

ORAL CANCER: YOUR DENTIST CAN SAVE YOUR LIFE

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■ According to the Oral Cancer Foundation, approximately 34,000 new cases of oral cancer will be diagnosed this year in the U.S., killing over 8,000 people, which is one death every hour 24/7. Oral cancer is more common than leukemia, Hodgkin's lymphoma, brain, stomach or ovarian cancer;

When found early, oral cancer has an 80-90% survival rate. Unfortunately, the majority of the cases are found at a later stage. This accounts for a 55% death rate at five years from diagnosis.

The cause of oral cancer is multi-factorial and involves changes in immunity, metabolism and exposure to chronic inflammation in a genetically predisposed individual. The carcinogenic changes may be influenced by oncogens, carcinogens and mutations caused by chemicals, viruses, irradiation, drugs (tobacco and alcohol), hormones, nutrients or physical irritants.

Most oral cancer is preventable. The U.S. Surgeon General concludes that cigarette smoking is responsible for at least 30% of all cancer deaths and substantially for cancer of the head and neck. One study found 72% of over 400 patients with oral cancer were smokers and 58% of them smoked more than one pack a day.

Alcohol use has also been associated with the incidence of oral cancer, especially with long-term excessive use. Other risks include poor dental and oral hygiene and chronic irritation from rough teeth, dentures or fillings. Some oral cancers begin as leukoplakia (white lesions) or mouth ulcers. Men are affected twice as often as women, particularly men

older than 40. The most common site for oral cancer is the tongue.

Symptoms

Skin lesion, lump or ulcer:

- On the tongue, lip or other mouth area
- Usually small
- Most often pale colored, may be dark or discolored
- May be a deep, hard-edged crack in the tissue
- Usually painless initially
- May develop a burning sensation or pain when the tumor is advanced

Additional symptoms that may be associated with this disease:

- Tongue problems
- Swallowing difficulty
- Mouth sores
- Abnormal taste

Most early signs of oral cancer are painless and are difficult to detect without a thorough head and neck examination by a dental or medical professional. Patients with leukoplakia or other premalignant lesions are asymptomatic. An oral cancer exam should include a visual inspection and finger palpation of the tongue, floor of the mouth, palate, salivary glands, lymph nodes and the cheeks. Your dentist or hygienist should perform a routine head and neck examination, especially if you use tobacco or excessive amounts of alcohol. The first step in the management of leukoplakia or oral lesions is the removal of the irritant. If the oral lesion is not reversible after two weeks, the gold standard of diagnostics is a biopsy with a lab report.

It is not appropriate to perform a biopsy for every oral lesion; therefore, a brush biopsy is a reliable, simple and acceptable technique for the health professional to differentiate between benign and malignant lesions. Other diagnostic tools available are chemiluminescence (Vizite) and fluorescence (VELscope). Dental professionals should play a key role in the early detection and diagnosis of oral cancer; especially since 50% of Americans visit their dentist at least once a year. Hopefully this article will help you understand the importance of visiting your dental team not only to maintain a healthy mouth, but to screen for oral cancer which could potentially save your life.