

# *Oral cavity*

## TONGUE

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# Sore tongue

- Causes of sore tongue
- 1. Ulcers
- 2. glossitis
- 3. sore physically normal tongue
- 4. geographical tongue

# Ulcers of tongue

- Infective ulcers like herpes simplex infection
- Lichen planus
- Carcinoma

Other types of ulcers can occur on tongue and may cause soreness of tongue.

# Glossitis

- Definition: Nutritional deficiencies and pernicious anemia and candidosis cause inflammation and soreness of tongue.
- Clinical Features: Deficiencies of iron, folic acid, vitamin B12 and other B vitamins produces red depapillated dorsal surface of tongue.
- Management: advise blood test CBC, serum ferritin, and vitamin B12 level. Refer the patient to physician for treatment.

# Glossitis



# Sore physically normal tongue

- Burning pain on tongue which is physically normal.
- It is usually psychogenic termed as Burning mouth syndrome.
- It is important to exclude hematological deficiencies.

# Geographic Tongue(erythema migrans, benign migratory glossitis)

- Definition: it is an idiopathic benign lesion characterized by formation of red depapillated areas on tongue in “map” like configuration.
- Clinical Features: lesions appear as map like red areas of depapillation with a white margin. Lesion are not constant in size shape and location. Migratory glossitis usually remain asymptomatic some time there can be mild burning.
- Management: Diagnosis is made on clinical basis biopsy is not required. Benzylamine hydrochloride mouth wash can be used to control burning sensations.

# Geographic tongue





# Median Rhomboid Glossitis

- Definition: it is defined as red depapillated rhomboid shaped area on dorsum of tongue caused by candida albicans infection.
- Clinical features: lesion appear as asymptomatic red rhomboid shaped area in posterior midline dorsum of tongue.
- Management: Biopsy is not usually required. Lesion is treated with smoking cessation and topical antifungal.

# Median rhomboid glossitis



# Black hairy tongue

- Black hairy tongue:

Hyperplasia of filiform papillae and overgrowth of pigment producing bacteria (aspergillus strain).

Smoking, antibiotic therapy, excessive use of antiseptic mouthwash can be predisposing factors.

Treatment is difficult. Instruct the patient to clean and scrap the tongue with tooth brush.

# Black hairy tongue



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# Macroglossia

- Causes of macroglossia:
  - 1. Hemangioma or lymphangioma
  - 2. Down's syndrome
  - 3. Cretinism
  - 4. Acromegaly
  - 5. Amyloidosis
  - 6. Lingual thyroid

# ***ORAL CAVITY CARCINOMA***

## **INTRODUCTION**

- Oral cancer is one of the ten most common malignancies in the world
- In developing countries it constitutes the 3<sup>rd</sup> commonest malignancy
- Sites: lips and other intra-oral sites but Para-oral sites such as the salivary glands, the oropharynx, nasopharynx and hypopharynx are not normally included

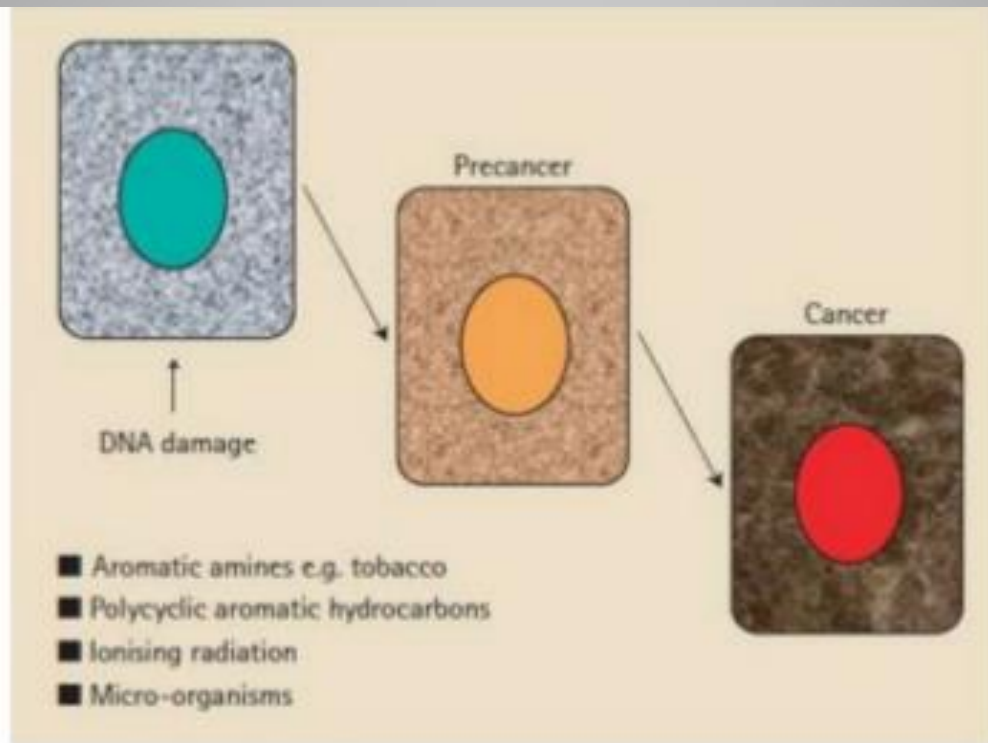
# DEFINITION

- Neoplasm: an abnormal tissue that grows by cellular proliferation more rapidly than normal tissue and continues to grow after the stimuli that initiated the new growth cease.
- Neoplasm show partial or complete lack of structural organization and functional coordination with the normal tissue.
- Cancer – general term for malignant neoplasm

# ORAL CANCER & PRECANCER

- Oral cancer: lips and other intra-oral sites.
  - In the biology of oral cancer, it is now accepted that series of discrete events take place which eventually summate to form invasive neoplasm
  - During oral carcinogenesis, aetiological factors may damage cells at the level of DNA
  - We can therefore assume that most if not all oral cancers develop from cells which have survived a succession of insults at the gene level and that in a proportion of cases there may be distinguishing at the clinical and histological level which indicate precancerous change





- The WHO defined a precancerous lesion as
  - “a generalized state associated with a significant increased risk of cancer”
- Leukoplakia and Erythroplakia constitute the important precancerous lesions

- ***Leukoplakia***: a white patch or plaque that cannot be rubbed off and cannot be characterized clinically or histologically as any other disease.
  - It must in addition not be associated with any physical or chemical causative agent except the use of tobacco.
- ***Erythroplakia***: a red patch that cannot be characterized histologically or clinically as due to any other condition.
  - It is far less common than leukoplakia but it has a higher malignant potential.

# RISK AREAS

- Floor of the mouth
- Lateral border of the tongue
- Lower buccal sulcus
- Alveolus
- Angle of the mouth



**Fig. 17.2** High-risk sites for development of oral carcinoma. The shaded U-shaped area accounts for only about 20% of the whole area of the interior of the mouth but is the site of over 70% of oral cancers.

## PRECANCEROUS LESIONS

Leukoplakia

Erythroplakia

## PRECANCEROUS CONDITIONS

Syphilis

Sideropenic dysphagia

Submucous fibrosis

Lichen planus

Discoid lupus erythematosus

Actinic keratosis

Sublingual keratosis

# RISK FACTORS

- Tobacco
- Alcohol
- Diet and Nutrition
- Ultraviolet light
- Fungal and Viral infection
- Habits
- Chronic Irritation
- Immunodeficiency/ Suppression
- Occupational Risk

# DIAGNOSIS

- Diagnosis of oral cancer and precancer depends on the medical and dental history and clinical examination supplemented by investigations
- Any chronic oral lesion should be regarded with suspicion especially in an older patient or associated with any of the precancerous lesions and conditions outlined below
- Extra caution must also be taken if lesion is indurated, fixed, attached to the underlying tissue, associated with lymphadenopathy.

# MANAGEMENT

- Pre-malignant lesions (precancer)
  - Management of pre-malignant lesions is guided for the most part, by the degree of dysplasia present irrespective of clinical appearance.
  - Dysplasia (mild, moderate, severe)
  - ***Non-intervention*** and ***intervention*** strategies may be adopted depending on the degree of dysplasia.



- It is also necessary that all dental and medical practitioners should be familiar with the signs and symptoms of oral precancer and cancer because this would enhance early diagnosis which is very crucial in the management of this disease.

# Management

- Early diagnosis is very important in prognosis and curability of any cancer.
- Screening for all cases having high risk. Give to early diagnosis.
- Surgery is the cornerstone of CA treatment , accomplished by chemo radiation

*THANKS FOR ALL ATTENDANCE*