J, JOSHI A, SUDHIR BAROOPAL & KAILASH KEWALIA. 2023. Evaluation of micronuclei in potentially malignant disorders and oral cancers: A cytological assay. *J Indian Acad Oral Med Radiol* 35(3): 368-372.
- CAPONIO VCA, SILVA FFE, POPOLO F, GIUGLIANO S, SPIZZIRRI F, LORENZO-POUSO AI, PADÍN-IRUEGAS ME, ZHURAKIVSKA K, MUZIO LL & LÓPEZ-PINTOR RM. 2024. State of art of micronuclei assay in exfoliative cytology as a clinical biomarker of genetic damage in oral carcinogenesis: A systematic review and meta-analysis. *Mutat Res Rev Mutat Res* 794: 108508.
- DE SOUZA DV, DOS ANJOS ROSARIO B, TAKESHITA WM, DE BARROS VIANA M, NAGAOKA MR, DOS SANTOS JN & RIBEIRO DA. 2022. Is micronucleus assay in oral exfoliated cells a suitable biomarker for predicting cancer risk in individuals with oral potentially malignant disorders? A systematic review with meta-analysis. *Pathol Res Pract* 232: 153828.
- DI BONA M & BAKHOUM SF. 2024. Micronuclei and Cancer. *Cancer Discov* 14(2): 214-226.
- ELNAGGAR A, MADKOUR G, TAHOUN N, AMIN A & ZAHARAN FM. 2023. Micronuclei detection in oral cytologic smear: does it add diagnostic value? *J Egypt Natl Canc Inst* 35(1): 31.
- JENG PY, CHANG MC, CHIANG CP, LEE CF, CHEN CF & JENG JH. 2024. Oral soft tissue biopsy surgery: Current principles and key tissue stabilization techniques. *J Dent Sci* 19(1): 11-20.
- NADERI NJ. 2020. Micronucleus Assay: Pitfalls and Challenges. *J Cytol* 37(3): 157.
- SHAH P ET AL. 2023. Actinic cheilitis: guidance on monitoring and management in primary care. *J Oral Med* 29(3): 30.
- VASILOVICI A, UNGUREANU L, GRIGORE L, COJOCARU E & ȘENILĂ S. 2022. Actinic Cheilitis - From Risk Factors to Therapy. *Front Med (Lausanne)* 9: 805425.
- WATSON TPG, TONG M, BAILIE J, EKANAYAKE K & BAILIE RS. 2024. Relationship between climate change and skin cancer and implications for prevention and management: a scoping review. *Public Health* 227: 243-249.

**How to cite**

DA MOTA SANTANA LA, ROQUE-TORRES GD, GOPALSAMY RG, BORGES LP, RIBEIRO DA, SILVA VKS, TRENTO CL & TAKESHITA WM. 2025. Assessing actinic cheilitis oncogenic potential via micronucleus assay. *An Acad Bras Cienc* 97: e20250104. DOI 10.1590/0001-3765202520250104.

**LUCAS A. DA MOTA SANTANA<sup>1</sup>**

<https://orcid.org/0000-0002-8261-1504>

**GINA DÉLIA ROQUE-TORRES<sup>2</sup>**

<https://orcid.org/0000-0003-3848-4891>

**RAJIV G. GOPALSAMY<sup>3</sup>**

<https://orcid.org/0009-0005-8561-7097>

**LYSANDRO P. BORGES<sup>4</sup>**

<https://orcid.org/0000-0002-1721-1547>

**DANIEL ARAKI RIBEIRO<sup>5</sup>**

<https://orcid.org/0000-0001-5057-4983>

**VIRGÍNIA K.S. SILVA<sup>1</sup>**

<https://orcid.org/0000-0002-2777-8811>

**CLEVERSON LUCIANO TRENTO<sup>1</sup>**

<https://orcid.org/0000-0002-1079-4217>

**WILTON M. TAKESHITA<sup>6</sup>**

<https://orcid.org/0000-0001-5682-1498>

<sup>1</sup>Universidade Federal de Sergipe (UFS), Departamento de Odontologia, Rua Cláudio Batista, s/n, Aracaju, 49060-108 Sergipe, SE, Brazil

<sup>2</sup>Loma Linda University (LLU), Center for Dental Research, School of Dentistry, 11175 Campus Street, Loma Linda, 92350, CA, USA

<sup>3</sup>Rajagiri College of Social Sciences, Department of Biosciences, Division of Phytochemistry and Drug Design, 682039, Kochi, Kerala, India

<sup>4</sup>Universidade Federal de Sergipe (UFS), Departamento de Farmácia, Av. Marechal Rondon, s/n, São Cristóvão, 49000-100 Sergipe, SE, Brazil

<sup>5</sup>Universidade Federal de São Paulo (UNIFESP), Departamento de Biociências, Instituto de Saúde e Sociedade, Av. Ana Costa, 95, Vila Matias, 11060-002 Santos, SP, Brazil

<sup>6</sup>Universidade Estadual Paulista Júlio de Mesquita Filho (UNESP), Departamento de Diagnóstico e Cirurgia, Escola de Odontologia, Rua José Bonifácio, 1193, 16015-050 Araçatuba, SP, Brazil

Correspondence to: **Lucas A. da Mota Santana**

E-mail: [lucasantana.pat@gmail.com](mailto:lucasantana.pat@gmail.com)

