

Potentially Malignant Oral Lesions (PMOL) and Oral Cancer

EDIC CLINICAL DENTISTRY ADVISOR | 2020 UPDATE

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 are rarely associated with symptoms

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

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PMOL

- Eliminate risk factors: return in 2-4 weeks
- Biopsy lesion if still present for definitive diagnosis
- Lifelong follow-up
- Clinical studies failed to provide evidence based recommendations for treatment of dysplastic lesions
- If lesion is 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 used as 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) effects
- 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