

podataka o salivarnom IL-6 i bFGF u tih bolesnika. Svrha ovoga ispitivanja bila je odrediti vrijednosti salivarnog i serumskog IL-6 i bFGF u 35 bolesnika s planocelularnim karcinomom usne šupljine, dobi od 40-73 godine, prosječne dobi 54 godine. Kontrolna se je skupina sastojala od 23 zdrava sudionika, u dobi od 25 godina. Dobiveni podatci analizirani su Mann-Whitney U testom i vrijednosti manje od 0,001 smatrane su se statistički znatnima. Serumske vrijednosti IL-6 i bFGF nisu se znatno razlikovale između ispitne i kontrolne skupine. Povišene vrijednosti salivarnog IL-6 i bFGF ustanovljene su u oboljelih od planocelularnoga karcinoma u usporedbi s kontrolnom skupinom ( $p<0,001$ ). Možemo zaključiti da povišene vrijednosti salivarnog IL-6 i bFGF u oboljelih od planocelularnoga karcinoma potječu od lokalne proizvodnje.

### **Salivary and Serous Values of Interleukin 6 and Basic Growth Factor of Fibroblasts in Patients with Planocellular Carcinoma**

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#### **Summary**

Data can be found in the literature on the roles of interleukin 6 (IL-6) and basic growth factor of fibroblasts (bFGF) in patients with oral carcinomas, although there are no data on salivary IL-6 and bFGF in such patients. The aim of this study was to determine the values of salivary and serum IL-6 and bFGF in 35 patients with planocellular carcinoma of the oral cavity, aged 40 - 73 years (mean age 54 years). A control group consisted of 23 healthy participants, aged 25 years. The data obtained were analysed by Mann-Whitney U test and values of less than 0.001 were considered statistically significant. Serum values IL-6 and bFGF did not significantly differ between the examined and the control group. Increased values of salivary IL-6 and bFGF were determined in the patients with planocellular carci-

noma compared with the control group ( $p<0.001$ ). We can conclude that the increased values of salivary IL-6 and bFGF in patients with planocellular carcinoma originated from local production.

### **Učinak nearomatskoga naftalana na mišji oralni planocelularni karcinom - pilot studija**

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#### **Sažetak**

Nearomatski visokosteranski naftalan (NAVS) posebna je frakcija hrvatske nafte, iznimno bogata steranima, iz koje je odstranjen aromatski sastav. Steranima se pripisuje bioaktivnost slična steroidnim hormonima, modulatorima tumorskoga rasta. Potaknuti rezultatima prijašnjih *in vitro* i *in vivo* studija o inhibitornom efektu NAVS-a na rast planocelularnog karcinoma, proveli smo studiju o njegovu učinku na oralni planocelularni karcinom (OPCC) u miševa.

Ciljevi: 1) ispitati valjanost jednostavnog eksperimentalnog modela OPCC-a; 2) ispitati mogući antiproliferativni učinak NAVS-a na postavljenome modelu praćenjem tumorskoga rasta; 3) ispitati antineoangiogeni učinak NAVS-a kao objašnjenje mogućeg antiproliferativnog učinka, te za tu prigodu procijeniti mogućnost križne reaktivnosti anti-humanih imunohistokemijskih markera s mišjim tkivom. Suspenzija od 100 µl s  $10^5$  SCC VII stanica inokulirana je intraoralnim putem pod bukalnu sluznicu u 48 singeničnih C3H miševa. Sedam dana nakon inokulacije životinje su podijeljene u 6 jednaka skupina, te se miševima, ovisno o skupini, intratumorski injiciralo po 100 µl sljedećih tvari: parafinsko ulje (PO) kao negativna kontrola, NAVS (u jednoj skupini 7 dana, a u drugoj skupini 14 dana nakon inokulacije tumora), 1, 25 dihidroksiergotamin (1,25-D3) kao pozitivna kontrola, te kombinacija NAVS s 1,25-D3 i PO s 1,25-D3. Rast tumora praćen je tjednim mjeranjem s pomoću kalipera. Ži-

votinje su žrtvovane 1., 2., 3. i 4. tjedna nakon aplikacije ispitivanoga sredstva. Histološki pripravci eksplantiranih tumora bojeni su hematoksilin-eozinom te imunohistokemijski s anti-CD34 protutijelima radi procjene tumorske neoangiogeneze. U usporedbi s PO skupinom, tumorski rast i angiogeneza bili su sniženi u 1,25-D3 i NAVS skupinama. NAVS vjerojatno smanjuje rast OPCC-a inhibicijom vascularne proliferacije potrebne za tumorski rast.

### The Effect of Nonaromatic Naphthalane on Mice Oral Planocellular Carcinoma - a Pilot Study

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#### Summary

Nonaromatic naphthalane (NAVS) is a specific fraction of Croatian oil, extremely rich in steranes from which the aromatic system is removed. Steranes are attributed with bioactivity similar to steroid hormones, modulators of tumour growth. Encouraged by the results of earlier *in vitro* and *in vivo* studies on the inhibitory effect of NAVS on the growth of planocellular carcinoma, we carried out a study on its effect on oral planocellular carcinoma (OPCC) in mice.

Aims: 1) To test the validity of the simple experimental model OPCC, 2) to test possible antiproliferative effect of NAVS on the above model by monitoring tumour growth, 3) to test the antineoangiogenic effect of NAVS to explain the possible antiproliferative effect, and to estimate the possibility of crisis reactivity of anti-human immunohistochemical markers with mice tissue. A suspension of 100 µl s 10<sup>5</sup> SCC VII cell was inoculated intraorally under the buccal mucous membrane in 48 syngenic C3H mice. Seven days after inoculation the animals were divided in six equal groups and the mice, depending on the group, were intratumorously injected with 100 µl of the following substances: paraf-

fin oil (PO) as a negative control, NAVS (in one group 7 days, and in the second group 14 days, after inoculation of the tumour), 1,25 dihydroxyergotamine (1,25-D3) as a positive control, and a combination of NAVS with 1,25-D3 and PO with 1,25-D3. Tumour growth was monitored weekly by measuring with callipers. The animals were sacrificed 1, 2, 3 and 4 week after application of the tested substance. Histological specimens of explanted tumours were stained with hematoxylin-eozine, and immunohistochemically with anti-CD34 antibodies for estimation of tumour neoangiogenesis. Compared with the PO group, tumour growth and angiogenesis were decreased in the 1,25-D3 and NAVS groups. NAVS probably reduced growth by OPCC inhibition of vascular proliferation, needed for tumour growth.

### Mukoepidermoidni karcinom male žlijezde slinovnice

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#### Sažetak

Sluznica usne šupljine prekrivena višeslojnim pločastim epitelom izvorište je benignih i malignih promjena, od jednostavnog fibroma pa do karcinoma usne šupljine. Doktori stomatologije mogu, s obzirom na dostupnost patoloških promjena rutinskom kliničkom pregledu, bez dodatnih dijagnostičkih metoda postaviti dijagnozu i uputiti bolesnika oralnom ili maksilofacialnom kirurgu. U ranom otkrivanju i liječenju različitih tvorbi najvažnije je bolesnika uputiti pravodobno, kako bi se i manjim kirurškim zahvatima mogao izlječiti.

Na sluznici se manifestiraju i patološki procesi dubljih slojeva. U malim žlijezdama slinovnicama svih dijelova usne šupljine mogu se razviti mukozne ciste, benigni i maligni tumor. Tumori žlijezda slinovnica čine oko 3% svih tumora u tijelu, dakle razmjerno su rijetki. No važno je znati da 10 do 20% svih navedenih tumora nastaje u malim žlijezdama, najčešće na nepcu. Jednako tako važan je podatak da razmjerna čestoća malignih tumora raste kako se veličina žlijezda u kojima se pojavljuje smanjuje.