

Today's column is about oral cancer. One of our wonderful patients was diagnosed with tonsillar cancer and is undergoing surgery, chemotherapy and radiation and we send our prayers for a speedy and full recovery! It is important to remind our readership about one of the many important reasons to see their dentist regularly.

According to the Oral Cancer Foundation there will be 42,000 Americans that receive a diagnosis of oral or pharyngeal cancer this year and this will result in 8000 deaths.

Oral cancer is a group of cancers that involve the head and neck and are found to be squamous cell carcinoma in 90% of cases. Squamous cell carcinomas have a much greater chance of spreading (or metastasizing) in comparison to basal cell carcinomas. The lesion is often asymptomatic which makes oral cancer screenings imperative. It most commonly appears as a reddish skin plaque or ulcer that grows slowly. A cancer cell is one that doesn't turn off and keeps multiplying as a result of a genetic mutation to genes. These cells cannot repair themselves.

### **Where can oral cancer appear in my mouth?**

Oral or mouth cancer most commonly involves the tongue. It may also occur on the floor of the mouth, cheek lining, gums, the roof of one's mouth, or the lips. They may arise from many types of tissue in the mouth including salivary glands and lymph tissue.

### **What should I look for?**

Keep your eye out for a skin lesion, lump, or ulcer that does not go away for around 2 weeks. This may be a small lesion on the tongue, lip, or other mouth areas. It is usually pale colored, but potentially could be dark or discolored. An early warning sign may be a white patch called a "leukoplakia" or a red patch known as an "erythroplakia" on the soft tissues of the mouth. These lesions are usually painless initially, however, it may develop a burning sensation or pain when the tumor is advanced. Other symptoms to look for are tongue problems, hard time swallowing, and mouth sores. Pain may be a late symptom but most often oral cancers are painless.

### **How can a dentist tell if a lesion is cancerous or not?**

A dentist can identify a potentially cancerous lesion. However, a biopsy is the only way to know for sure. Benign and malignant lesions can look identical to the eye. A non-invasive brush biopsy can be performed to rule out the presence of cancerous cells. The only definitive method for determining if cancerous or precancerous cells are present is through biopsy. The cells will then undergo microscopic evaluation to determine if they

are indeed cancerous.

**What will happen if a lesion in my mouth is determined to be cancerous?**

Often times, all that is necessary is for a small surgical incision to be made to remove the lesion from the area in question. Radiation with or without chemotherapy can also be used in conjunction depending on the severity, stage, and size of the lesion.

**What puts you at a higher risk for developing cancer?**

People that are over 50 that drink heavily and smoke are at higher risk for oral cancer. Other risk factors are people that have been diagnosed with HPV or Human Papilloma Virus; which is a sexually transmitted disease which Michael Douglas recently associated with his throat cancer.

Patients with poor diets or having had a higher exposure to radiation may also be at higher risk.

We hope you will go to your dentist or come to us for your complimentary oral cancer screening. This is a disease that can be caught early and treated with a high level of success. We look forward to meeting you. At Hampton Dental we perform an oral cancer screening every time we meet a new patient and at each re-care visit!

You may see examples of our dentistry at [www.winterdental.com](http://www.winterdental.com)

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Yours for great dental health,

Dr. Richard Winter MAGD, DICOI

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