

Oral cancer: the disease of the poor

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Oral cavity cancer is one of the ten most common cancers in Thailand. However, it is relatively received less attention for public awareness. This is partly due to the fact that most affected patients were among elderly with poor socio-economic and poor educated and the effective treatment teams were limited to only in university hospital and some well equipped cancer centers. The incidence of new cases per year for oral and pharyngeal cancers was about 6.8 and 4.8 per 100,000 as reported in 1996.

Oral cancer can develop in any part of the oral cavity from lips, tongue, floor of the mouth, gum, buccal wall and may extend to posterior part such as oropharyngeal wall and tonsil. All oral cancers begin in the flat cells (squamous cells) that cover the surfaces of the mouth, tongue, and lips and most begin in the tongue and in the floor of the mouth. These cancers are called squamous cell carcinomas.

If not recognized early enough, it will spread (metastasizes) rapidly through the lymphatic system and often appear first as a lump or lumps in nearby lymph-nodes in the neck. The primary cancer can rapidly and unlimitedly spread to the adjacent structure even to the jaw bones and penetrate to the face skins. Patients will eventually succumb to death from uncontrollable loco-regional disease with the condition of malnutrition, infection, profound bleeding, aspiration pneumonitis, and upper air way obstruction. Rarely patients can tolerate over two years (without treatment) before it spread to other parts of the body such as the lungs.

Actually oral cancer is a preventable disease as told by Associate Professor Dr. Pornchai O-charoenrat, Division of Head-Neck & Breast Surgery, Department of Surgery. This cancer is not a hereditary disease; usually affects those who had history of excessive use of tobacco, over drinking, long term use of betel nut, poor oral hygiene, unfitted denture and certain viral infection. Smoking cigarettes, cigars, or pipes, using chewing tobacco, and dipping snuff are all linked to oral cancer. The risk is even higher for tobacco users who drink alcohol heavily. In fact, three out of four oral cancers occur in people who use alcohol, tobacco, or both alcohol and tobacco.

Chewing betel nut is not the problem anymore since the trend approaches to zero for the new generation and lead to much reduction of oral cavity cancer among females. In contrary to many Asian cultures, chewing betel, paan and Areca is still common such as in India where oral cancer represents up to 40% of all cancers.

Eventhough most oral cancer patients are among elderly with the above mentioned risk factors, some small but significant group of people with oral cancer are too young and do not smoke or drink at all. Scientists try to discover the cause and the evidence is now focusing to Human Papilloma Virus (HPV) and oral sex that seems to be one likely explanation. This HPV 16 strain had been proved to be the major cause in developing cervical cancer in over 70% of cases. Recent report from Sweden, comparing 132 oral cancer patients to a control group of healthy individual, found that in the cancer group, 36% carried the high risk HPV, compred to just 1% in the control group.

In fact, do we need to avoid oral sex or change our sexual behavior? Dr. Pornchai comments that people should not be panic about the findings since it is too preliminary. From his own study in Thailand, there is no evidence of HPV infection in all 30 studied cases among those young patients with oral cancer. The risk of getting

cancer of the mouth after oral sex is small and is not the major cause. But for those whose mouth are infected with HPV, there is an increase risk.

Early detection is the key of success in handling the cancer. Usually the most early symptom is the development of white or red patches on the mouth surface. This represents an early transformation of the normal mucosa to a precancerous stage. Others include a sore on the lips or mouth that won't heal, bleeding in the mouth, loose teeth, difficulty or pain when swallowing, or a lump in the upper neck. Anyone with these symptoms should see a doctor or dentist so that any problem can be diagnosed and treated as early as possible. Most often, these symptoms do not mean cancer. An infection or another problem can cause the same symptoms. If in doubt, tissue diagnosis is required.

In general, this cancer seems to be most easily to have an early diagnosis by self or physical examination, but in a matter of fact, over 70% will be found in a late stage which are very difficult to treat and the outcome is not promising. The treatment may include surgery, radiation therapy, or chemotherapy. Some patients have a combination of treatments.

Dr. Pornchai concludes that people who have had oral cancer have a chance of developing a new cancer in the mouth, throat, or other areas of the head and neck if they are still using tobacco and drinking. Stop all these will cut down the risk of a new cancer and other health problems!

