

## Oral Cancer Risk Factors

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**Received:** June 01, 2017; **Published:** June 03, 2017

Oral cancers are malignant neoplasms that primarily found in the tongue and the oropharyngeal area (the throat, the back third of the tongue, the soft palate, the side and back walls of the throat and the tonsils).

Despite the low incidence of oral cancer comparing to other malignant lesions, lack of early diagnosis will most often result in a higher rate of mortality among patients who suffer from it.

National Cancer Institute data collected (2002 - 2008) showed that persons with a small, localized oral squamous cell cancer have an 82% 5-year survival rate as compared with only a 34% rate among those with late-stage oral cancer. Early detection is the key to survival.

Any of the signs and symptoms that persist for more than two weeks after the removal of potentially irritating factors or the application of therapeutic measures must be investigated through biopsy.

The epidemiologic studies have showed that the incidence of oral cancer varies widely in different regions (e.g. The rate of incidence in the UK and the USA is about 2% while the rate in India and Sri Lanka is 40%).

Although there is no evidence to show a definite causative relation between specific factors and oral cancer, but some significant factors are mostly important for its incidence. These factors are as follow:

- **Tobacco use:** All types of using tobacco (cigarette, cigar, pipes and smokeless tobacco) are the most important risk factor for oral cancer. According to a newly cancer study; cigarette smokers have an approximately tenfold-increased chance of developing squamous cell carcinoma comparing to people who have never smoked.
- **Alcohol consumption:** Using any kind of alcoholic beverages. (It is generally considered that, combination of smoking and drinking of alcoholic beverages is the most important factor for mouth cancer, because many oral cancer patients are among who smoke and drink heavily).
- **Infectious factors:** The human papillomavirus (particularly HPV 16) genomes can be found to be incorporated into oral cancer cells.
- **Syphilis:** Syphilitic leukoplakia as an infectious pre-malignant disease has the potential to change to cancerous lesion.
- **Chronic Candidiasis:** There are some report of malignant change in chronic candidiasis (hyperkeratotic plaques or speckled leukoplakia), but overall, the reported rate is low.
- **Malnutrition:** There is a high incidence of oral as well as oesophageal cancer in Patterson – Kelly syndrome (iron deficiency). High rate of Vitamin A deficiency may also be associated with oral carcinoma.

- **Sunlight:** High exposure to ultraviolet component of sunlight can also increase the risk of oral cancer especially outdoor workers are so susceptible to lip cancer.
- **Genetic factors:** There are only a few genetic disease that oral cancer is a frequent feature of them (e.g. dyskeratosis congenital).
- **Precancerous lesions:** Although the risk of malignant transformation in more common white lesion is usually very low, but the risk from speckled leukoplakia and erythroplakia is high.
- **Older age:** Oral cancer is an age-related disease and 98% of patients are over 40. The median age for a person with newly diagnose oral cancer is 62. There is a sharp and virtually linear rise in mouth cancer with age as with carcinoma in many other sites [1-4].

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**Volume 11 Issue 2 June 2017**

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