

Open Your Mouth

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The mouth is an enigmatic place to many clinicians. Dermatologists are trained to take care of mucosal surfaces but vary from individual to individual in their expertise and level of attention given to the mouth. Dermatologists also differ in their willingness to perform oral biopsies and surgical procedures. However, it is important that collectively we begin to put more emphasis on the mouth, to enhance early detection of oral cancer.

Each year, oral and pharyngeal cancers occur in 30,000 Americans and, in fact, every hour kill more than 1 in 4 of those affected. Oral cancer has a greater mortality rate than that of melanoma and cervical cancer. Although the majority of oral cancers are associated with a long history of smoking or alcohol intake, we are becoming increasingly aware of the development of oral cancer in the absence of such risk factors. The 5-year survival rate after early diagnosis is approximately 80%, but this rate decreases to only 20% with late diagnosis. Currently, no more than 35% of all oral cancers are diagnosed in the early phase of the disease.

Oral precancer and cancer are associated with a variety of clinically detectable changes, ranging from an early subtle alteration in surface texture, color, or elasticity to a more visible lesion. Most alterations in early-stage oral carcinoma appear seemingly mild, such as focal color changes (red, white, or mixed), surface textural changes (erosion, keratosis, granularity, or fissuring), or both. With clinical progression to intermediate- and late-stage disease, additional clinical signs appear, including ulceration, induration or fixation, bone invasion, tooth mobility, and pain.

In September and October 2001, the American Dental Association launched a national oral cancer

awareness campaign, highlighted by a 10-city billboard campaign. This campaign emphasizes the importance of early detection of oral cancer and encourages individuals to seek out testing for suspicious lesions. Dental professionals are currently using the emerging modality of the brush biopsy for the evaluation of lesions of unknown significance or behavior. In this procedure, a sample of the patient's mucosal epithelial cells are placed and fixed on a slide, then sent to a laboratory for evaluation. If an abnormality is detected, a scalpel or punch biopsy can be obtained.

What can we do to aid in this campaign? First, we should encourage our patients to be observant and note any of the following signs:

- a color change in the oral tissues
- a lump, thickening, rough spot, crust, or small eroded area
- pain, tenderness, or numbness anywhere in the mouth or on the lips
- difficulty in chewing, swallowing, speaking, or moving the jaw or tongue
- changes in the voice
- changes in the way the teeth fit together

In addition, we need to include oral evaluation as part of a complete cutaneous examination. For those of us who do not favor performing oral procedures, it is reassuring to know that a quick and painless procedure to evaluate suspicious lesions in the mouth can be performed by our dental colleagues. For more information on the National Oral Cancer Awareness Campaign, contact the ADA web site at www.ada.org.