

# TOOTHFULLY. *speaking*



**Dr. Preeti Desai**

## APRIL IS ORAL HEALTH MONTH

The latest Canadian Dental Association public awareness campaign is based on your dentist's expertise in diagnosing disease that you can't see or feel. Dentists (especially periodontists) of course fix your teeth but should be viewed as "doctors of the mouth" because we are the best to diagnose oropharyngeal & mouth cancer; responsible for 8000 deaths in the US and affecting 43000 people.

There are several factors that increase your oral cancer risks: smoking, alcohol, low socioeconomic status, and HPV; the most prevalent being smoking and heavy alcohol consumption together. There is also a direct link between poor oral health and an increased risk of mouth and throat cancers. Poor oral health is defined as people having complete or partial dentures and people with bleeding gums. Contrary to common belief, patients who have dentures **MUST** go for regular check-ups since they are more at risk for dental & oral health issues. Researchers found that people who never/rarely brush their teeth or visit the dentist were more susceptible to oral cancer.

We lead such busy lives these days and when pressed for time you might think that mouthwash is a substitute for routine toothbrushing and flossing. It provides a quick fix for bad breath but is proven to be a deadly habit that that needs to be spat out! A recent study showed that using mouthwash more than three times a day, paired with poor oral health and irregular dental visits, leads to an increased risk of oral cancer. Alcohol content in mouthwashes allows for carcinogens to penetrate into the mouth lining, increasing cancer risk as Australian researchers have proven.

These same researchers also analyzed data from 725 oral cancer patients. Men comprised 65% of the group but surprisingly, 22% of these patients were nonsmokers and mainly women. In addition, 14% patients with oropharyngeal cancer were nonsmokers were men. Among current or former smokers, oral lesions occurred more frequently in women than men (61% vs. 39%). However, in the nonsmoking cohort, oral lesions occurred more frequently in men (72% vs. 28%).

Common sites of oral cancers in smokers and nonsmokers were the sides of the tongue, floor of mouth, jaw bone ridge, cheek and behind the last molars. Edge-of-tongue tumors — a site potentially associated with dental trauma — occurred significantly more frequently in nonsmokers than smokers (66% vs. 35%). Larger tumors located on the floor of mouth and surrounding tissues were more frequently observed in the smoking cohort (10% vs. 1%). Gingival and floor of mouth lesions — which could be associated with denture rubbing — were more common in older patients. Further, 26 patients had tumors near dental abnormalities. The data on dental trauma is highly suggestive than previously perceived to be contributory to cancer risks, especially in cases involving nonsmoking female patients.

The most recently identified risk factor for oral cancer is the human papilloma virus (HPV+). One of the largest studies out of Toronto is predicting the survival rates of metastatic HPV+ cancers at Princess Margaret Cancer Centre. The lungs are one of the most common metastatic sites. But either way, when the HPV+ cancer has metastasized, the survival rate drops. These patients do tend to be younger (ie <55yrs vs other cancers at >65yrs) and have fewer health problems including smoking related illness. Thus they can receive more aggressive treatments and survive longer (2+ years). In the HPV+ group with metastases, 25% were still alive after three years, whereas the percentage in the non HPV+ group was 15%.

So go to your dentist regularly, teeth or no teeth, problems or no problems! It will save your life or someone close to you!



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