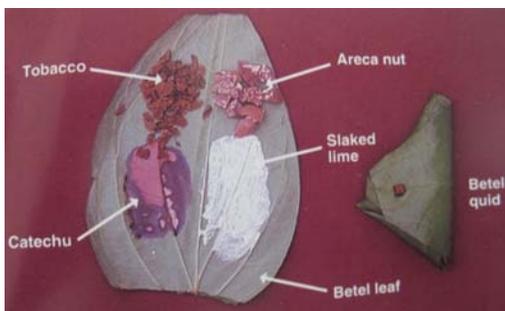


## **“PREVENTION OF ORAL CANCER”**

Oral cancer is increasing in incidence worldwide. Throughout the world , malignant neoplasms of the mouth and pharynx rate as the fifth most common cancer in men and the seventh in women,(sixth overall) although there are marked geographic variations. Oral cancer is often poorly understood by society in general and frequently ignored in its early stages, when it is most amenable to treatment.

### **What causes oral cancer?**



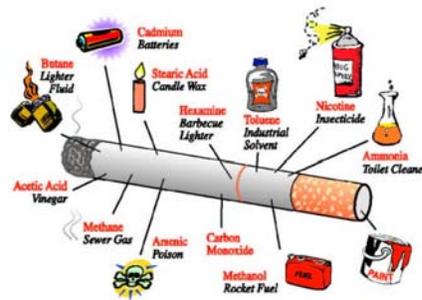
**Betel quid**



**Mawa**



**Pan Masala**



**Smoking causes oral cancer**

Most cases of oral cancer can be attributed to certain lifestyles and/or thus preventable.

### **TOBACCO:**

Tobacco use is far and away the most important risk factor for oral cancer. In South and South East Asia, and in emigrant communities therefrom, the chewing of tobacco, often in association with areca nut in the form of betel quids or pan, is the major cause.

Areca nut is the major cause of the distressing condition Oral Submucous Fibrosis, which has a high rate of malignant transformation (up to 6% over 10-15 years).



**Oral submucous fibrosis due to pan chewing-blanching mucosa associated with burning sensation**

The risk of oral cancer increases with the amount of tobacco consumed per day, and the number of years of consumption.

**ALCOHOL:**

Excessive consumption of alcohol is the second most important risk factor. It acts synergistically with tobacco so that the combined damage is more than multiplied.

**OTHER CONTRIBUTING FACTORS:**

Dietary deficiencies, particularly vitamin A, C and E and iron.

**GENERAL SIGNS AND SYMPTOMS OF ORAL CANCER:**



**White patch of oral mucosa**



**Cancer lip and cheek**



**Cancer tongue**





Cancer may present in the mouth in many ways but the following clinical signs should be regarded with great suspicion.

**ULCER:** Any ulcer of the mucosa which fails to heal within two weeks, with appropriate therapy, and for which no other diagnosis, for example, major aphthous ulcer, can be established.

**INDURATION** of any mucosal lesion.

**FUNGATION/GROWTH** of the tissues to produce an elevated, cauliflower surface or lump.

**FIXATION** of the mucosa to underlying tissues, with loss of normal mobility.

**FAILURE TO HEAL** of a tooth socket, or any other wound.

**TOOTH MOBILITY** with no apparent cause.

**PAIN/PARAESTHESIA** with no apparent cause.

**DYSPHAGIA** for which no other diagnosis can be made.

**WHITE/RED PATCHES** of the mucosa are commonly considered as potentially malignant lesions, but occasionally they may be the clinical presentation of a malignancy.

**LYMPHADENOPATHY:** The lymph nodes of the head and neck should always be palpated as part of clinical examination by every dentist. Enlargement of one or more nodes may be a response to infection of an ulcerated tumour, but may indicate metastasis, especially if

multiple, hard, matted together or fixed to skin or deeper structures. The precise group of nodes likely to be affected depends on the location of the primary cancer, but submandibular, then upper, middle and lower deep cervical nodes are most commonly involved with intra-oral lesions.

### **THE ROLE OF THE DENTIST IN PREVENTING AND DETECTING ORAL CANCER:**

Dentists hold a vital role in the prevention and early detection of oral cancer. This is primarily due to their familiarity with the structures and health of the oral cavity and its associated tissues and to the regularity with which their patients attend for routine examination.

Tobacco use and heavy alcohol consumption are important risk factors in the aetiology of oral precancerous and neoplastic lesions. The dentist's role, and indeed that of the whole dental team, in helping patients to quit the use of tobacco and moderate alcohol intake is of great importance. Indeed, it is an area of dental practice in which the overlap between oral health and general health can be most keenly emphasised, a feature utilised in many practice-based smoking cessation programmes. The risk of developing oral cancer falls dramatically with the halting of tobacco use, so that by ten years after cessation the patient is at no greater risk than an individual who has never smoked.

Healthy diet can also help guard against oral cancer. Fresh yellow-green fruits and vegetables have been identified as beneficial dietary components in this, as in other connections, as the supplementation of vitamins A, C and E. Similarly, dietary advice of a general nature can help to improve personal as well as oral health with regard to cancer and the other common oral diseases.

Screening and examination are both elements of dental practice routine. These two activities are unquestionably vital ways in which practitioners can help detect individuals with unhealthy lifestyles, as well as the earliest signs of the disease, permitting the greatest opportunity for successful resolution and preventing the progress to advanced lesions.

Dentists should always ask their patients about their tobacco habits and counsel them to quit. They should also set an example by establishing a non-smoking environment.

**EARLY DETECTION AND TREATMENT PROVIDE A BETTER CHANCE FOR CURE:**

When performing an oral cancer self-examination, look for the following:

- White patches of the oral tissues- leukoplakia
- Red patches- erythroplakia
- Red and white patches- erythroleukoplakia
- A sore that fails to heal and bleeds easily
- An abnormal lump or thickening of the tissues of the mouth
- Chronic sore throat or hoarseness
- Difficulty in chewing and swallowing
- A mass of lump in the neck

**“PREVENTION OF ORAL CANCER  
IS OUR FIRST PRIORITY”**

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