THE ROLE OF DENTAL SURGEONS ON PATIENT CARE WITH REGARDS TO POTENTIALLY MALIGNANT DISORDERS AND ORAL CANCER

In order to understand how dentists should act when approaching patients that can present with cancer or pre-cancer of the oral cavity, it is adamant that the professionals familiarize themselves with the current trends of oral cancer and potentially malignant disorders. A study conducted only three years ago pinpointed that squamous cell carcinoma of the head and neck has a five-year survival rate of only 40 to 60% in fifty years, despite advances in surgical techniques, radiotherapy, chemotherapy and combined therapies.[1] In order to avoid these terrible statistics, a great effort must be made by medical professionals, especially those that constantly examine the oral cavity, also known as: dentists.

A common misconception usually observed within our professional class is that oral cancer only happens in older, smoker, drinker and male patients. The incidence of oral cancer, especially cancer of the mobile tongue and oropharynx, increased significantly in the United States of America between 1973 and 2012, in younger patients of both genders.[2] It is not wrong to assume that oral cancer (tongue cancer being the most common affected site) in Brazil still affect more men over 50 years of age, with low education levels and advanced staged disease at the time of diagnosis.[3] Nevertheless, even in Brazil, the rising quantity of cases of oral cancer in woman under 45 years old at the private practice is notable, especially in white women, which coincides with the finding of Tota and collaborators in the United States.[2]

Several changes were noted in Chapter 4 regarding tumors of the oral cavity and tongue, in the fourth edition of the World Health Organization (WHO) Classification of Tumors of the Head and Neck. This chapter excluded the oropharynx, which is now depicted as an independent chapter that recognizes the uniqueness of oropharyngeal tumors (most of the times, but not always HPV related) as well as those of the oral cavity.[4]

The biggest challenge of all is to understand what is causing this shift in oral cancer. Developed countries are looking at a drastic reduction of the traditional tobacco related oral cancer in older men and many cases of oral cancer at younger adults do not have HPV involvement. This is the million-dollar question of the moment for the scientific community to answer.[5]

Last but not least, pigmented lesions of the oral cavity should always be investigated (anatomic pathology) after they are identified during the physical exam, given the risk of mucosal melanoma within the differential diagnosis, which could evolve from a melanocytic nevus. Besides the greatest advances of target therapy and immunotherapy,[6] we have recently shown that mucosal melanomas located in lips and oral cavity have 2 times more risk of early death, not to mention the higher risk of metastatic disease related to mucosal melanomas in general.[7] The final message for all general practitioners is that most pigmented, white or red lesion that lasts for more than two weeks should undergo biopsy for further investigation, performed under the supervision of an experienced oral medicine practitioner.

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