



Early Detection and Risk Factors of Oral Cancer

Pamela Meyenn*

Department of Otorhinolaryngology Surgery, The Catholic University of Korea, Seoul, Korea

Description

Oral cancer, also referred to as mouth cancer, is cancer of the liner of the lips, mouth, or upper throat. Within the mouth, it most ordinarily starts as an easy white patch, that thickens, develops red patches, an ulcer, and continues to grow. When on the lips, it commonly seems like a persistent crusting ulcer that doesn't heal, and slowly grows. Other symptoms may include difficult or painful swallowing, new lumps or bumps within the neck, a swelling within the mouth, or a sense of numbness within the mouth or lips.

Risk factors include tobacco and alcohol use. Use of both alcohol and tobacco have a 15 times greater risk of carcinoma than those that use neither. Other risk factors include HPV infection, chewing paan, and sun exposure on the lower lip. Carcinoma may be a subgroup of head and neck cancers. Diagnosis is formed by biopsy of the concerning area, followed by investigation with CT scan, MRI, PET scan, and examination to work out if it's spread to distant parts of the body. Oral cancer are often prevented by avoiding tobacco products, limiting alcohol use, sun protection on the lower lip, HPV vaccination, and avoidance of paan.

The signs and symptoms of carcinoma depend upon the situation of the tumor but are generally thin, irregular, white patches within the mouth. They will even be a mixture of red and white patches (mixed red and white patches are far more likely to be cancerous when biopsied). The classic wake-up call may be a persistent rough patch with ulceration, and a raised border that's minimally painful. On the lip, the ulcer is more commonly crusting and dry, and within the pharynx it's more commonly a mass. It

also can be related to a white patch, loose teeth, bleeding gums, persistent ear ache, a sense of numbness within the lip and chin, or swelling.

Oral epithelial cell carcinoma may be a disease of environmental factors, the best of which is tobacco. Like all environmental factors, the speed at which cancer will develop depends on the dose, frequency and method of application of the carcinogen (the substance that's causing the cancer). Apart from cigarette smoking, other carcinogens for carcinoma include alcohol, viruses (particularly HPV 16 and 18), radiation, and UV light.

Diagnosis of carcinoma is completed for initial diagnosis, staging, and treatment planning. An entire history, and clinical examination is first completed, then a wedge of tissue is cut from the suspicious lesion for tissue diagnosis. This could be through with scalpel biopsy, punch biopsy, fine or core biopsy. During this procedure, the surgeon cuts all, or a bit of the tissue, to possess it examined under a microscope by a pathologist. Brush biopsies aren't considered accurate for the diagnosis of carcinoma. With the primary biopsy, the pathologist will provide a tissue diagnosis (e.g. epithelial cell carcinoma), and classify the cell structure. They'll add additional information which will be utilized in staging, and treatment planning, like the mitotic rate, the depth of invasion, and therefore the HPV status of the tissue.

Oral cancer (squamous cell carcinoma) is typically treated with surgery alone, or together with adjunctive therapy, including radiation, with or without chemotherapy. With small lesions (T1), surgery or radiation have similar control rates, therefore the decision about which to use is predicated on functional outcome, and complication rates.

*Corresponding author: Pamela Meyenn, Department of Otorhinolaryngology Surgery, The Catholic University of Korea, Seoul, Korea, E-mail: meyennp@cog.es

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