

Oral Cancer Facts

Oral squamous cell carcinoma synonymously defined as oral cancer is the commonest malignancy in males of Sri Lanka. The reason for the high prevalence of oral cancer is the traditional habit (betel chewing) practiced by people of South Asia. Research has shown convincingly that the ingredients in the betel quid especially tobacco and arecanut are very dangerous carcinogens. Three to four citizens in the country succumbed to oral cancer every single day.

Types of Oral Cancer

Squamous cell carcinoma

More than 90% of cancers that occur in the oral cavity and oropharynx are squamous cell carcinoma. Normally, the throat and mouth are lined with so-called squamous cells, which are flat and arranged in a scale-like way. Squamous cell carcinoma means that some squamous cells are abnormal.

Verrucous carcinoma

About 5% of all oral cavity tumors are verrucous carcinoma, which is a type of very slow-growing cancer made up of squamous cells. This type of oral cancer rarely spreads to other parts of the body, but can invade the tissue surrounding the site of origin.

Minor salivary gland carcinomas

This category includes several kinds of oral cancer that can develop on the minor salivary glands, which are found throughout the lining of the mouth and throat. These types include adenoid cystic carcinoma, mucoepidermoid carcinoma, and polymorphous low-grade adenocarcinoma.

Lymphomas

Oral cancers that develop in lymph tissue, which is part of the immune system, are known as lymphomas. The tonsils and base of the tongue both contain lymphoid tissue. See our pages on Hodgkin lymphoma and non-Hodgkin lymphoma for cancer information related to lymphomas in the oral cavity.

Benign oral cavity and oropharyngeal tumors

Several types of non-cancerous tumors and tumor-like conditions can arise in the oral cavity and oropharynx. Sometimes, these conditions may develop into cancer. For this reason, benign tumors, which usually don't recur, are often surgically removed.

The types of benign lesions include:

- Eosinophilic granuloma
- Fibroma
- Granular cell tumor
- Karatoacanthoma
- Leiomyoma
- Osteochondroma
- Lipoma
- Schwannoma
- Neurofibroma
- Papilloma
- Condyloma acuminatum
- Verruciform xanthoma
- Pyogenic granuloma
- Rhabdomyoma
- Odontogenic tumors (lesions that begin in tooth-forming tissues)
- Leukoplakia and erythroplakia

These non-cancerous conditions mean that there are certain types of abnormal cells in the mouth or throat. With leukoplakia, a white area can be seen, and with erythroplakia, there is a red area, flat or slightly raised, that often bleeds when scraped. Both conditions may be precancerous; that is, they can develop into different types of cancer. When these conditions occur, a biopsy or other test is done to determine whether the cells are cancerous.

Oral Cancer Signs & Symptoms

Some of the most common oral cancer symptoms and signs include:

- Persistent mouth sore: A sore in the mouth that does not heal is the most common symptom of oral cancer
- Pain: Persistent mouth pain is another common oral cancer sign
- A lump or thickening in the cheek
- A white or red patch on the gums, tongue, tonsil, or lining of the mouth
- A sore throat or feeling that something is caught in the throat that does not go away
- Difficulty swallowing or chewing
- Difficulty moving the jaw or tongue
- Numbness of the tongue or elsewhere in the mouth
- Jaw swelling that makes dentures hurt or fit poorly
- Loosening of the teeth Pain in the teeth or jaw
- Voice changes
- A lump in the neck
- Weight loss
- Persistent bad breath

If any of these oral cancer symptoms or signs are present for days or weeks, your doctor may recommend tests to check for oral cancer. As with any cancer, having your cancer diagnosed as soon as possible will help ensure that any treatment is as effective as possible.

Oral Cancer Risk Factors

General

Gender Oral cancer and oropharyngeal cancer are twice as common in men as in women. This difference may be related to the use of alcohol and tobacco, a major oral cancer risk factor that is seen more commonly in men than women. According to the American Cancer Society, the gender difference is decreasing among oral cancer patients as more women are using tobacco and drinking.

Age: The average age at diagnosis for oral cancer is 62, and two-thirds of individuals with this disease are over age 55.

Ultraviolet light: Cancers of the lip are more common among people who work outdoors or others with prolonged exposure to sunlight. Poor nutrition: Studies have found a link between diets low in fruits and vegetables and an increased oropharynx and oral cancer risk.

Genetics

Genetic syndromes: Some inherited genetic mutations, which cause different syndromes in the body, carry a high risk of oral and oropharyngeal cancer. These include:

Fanconi anemia: This blood condition is caused by inherited abnormalities in several genes. Problems can begin at an early age and often lead to leukemia or aplastic anemia. The risk of oral cancer among people with Fanconi anemia is up to 500 times higher than among the general population.

Dyskeratosis congenita: This genetically linked syndrome can also cause aplastic anemia, and carries a very high risk of mouth and throat cancer occurring at an early age.

Lifestyle

Tobacco use: About 80% of people with oral cavity and oropharyngeal cancers use tobacco in the form of cigarettes, chewing tobacco or snuff. The risk of developing oral cancer depends on the duration and frequency of tobacco use. Smoking can lead to cancer in the mouth or throat, and oral tobacco products are associated with cancer in the cheeks, gums, and inner surface of the lips.

Alcohol: About 70% of people diagnosed with oral cancer are heavy drinkers. This risk is higher for people who use both alcohol and tobacco. For people who smoke and drink heavily,

the risk of oral cancer may be as high as 100% more than the risk for people who do not smoke or drink.

Betel quid: Many people in Southeast Asia, South Asia, and others parts of the world chew betel quid, a leaf from the betel plant wrapped around areca nut and lime. Chewing gutka, a combination of betel quid and tobacco, is also common. Both of these substances are associated with an increased oral cancer risks.

Other Conditions

Human papillomavirus (HPV) infection: Human papilloma viruses, or HPV, include about 100 similar viruses. Many HPVs cause warts, but some are involved in cancer. Most noteworthy, HPV is tied to the development of cervical cancer. HPV is also a risk factor for oral and oropharyngeal cancers. About 25 percent of patients with these cancers are infected with the same HPVs as are seen in with cervical cancer. In particular, there is a strong link between HPV-16 and oropharyngeal cancer. HPV appears to be a more serious risk factor for oropharyngeal cancer than for oral cavity cancers. People with oral cancers linked to HPV tend to not be smokers or drinkers, and usually have a good prognosis. Typically, HPV infections in the mouth and throat do not produce any symptoms, and only a small percentage of these infections develop into cancer.

Immune system suppression: Taking drugs that suppress the immune system, such as those used to prevent rejection of a transplant organ or to treat certain immune diseases, may increase the risk of oral cancer.

Lichen planus: People with a severe case of this illness, which usually causes an itchy rash but sometimes appears as white lines or spots in the mouth and throat, may have a higher risk of oral cancer. Lichen planus usually affects middle-aged people.

Graft-versus-host disease (GVHD): This condition can occur after a stem-cell transplant, in which bone marrow is replaced following cancer occurrence or treatment. The new stem cells may have an immune response against the patient's own cells, and tissues in the body may be destroyed as a result. GVHD increases the likelihood of oral cancer, which can develop as soon as 2 years later.

Diagnosis & Treatments

How Is Oral Cancer Diagnosed?

As part of your routine dental exam, your dentist will conduct an oral cancer screening exam. More specifically, your dentist will feel for any lumps or irregular tissue changes in your neck, head, face, and oral cavity. When examining your mouth, your dentist will look for any sores or discolored tissue as well as check for any signs and symptoms mentioned above.

Your dentist may perform an oral brush biopsy if he or she sees tissue in your mouth that looks suspicious. This test is painless and involves taking a small sample of the tissue and analyzing it for abnormal cells. Alternatively, if the tissue looks more suspicious, your dentist may recommend a scalpel biopsy. This procedure usually requires local anesthesia and may be performed by your dentist or a specialist. These tests are necessary to detect oral cancer early, before it has had a chance to progress and spread.

How Is Oral Cancer Treated?

Oral cancer is treated the same way many other cancers are treated -- with surgery to remove the cancerous growth, followed by radiation therapy and/or chemotherapy (drug treatments) to destroy any remaining cancer cells.