



# Prevention and Management of Common Oral Soft tissue Conditions For MO





# CONTENT

- Common Risk factors
- Oral Visual examination (including extra-oral examination)
- Common oral lesions
- Oral potentially malignant lesions
- Oral cancer
- Indications and referral for Biopsy
- Preventive strategies
- General guidelines for management by MO
- Case scenarios: referral for biopsy?



Normal Mouth



Average Indian mouth (35%)

# RISK FACTORS



- Tobacco
- Arecanut/ Betelquid
- Alcohol (with or without tobacco)
- Malnutrition
- Physical irritants: Sharp teeth
- UV rays
- Viruses-HPV
- Oral Candidiasis
- Immunosuppression





# ORAL VISUAL EXAMINATION

## PRE-EXAMINATION PREPARATION

- Greet the individual respectfully and with kindness
- Counsel him/her prior to performing an oral examination
- Take Consent
- Describe the procedure and what to expect
- Take relevant history





# Tools



DAYLIGHT



BULB

HEAD LAMP



PHONE FLASH LIGHT



TORCH

# TOOLS



Face Mask



Examination Gloves



# TOOLS



STERILE MOUTH MIRRORS

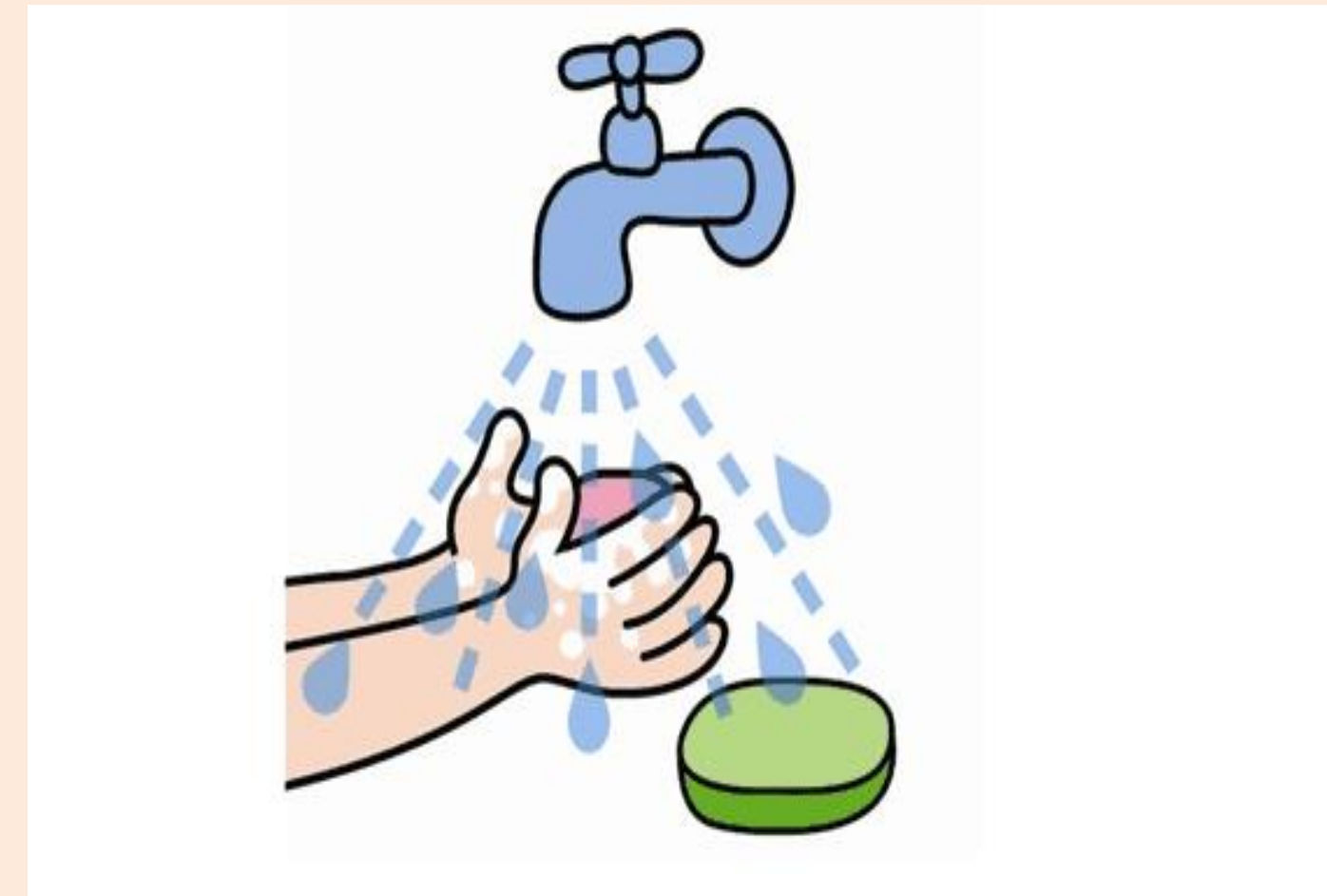


STERILE WOODEN SPATULAS



# ORAL VISUAL EXAMINATION-PREPRATION

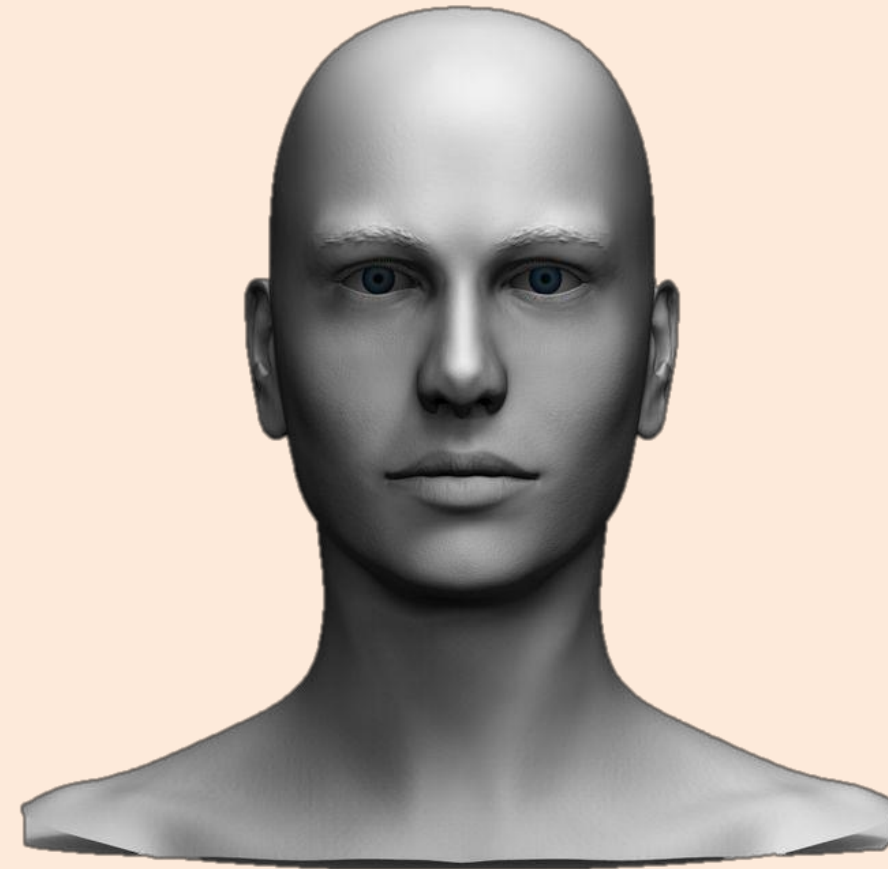
- Check that the supplies and light source are available and ready for use
- Wash hands thoroughly with soap and water and air dry them.
- Put on examination gloves on both hands





# EXTRA-ORAL VISUAL EXAMINATION- INSPECTION

- Swelling
- Ulcer
- Growth
- Pus Discharge
- Scars
- Facial asymmetry



- Site
- Size
- Shape
- Colour

- Restricted mouth opening
- Restricted tongue movement
- Difficulty in speech
- Difficulty in swallowing



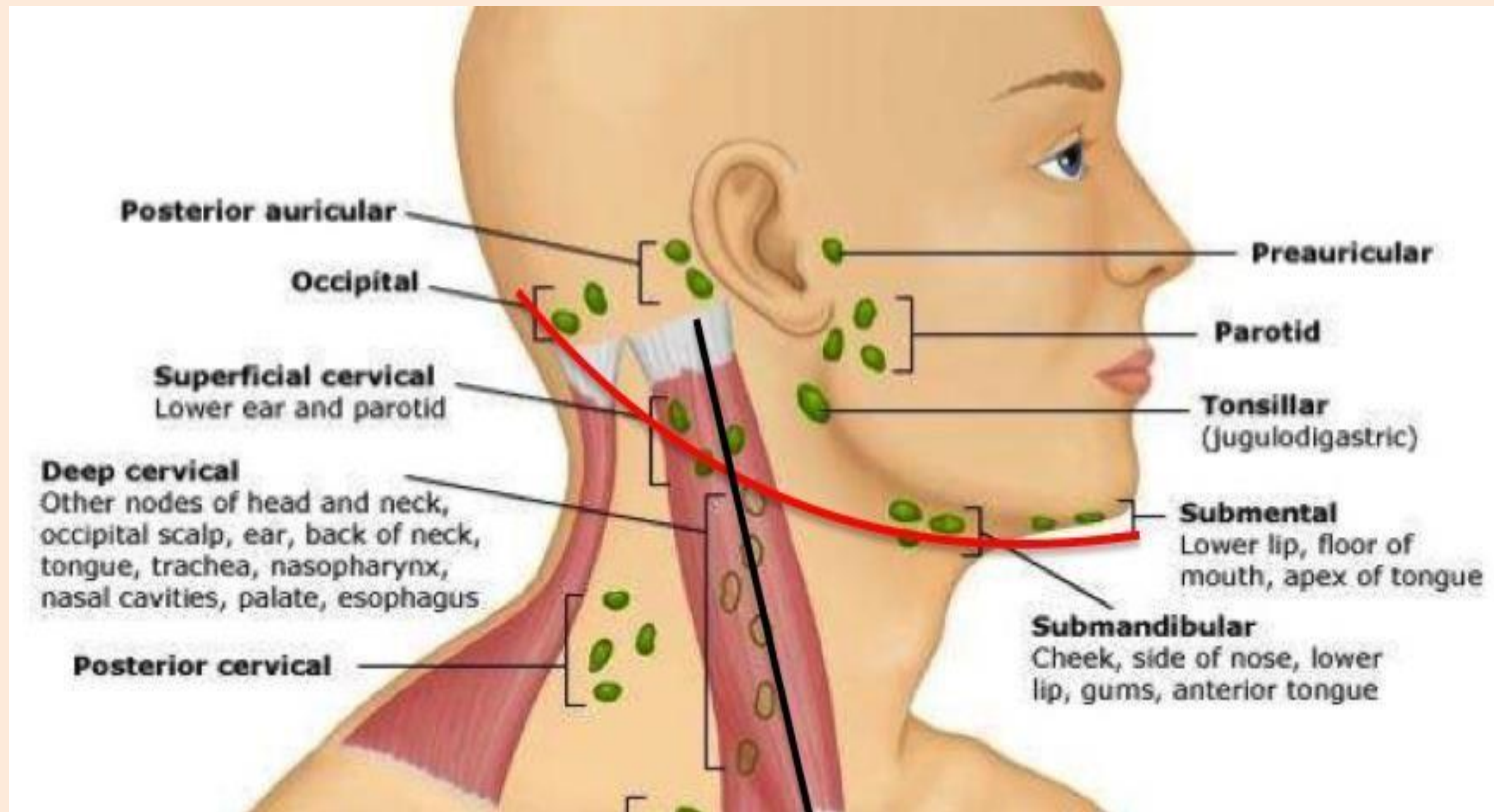
# EXTRA-ORAL VISUAL EXAMINATION- PALPATION

- Size
- Shape
- Contour
- Consistency
- Texture

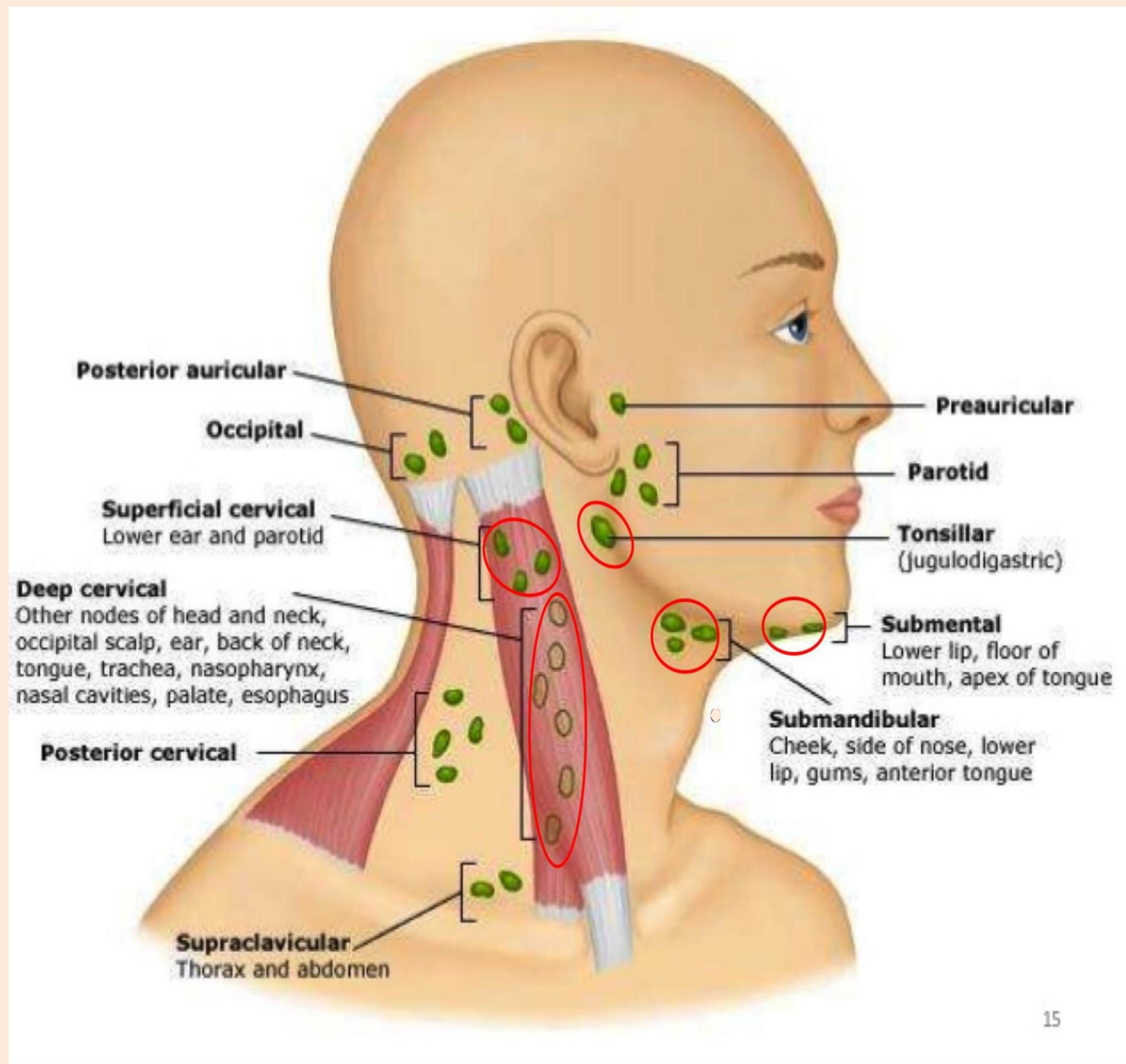


- Tenderness
- Bleeding
- Fixity to Tissues
- Numbness

# NECK LYMPH NODES



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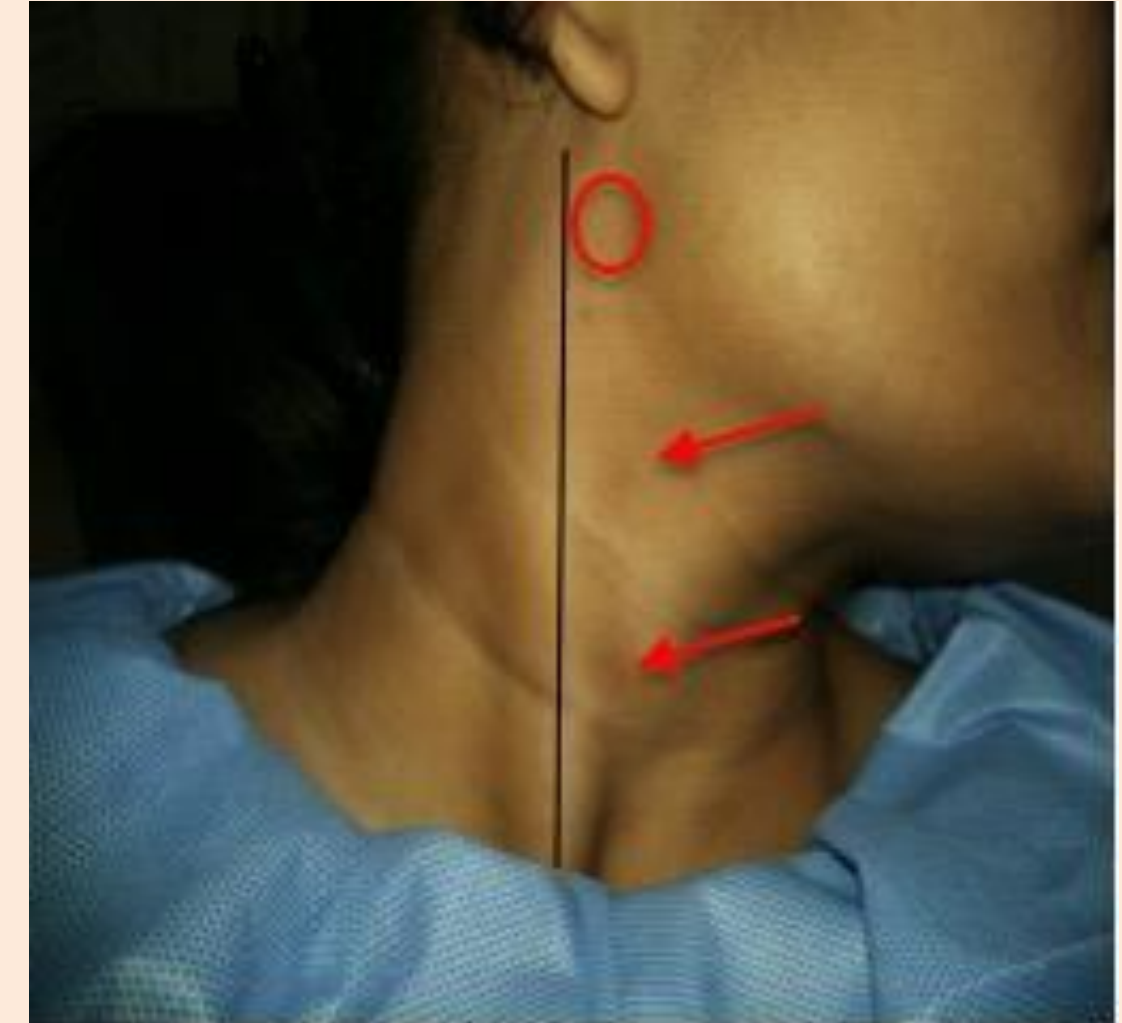


- SITE
- SIZE
- SHAPE
- NUMBER
- TENDERNESS
- CONSISTENCY
- FIXITY TO SURROUNDING SKIN SURFACE
- ULCERATION
- PUS DISCHARGE
- BLEEDING

# NECK LYMPH NODES EXAMINATION



SUBMENTAL & SUBMANDIBULAR



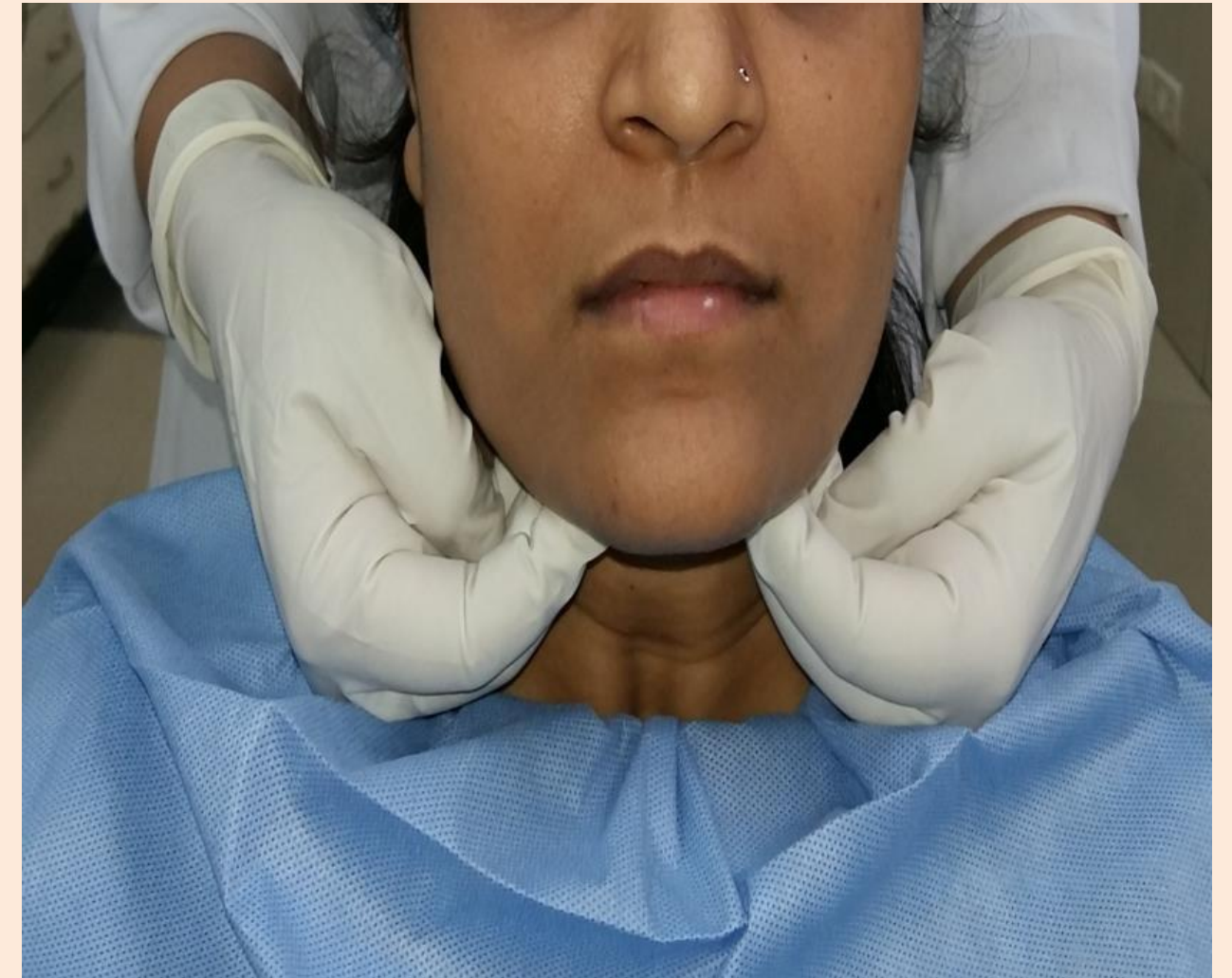
TONSILLAR , SUPERFICIAL &  
DEEP CERVICAL



# NECK LYMPH NODES EXAMINATION



SUBMENTAL



SUBMANDIBULAR





# NECK LYMPH NODES EXAMINATION



TOSILLAR



SUPERFICIAL  
CERVICAL

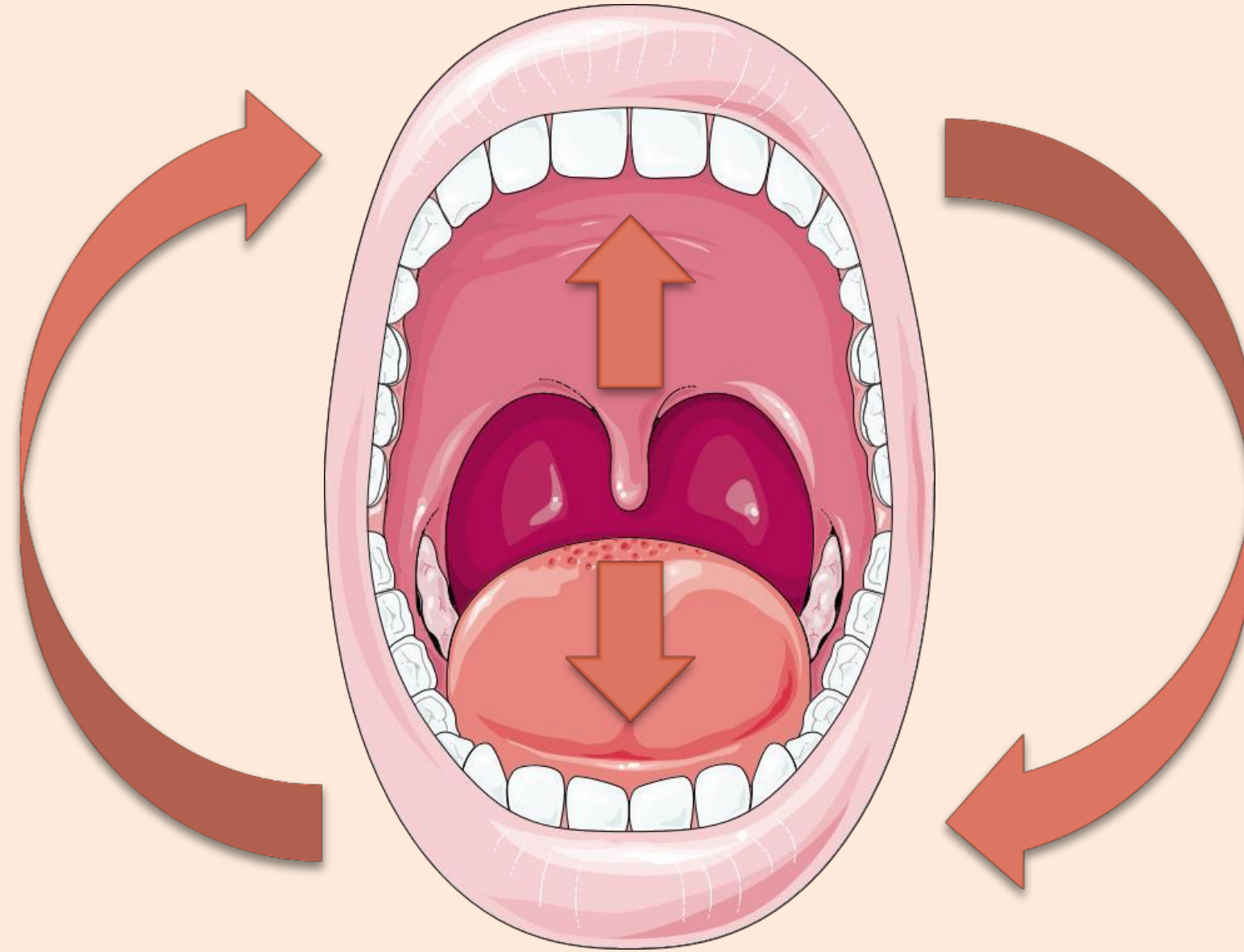


DEEP  
CERVICAL





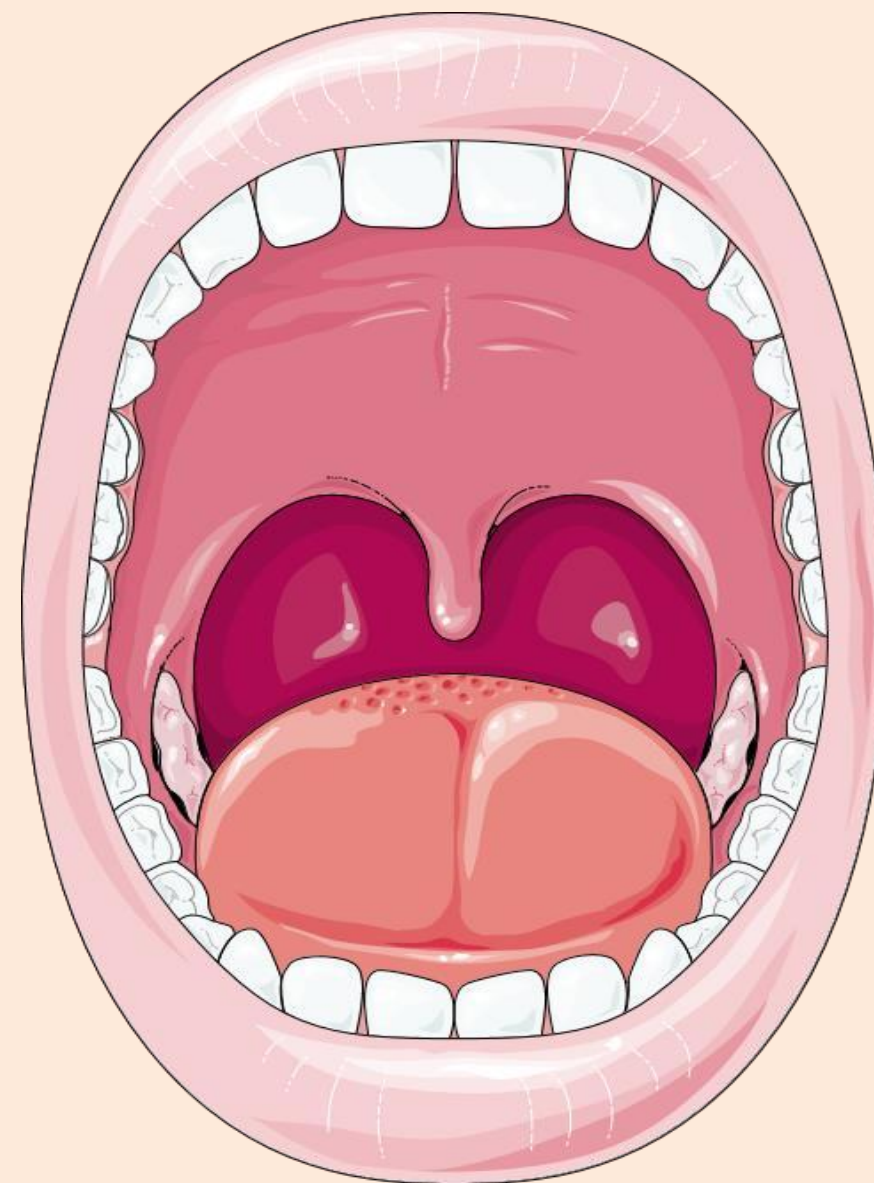
# INTRA-ORAL VISUAL EXAMINATION- STEPS



# INTRA-ORAL VISUAL EXAMINATION- STEPS

## INSPECTION

- Ulcer
- Growth
- Swelling
- Warts
- Red/White patch
- Warty patch
- Pigmentation
- Swollen gums
- Decayed teeth
- Tobacco stains
- Tartar
- Food debris



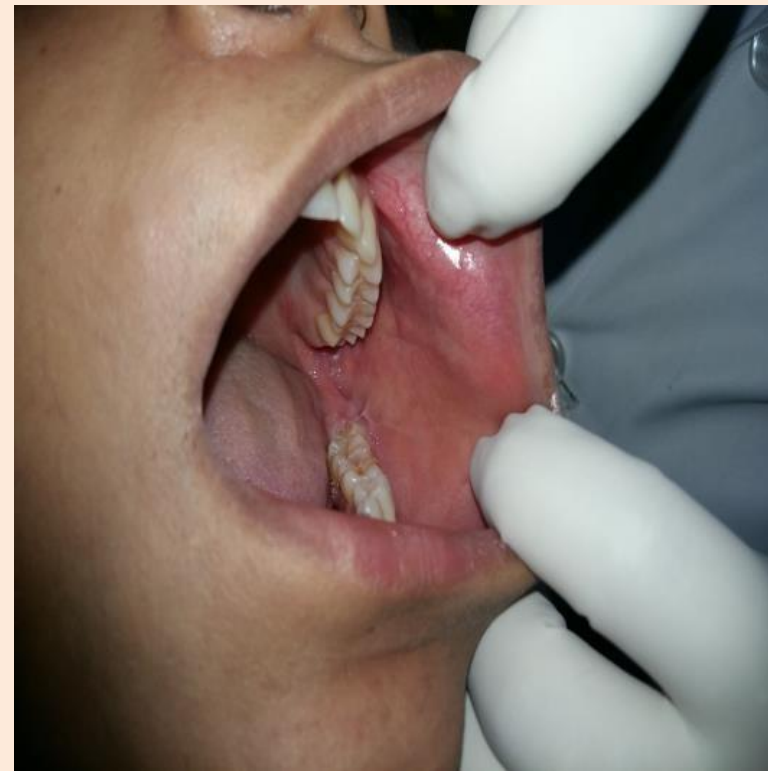
## PALPATION

- Size
- Site
- Colour
- Contour
- Consistency
- Texture
- tenderness
- Bleeding
- Fixity to tissues
- Numbness





UPPER VESTIBULE



BUCCAL MUCOSA

**LEFT BUCCAL MUCOSA & VESTIBULE  
LOWER LABIAL MUCOSA & VESTIBULE**



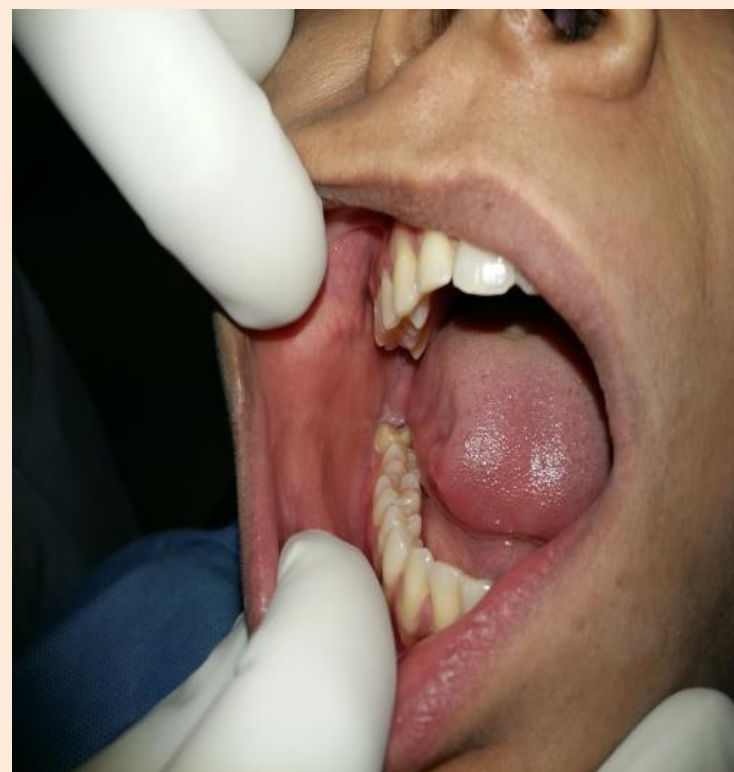
UPPER BUCCAL VESTIBULE



LOWER LABIAL MUCOSA & VESTIBULE

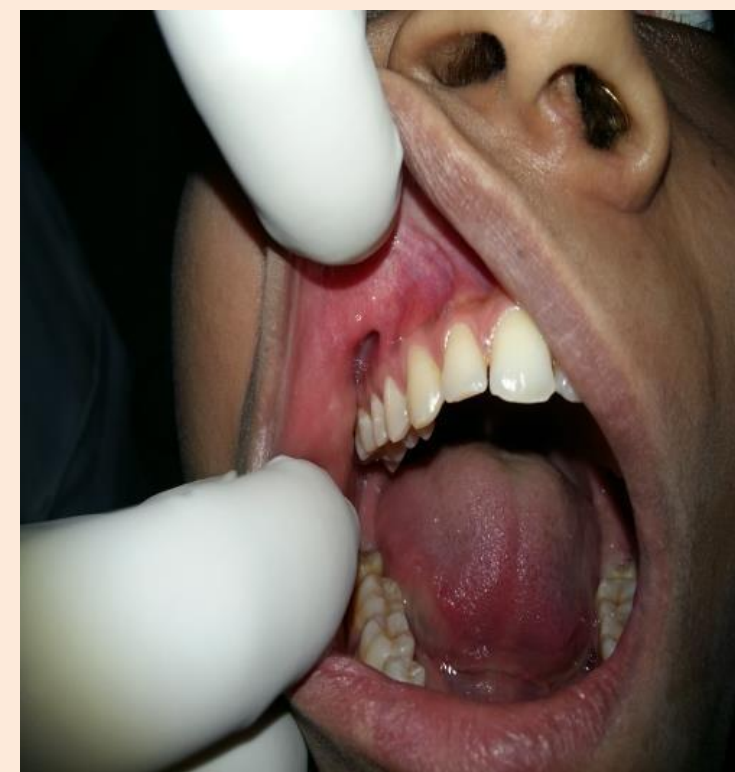


LOWER BUCCAL  
VESTIBULE

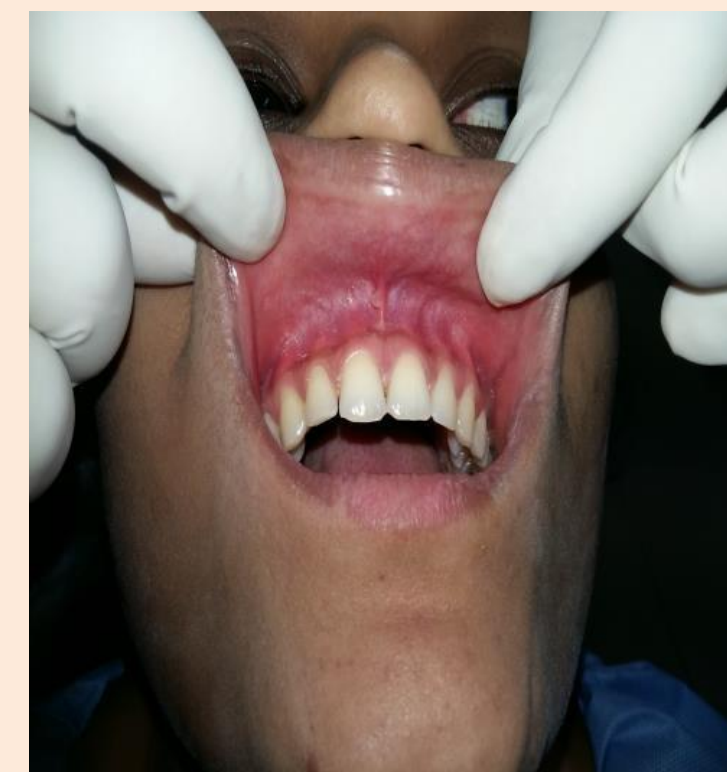


BUCCAL MUCOSA

## RIGHT BUCCAL MUCOSA & VESTIBULE UPPER LABIAL MUCOSA & VESTIBULE



LOWER  
VESTIBULE



UPPER LABIAL  
VESTIBULE  
& MUCOSA

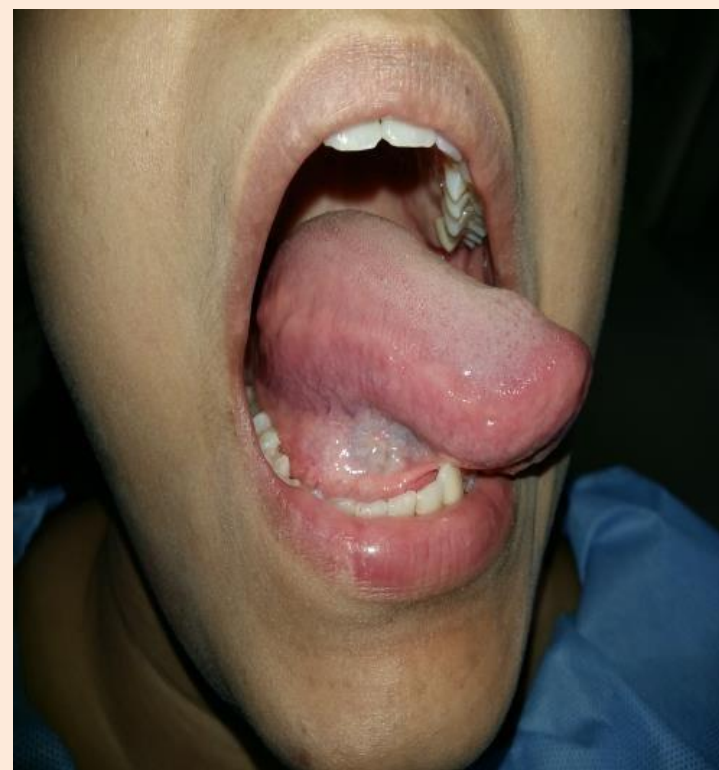


UPPER SURFACE

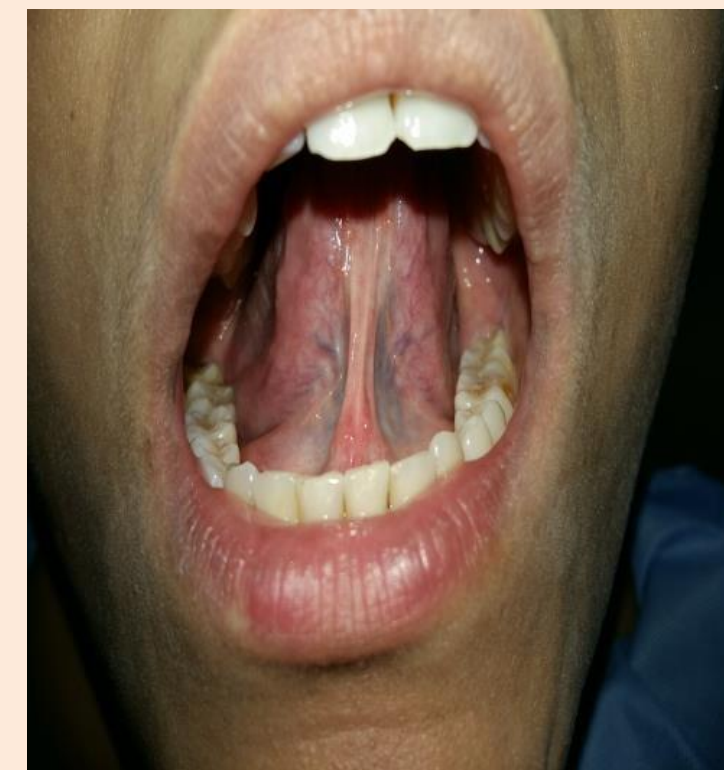


LEFT BORDER

# TONGUE & FLOOR OF MOUTH



RIGHT BORDER

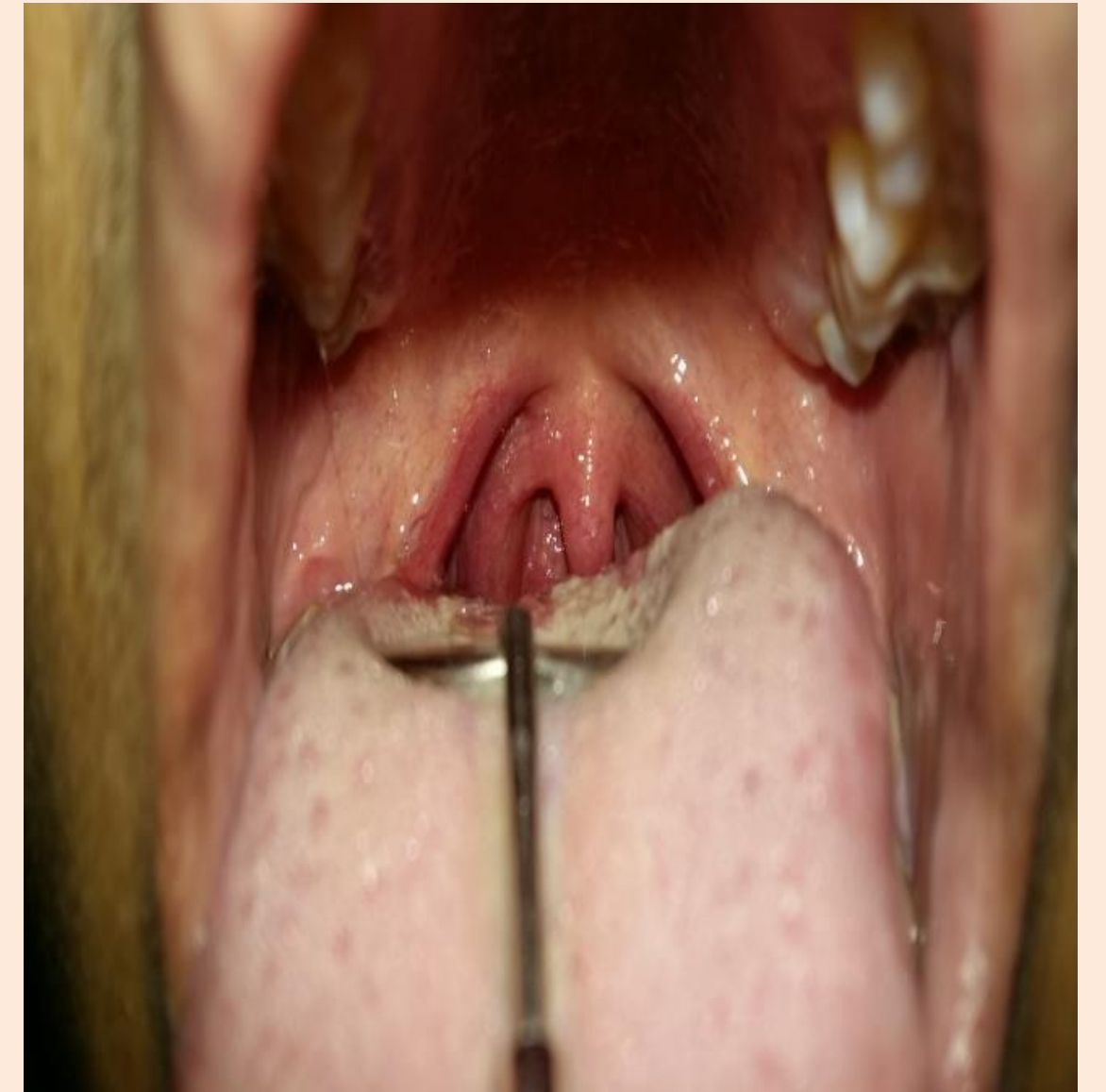


LOWER SURFACE  
&  
FLOOR OF MOUTH

# HARD & SOFT PALATE



AAAH





# POST EXAMINATION TASKS

- Immerse all used instruments in 0.5% chlorine solution
- Dispose the gloves in leak-proof container or plastic bag.
- Break the wooden spatula before disposal
- Wash both hands with soap and water and air dry
- Record the oral examination test results
- Photograph any abnormality if detected
- Tobacco cessation counseling for tobacco users
- Discuss the results of oral examination with patient
- Provide follow-up instructions and referral to higher center if necessary

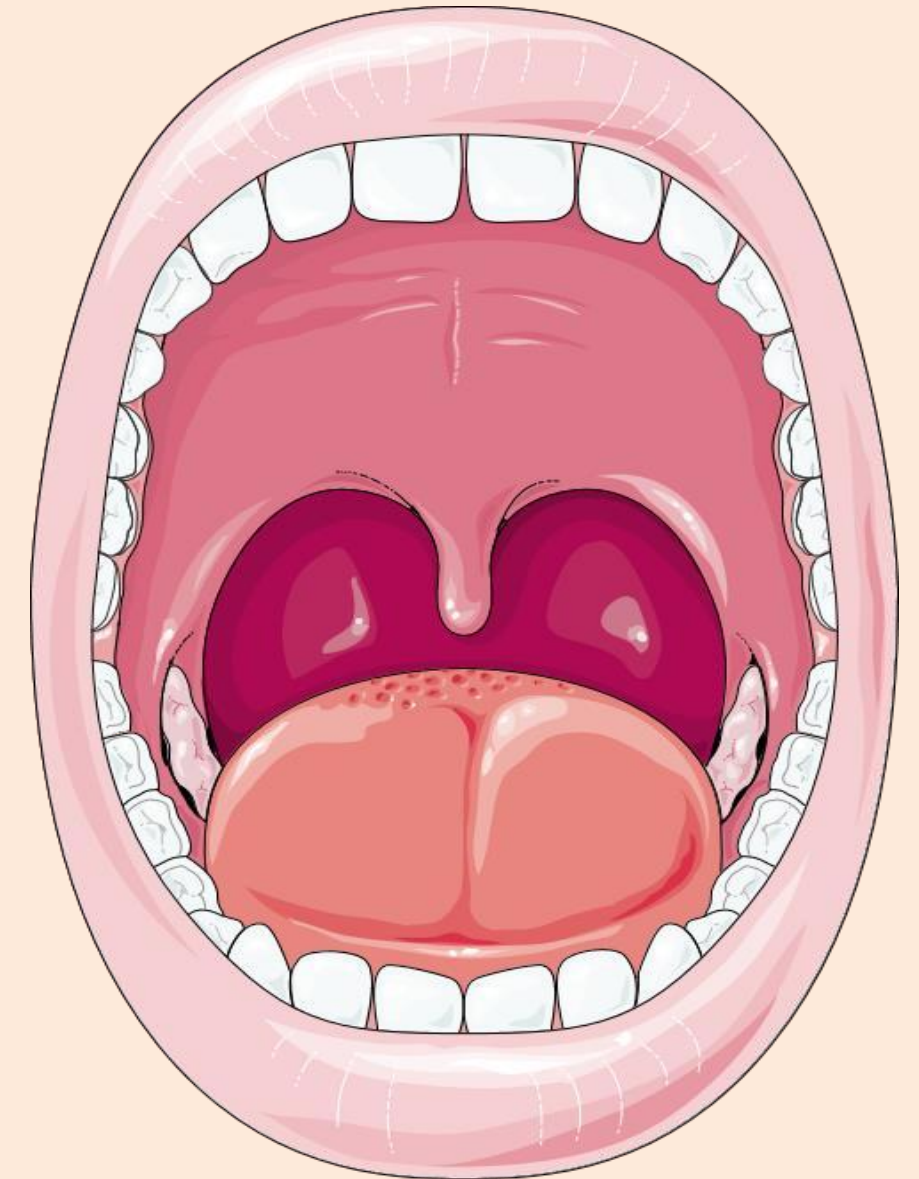




# COMMON ORAL LESIONS

## ETIOLOGY

- Trauma
- Infection ( Bacterial, Viral, Fungal)
- Nutritional deficiency
- Autoimmune
- Endocrinal
- Premalignant
- Malignant



# TRAUMATIC

Frictional keratosis



Aspirin burn



Management: Remove the cause,  
Apply topical anesthetics and antiseptics,  
Frequent warm saline rinses

# APTHOUS ULCERS



## Management:

Topical steroids and local anesthetics  
Soft non- spicy food  
Cooling mouth rinses  
Multivitamins

# VIRAL STOMATITIS

Prime Infection



Recurrent Infection



**Management:** Systemic Antiviral for acute primary infection  
Topical anesthetics and antiseptics  
Paracetamol for fever  
Multivitamins

# ORAL CANDIDIASIS



Thrush



Angular cheilitis



Denture stomatitis



Median Rhomboid Glossitis



# MANAGEMENT FOR ORAL CANDIDIASIS

- Identify the predisposing local and systemic factor and eliminate it
- Systemic antifungals for diffuse chronic conditions
- Topical antifungals
- Oral and denture hygiene
- Multivitamins





# ORAL POTENTIALLY MALIGNANT DISORDERS ( ORAL PRECANCERS)

CLINICAL TYPES, DIAGNOSIS



# LEUKOPLAKIA

It is characterized by white patch on the buccal mucosa or any place in the mouth

Cannot be removed by rubbing.

Does not disappear on stretching mucosa

Not associated with Trauma

Homogenous

Surface is smooth & homogeneous, cracked  
-mud appearance

Asymptomatic

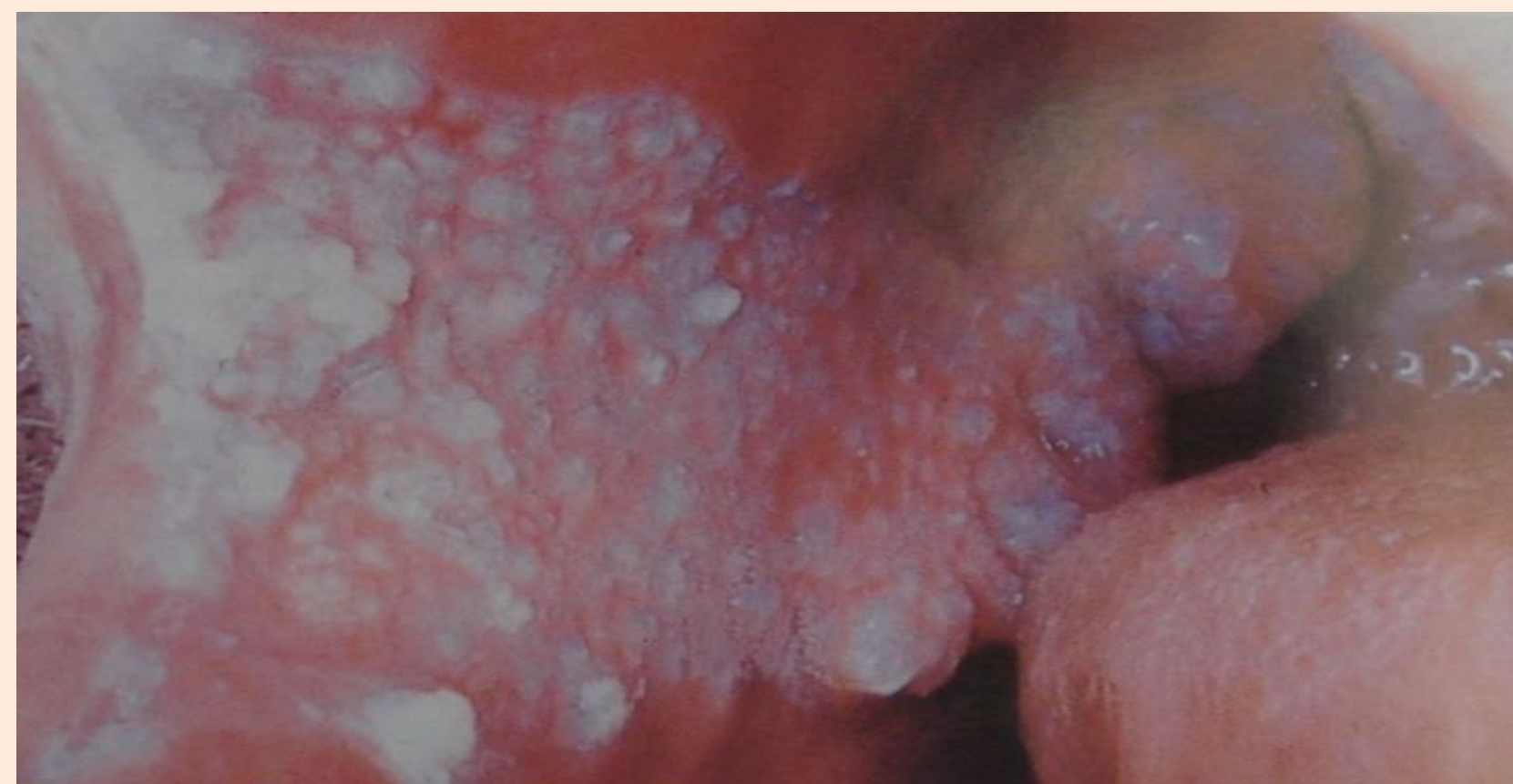
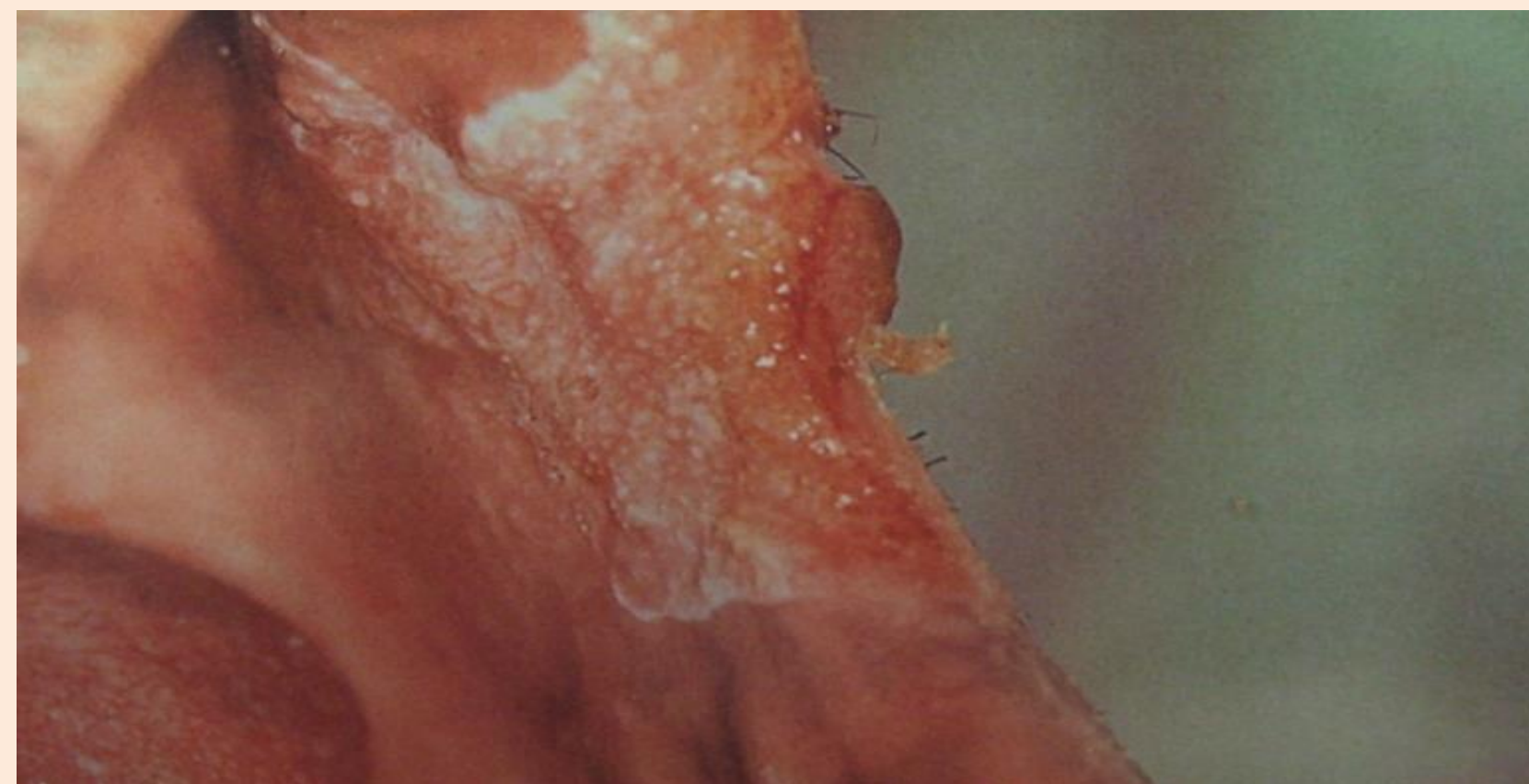




# NON- HOMOGENOUS LEUKOPLAKIA

**Speckled**—mixed, white and red in color(also termed erythroleukoplakia), but retaining predominantly white Coloration

**Nodular**—small polypoid outgrowths, rounded, red or white excrescences



# NON- HOMOGENOUS LEUKOPLAKIA

Verrucous or exophytic—wrinkled or corrugated surface appearance

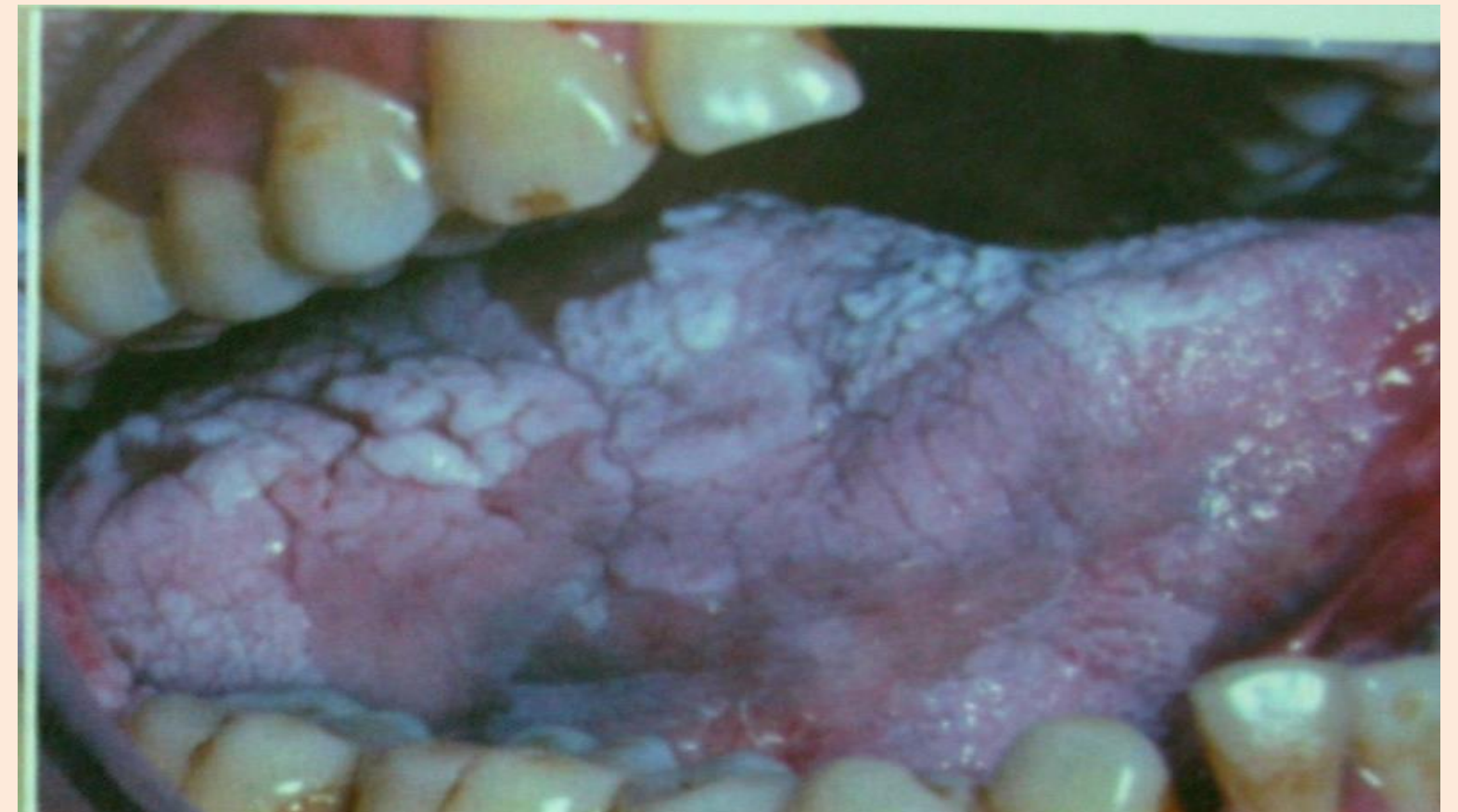
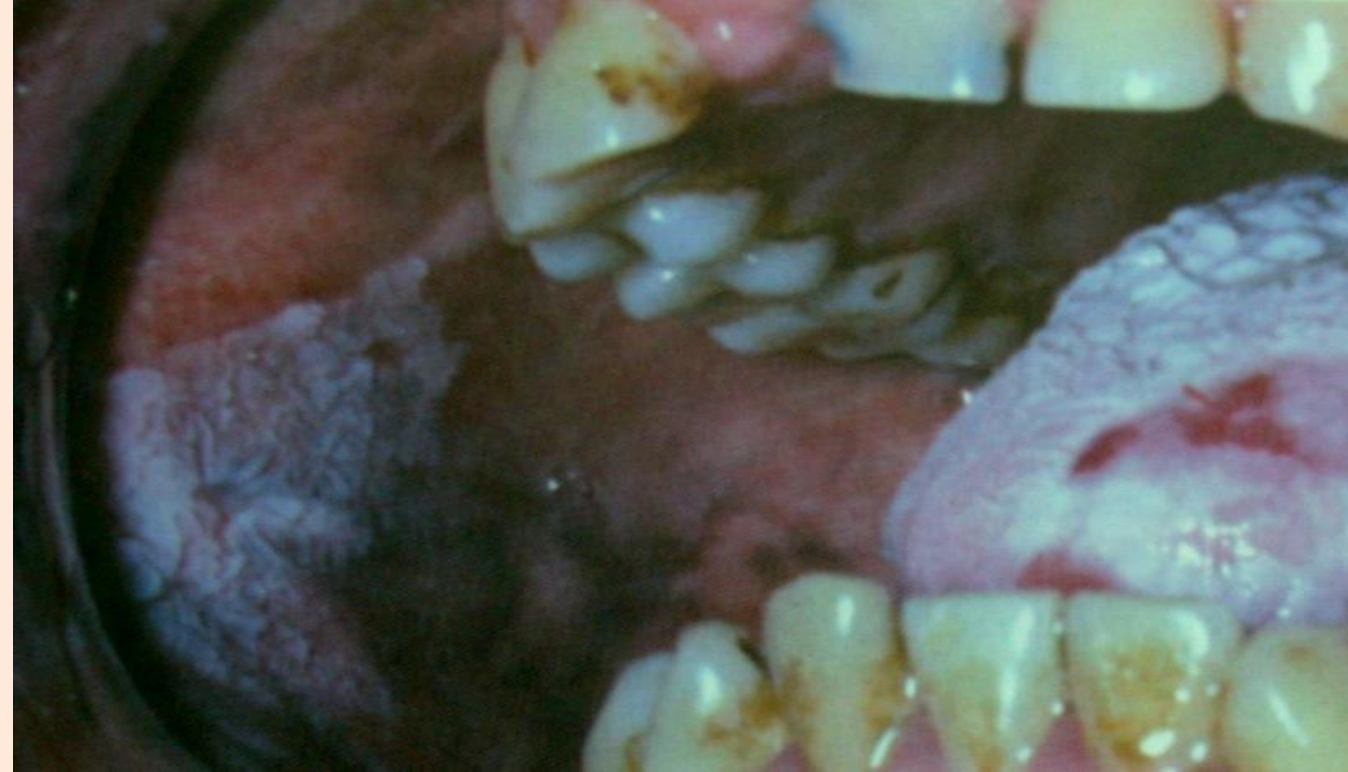
Non- Homogenous Leukoplakia show more malignant transformation than homogenous type



# PROLIFERATIVE VERRUCOUS LEUKOPLAKIA

Aggressive form of  
Idiopathic Leukoplakia  
Women,  
Lower correlation  
with tobacco and  
alcohol  
use,

High mortality.  
Malignant  
transformation:





# ERYTHROPLAKIA

- Characterized by red velvety patch which is not associated with any trauma or inflammation
- May present with or without leukoplakia
- Malignant transformation is highest among all OPMDs
- Over 90% of cases show dysplasia, in situ carcinoma or invasive carcinoma



# ORAL SUB MUCOUS FIBROSIS

Reduced mouth opening,

Burning sensation

Difficulty in protruding tongue

Blanched leathery Mucosa

Inelastic & fibrous bands palpable.

Dysphagia



# ORAL LICHEN PLANUS (RETICULAR)

- It consists of raised, thin, white lines that connect arcuate patterns, producing a lacework of reticular appearance (Wickham's striae).
- Usually bilateral
- Burning sensation
- Skin and other mucosal sites may be involved



# EROSIVE LICHEN PLANUS

- Mixture of erythematous and pseudomembranous area
- Desquamative gingivitis
- White striae at the margins
- Risk of malignant transformation more than non- erosive types



# ORAL LICHENOID LESIONS GvHD

OLL/OLR resemble

OLP associated with

- Dental restorations
- Drug associated
- GvHD
- Unilateral
- Erosive
- Higher malignant transformation rate than OLP



Specific Management: Replacement with non-metallic restorations and prosthesis





# DISCOID LUPUS ERYTHEMATOSUS

Sun-exposed areas of the face and neck

Typical butterfly rash across the nasal bridge.

The oral lesions consist of central zones of ulceration or erythema (representing vasculitis) surrounded by white striations, bearing a close resemblance to OLP

Immunofluorescence (the lupus band)

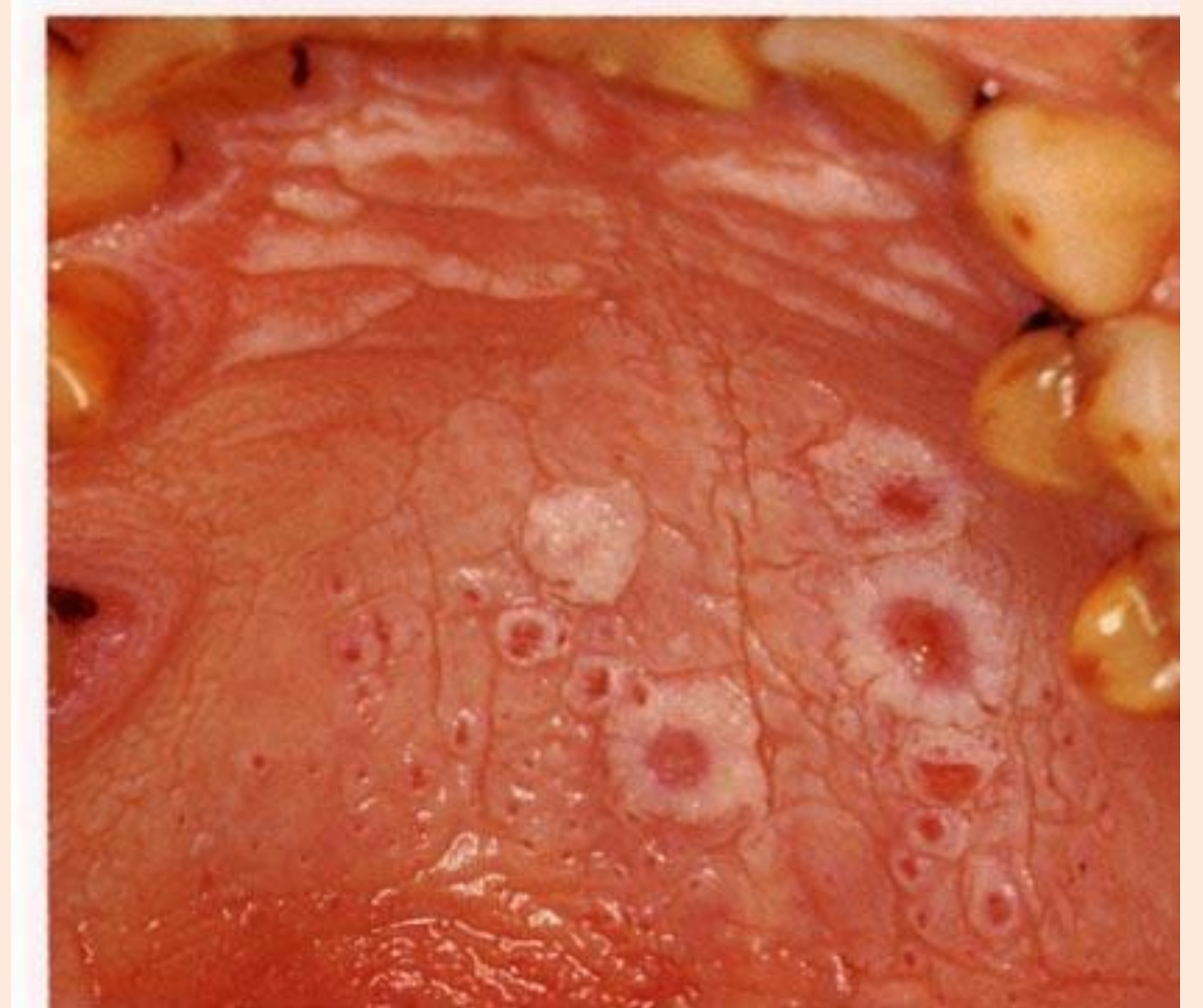
Lower lip is the most commonly affected site in DLE- related malignant transformation





# STOMATITIS NICOTINA PALATI

Inflammed minor salivary gland ducts openings onpalate. Can regress after cessation of smoking habit in4-6 weeks

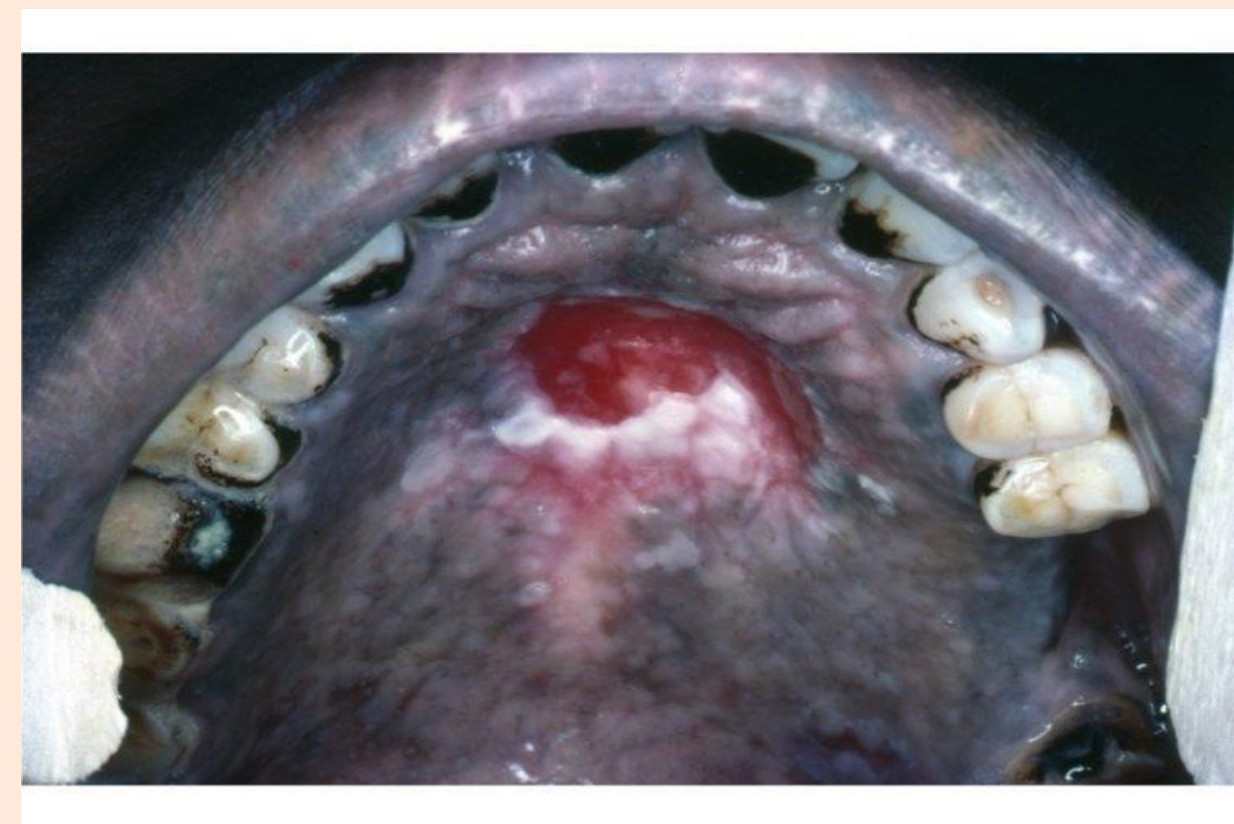


# PALATAL CHANGES IN REVERSE SMOKERS

Caused By the effect  
of tobacco smoke and  
Heat



High Risk of malignant  
transformation in Reverse  
Smokers





# TOBACCO POUCH LESION

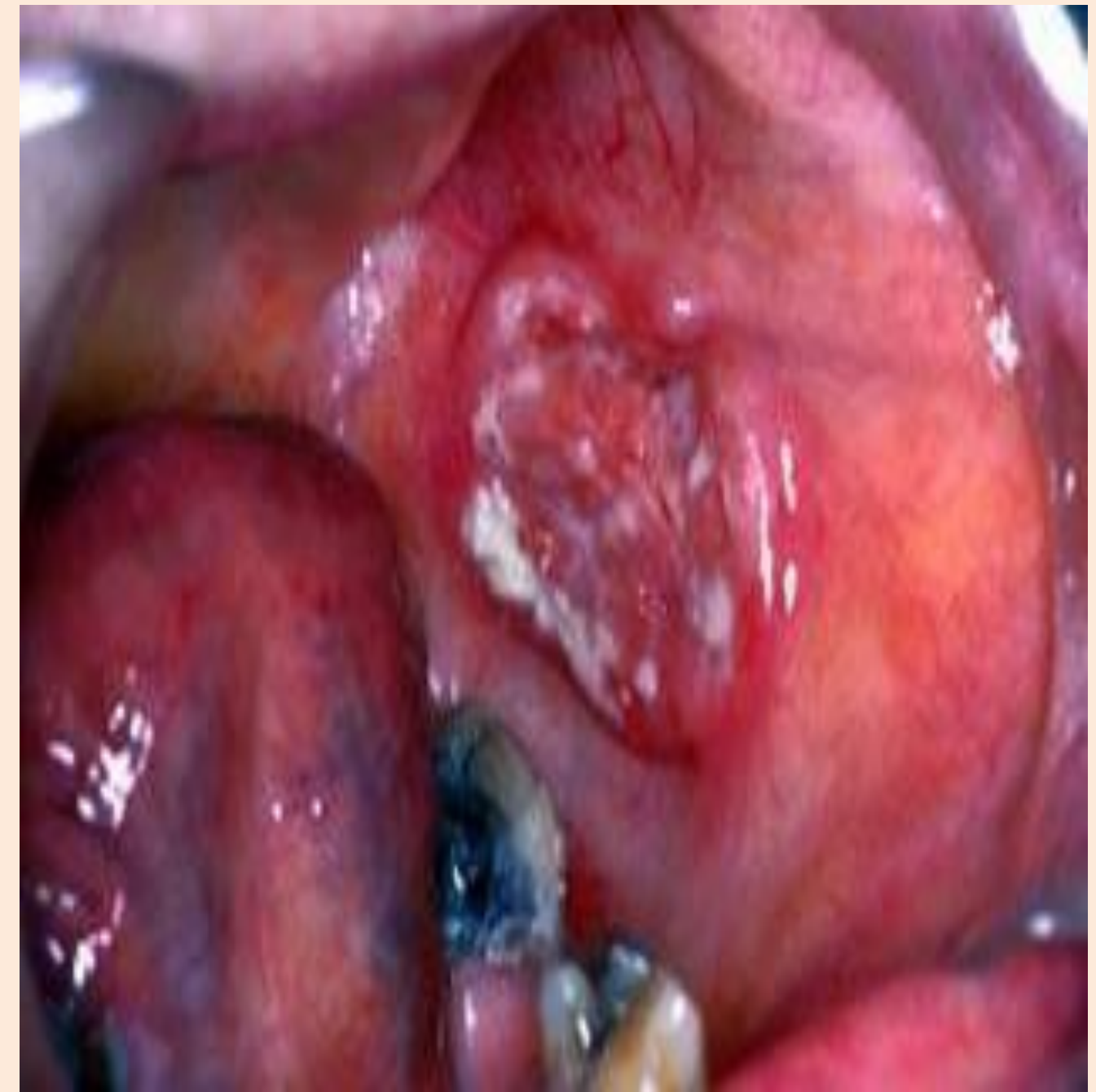
Shrivelled white mucosa with pseudomembrane at site of placement of tobacco with lime which causes a chemical burn

Can regress after cessation of smokeless tobacco habit in 4-6 weeks.

If white patch persists after that then it is called leukoplakia



# ORAL CANCER



# VERRUCOUS CARCINOMA





# SIGNS & SYMPTOMS

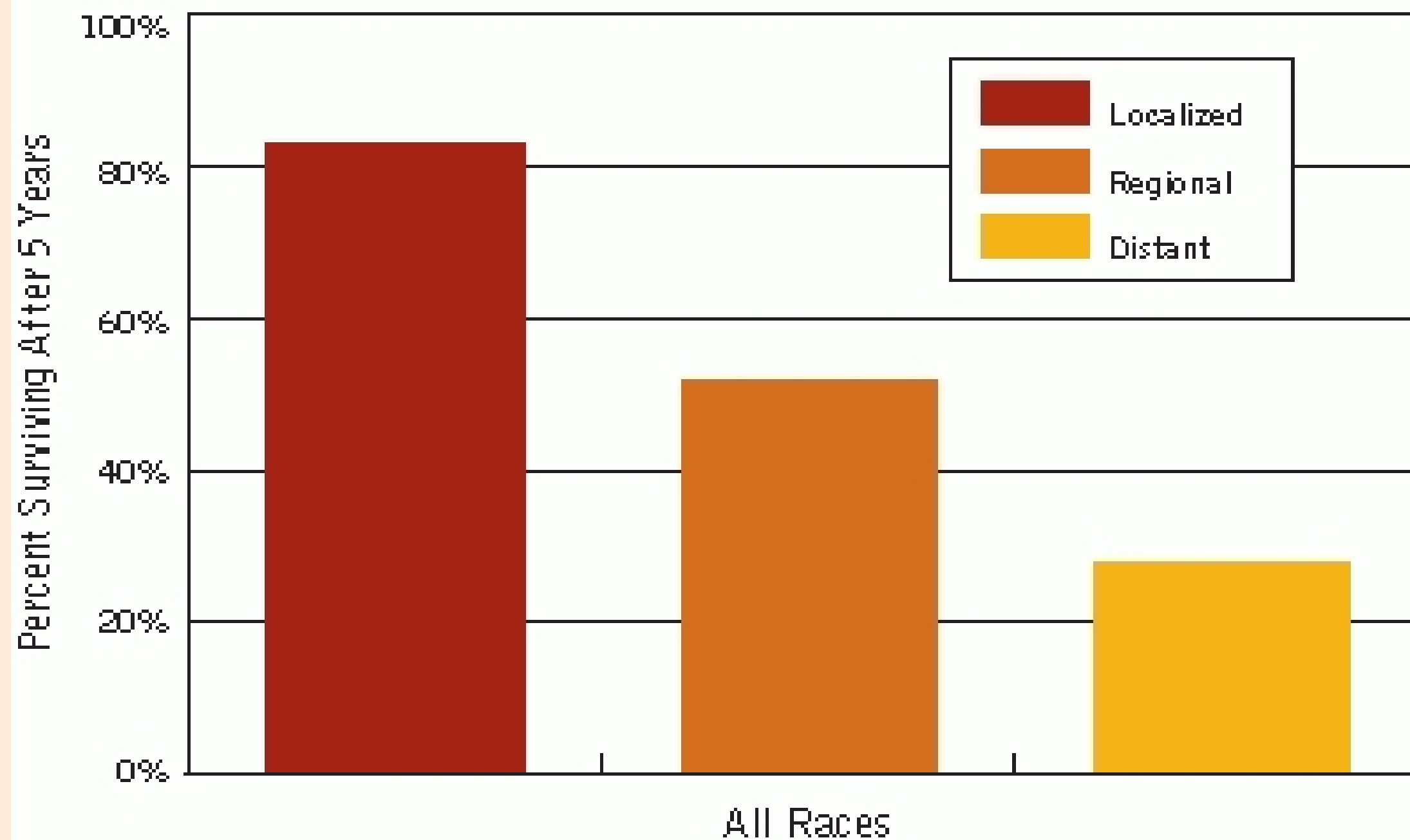
- Early lesions may appear as red or white oral mucosa
- Ulcer/ Extraction socket failing to heal within two weeks
- Persistent lump with spontaneous bleeding or ulceration
- Lesions may appear flat, raised/ exophytic / ulcerated
- Difficulties chewing, limited tongue movement
- Abnormal sensation secondary to swelling.
- Paresthesia
- Mobile teeth (when the tumor invades the bone)
- Induration and fixation of soft tissues;



# SURVIVAL AT 5 YEARS

## Oral Cancer 5-Year Relative Survival Rate by Stage at Diagnosis

Source: Cancer Statistics Review 1975-2005  
Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute  
SEER 17, Diagnosis Years 2000-2004 and SEER 13, Diagnosis Years 1996-2004







# PREVENTIVE STRATEGIES



- Early Diagnosis
- Oral cancer and precancer targeted screening for high risk patients and surveillance
- Mouth Self Examination
- Tobacco cessation
  - Behavioral interventions
  - Pharmacotherapy
- Regular follow- up every 6 months



**INCISIONAL &  
EXCISIONAL BIOPSY  
( Single / Multiple)  
&  
HISTOPATHOLOGICAL  
EXAMINATION**

The biopsy area should be representative of the site under examination

Histopathological diagnosis( WHO Criteria)

- Mild Dysplasia
- Severe Dysplasia
- Carcinoma in situ

SENSITIVITY- 100%

SPECIFICITY- 100%

**GOLD STANDARD**



# WHEN TO DO BIOPSY?

## Warning Bells!

- Any unhealed ulcerative lesion of > than 2 weeks duration
- No possible cause (Idiopathic )
- High risk lesions
- No or minimal/ partial response to therapy
- Worsening of lesion





# MOUTH SELF EXAMINATION

- Useful method for early detection of any oral abnormality
- Learn the proper steps of mouth self examination
- Familiarize oneself with normal appearance of oral mucosa
- Repeat at least once every month
- Recommended for high – risk groups
- Consult Health Care Provider /Dentist/Doctor if any abnormality detected

# MOUTH SELF EXAMINATION

- Ulcer
- Growth
- Swelling
- Warts
- Red/White patch
- Warty patch
- Pigmentation
- Reduced Mouth
- Opening
- Reduced Tongue
- Movement

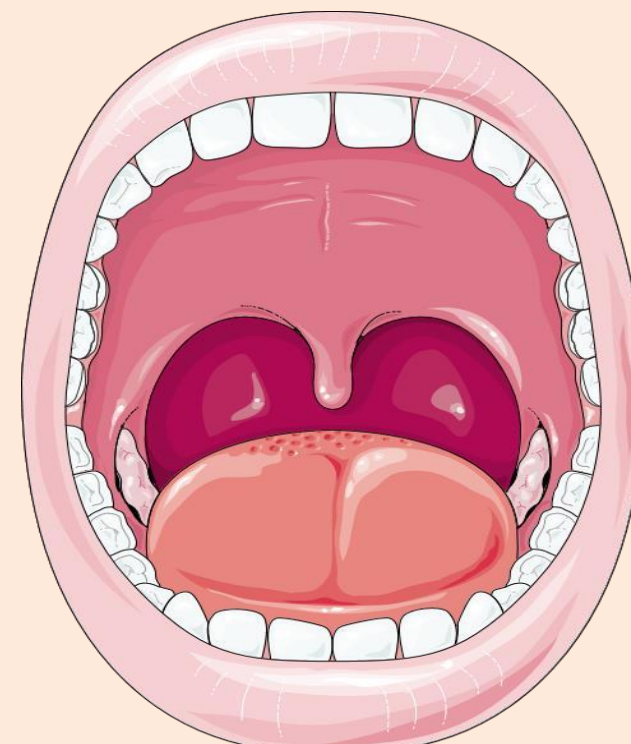


- Decayed Teeth
- Sharp Teeth
- Tatar
- Food Debris
- Swollen Bleeding
- Gums

UPPER VESTIBULE



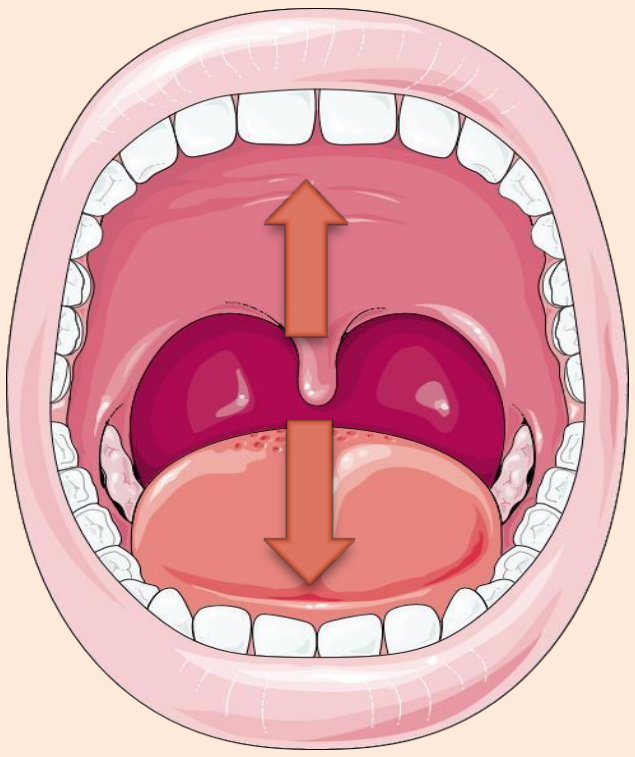
RIGHT CHEEK



LEFT CHEEK

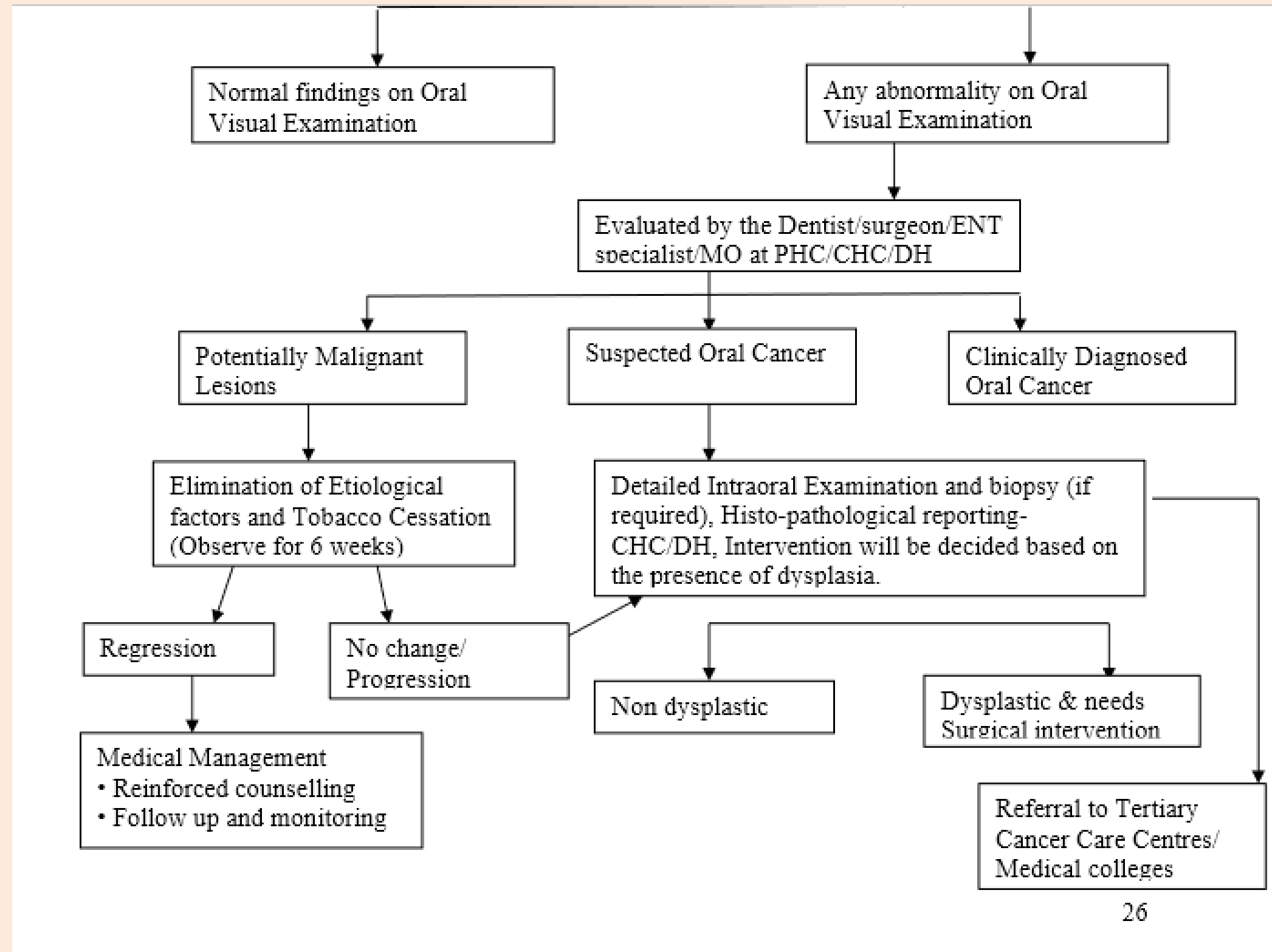


LOWER VESTIBULE





# NATIONAL ORAL CANCER SCREENING PROTOCOL FOR MO







# GENERAL GUIDELINES FOR MANAGEMENT BY MO

- Tobacco Areca nut & Alcohol Cessation
- Oral visual examination
- Mouth self examination demonstration
- Oral hygiene maintenance & prophylaxis
- Removal of Trauma and chronic irritation and candidal infections
- Diet counseling with Antioxidants
- Topical medications. (Eg. steroids and anesthetics (for
  - pain/burning sensation in RAS, OLP and OSMF)
- Advocacy for Safe sexual practice
- Early referral for Biopsy and surgical excision of high risk lesions
- Regular follow-up



# CASE SCENARIOS FOR BIOPSY REFERRAL?

- An anxious 25 year old woman complains of recurrent oral ulcers that are painful and present since 3-4 weeks.
- A 60 year old diabetic woman with no habits presents with a single ulcer on the tongue, associated with broken tooth since past 3 weeks
- A 40 year old HIV positive man presents with chronic diffuse thick white patches on tongue and buccal mucosa associated with burning sensation
- A 50 year old male who had stopped gutka habit 10 years ago presents with a small firm irregular lump on upper lip since past 3 weeks





सत्यमेव जयते



# Thank You

