



Oral Cancer: The Life Threatening Outcome of Tobacco Use

(World No Tobacco Day Special Editorial)

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I feel proud and exhilarated in writing this guest column for International Healthcare Research Journal (IHRJ). I am thankful to the team of IHRJ in giving me this opportunity to write this column.

Majority of oral cancers are detected only after they have reached an advanced stage. By this stage, the cancers are spoiled and hurting, the treatment is broad and pricey with very low survival rates. But mercifully majority of these cancers are marked by pre-cancerous lesions which can be detected for up to 15 years prior to their change to invasiveness.

Therefore it becomes imperative for any able health service system must realize and recognize its responsibility in the early detection and prevention of oral neoplasms. Collective and team efforts from dentists, medicos, and supporting health staff are required to best effectively control the rising numbers. Dental professionals can be assumed to take up the leadership being familiar with signs and symptoms of pre-cancerous lesions. Health personnel must be indoctrinated to allow for the recognition of unusual oral abnormalities with prompt referral and follow-up. Since these conditions are rare, however, they are not best looked for

in the randomly selected populations seen at initial surveys.

One excellent method is to offer screening on a volunteer basis by health personnel at their workplace or through specialized planned camps, perhaps first to persons over 40 years of age. The self-selection involved in this method shall be high yielding. The examiners for the program need special indoctrination.

Early detection of oral cancer is not merely the perceptiveness of its signs and symptoms, process must be effectively and sensitively dealt with. Every member of the team has a part and modus operandi should be developed for efficient delivery of the following:

1. Regular examination of the oral cavity of patients attending the practice
2. Management of detected mucosal lesions with appropriate referral and follow-up
3. Lifestyle management that add to an increased risk.

This service approach being the mainstay but should go hand in hand with educational and regulatory approach.

Cite this article as:

Mehta N. Oral Cancer: The Life Threatening Outcome of Tobacco Use. Int Healthcare Res J 2017;1(3):1.

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