



Potentially Malignant Oral Lesions (PMOL) and Oral Cancer

Common Potentially Malignant Oral Lesions*

- Leukoplakia
- Dysplasia
- Oral Lichen Planus
- Erythroplakia
- Oral Submucosal Fibrosis
- Actinic Cheilitis

Risk Factors of Malignant Oral Lesions

- Tobacco
- Alcohol
- Combined use of tobacco and alcohol are associated with an increased risk of more than 30-fold
- Increased age
- Fanconi's anemia
- Chewing betel quid, areca nut and paan
- Using smokeless tobacco, including snuff and chewing tobacco
- Human Papilloma Virus (HPV) - especially HPV Type 16
- Immunosuppression/being immunologically compromised (e.g., after bone-marrow transplantation)
- History of prior oral or oropharyngeal cancer

Clinical Presentation

Majority of oral cancers involve the following sites:

- Tongue
- Oropharynx
- Floor of mouth

Dysplasia more prevalent:

- Tongue
- Lips
- Floor of mouth

Symptoms:

- Precancerous & early cancerous lesions have no distinctive clinical features and rarely associated with symptoms

* Potentially malignant lesion as defined by WHO is morphologically altered tissue in which cancer is more likely to occur.

How to Manage Potentially Malignant Oral Lesions (PMOL) and Oral Cancer

PMOL

- Eliminate risk factors: return in 2-4 weeks
- Biopsy if lesion still present for definitive diagnosis
- Lifelong follow-up
- Clinical studies failed to provide evidence based recommendations on treatment of dysplastic lesions
- If lesions determined to be severe dysplasia or frank oral cancer, referral to a head and neck cancer specialist is recommended

Oral Cancer

- Usually treated by surgery, radiation and/or chemotherapy solely or in combination
- Surgical excision is often the treatment of choice for accessible well defined tumors
- Transoral robotic surgery (TORS) is a novel surgical approach resulting in fewer side effects
- Radiotherapy could be an effective alternative to surgery but most often is an adjunct in regional control
- Chemotherapy (neoadjuvant) has been shown to improve regional control and long-term survival
- Complications to surgery include disfigurement, dysphagia, trismus and speech impairment
- Complications to radiotherapy include both immediate (mucositis, dysphagia/odynophagia) and delayed (salivary dysfunction, trismus, dysgeusia, dental disease, potential for osteoradionecrosis)
- Complications to chemotherapy include mucositis, pain and dysgeusia
- Since patient's that have had a history of prior oral or oropharyngeal cancer are at high risk for developing another, lifelong follow-up with particular attention to the oral clinical exam is warranted



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