

ORIGINAL ARTICLE

CORRESPONDENCE OF ORAL MUCOSAL LESIONS WITH INJURIOUS PROPENSITIES AND DELETERIOUS HABITS: A NOVEL STUDY

¹Nikan Makadia, ²Dhruv Kumar Patel, ²Hitesh Patel, ³Samra Hussain, ⁴Vidhi Shah, ⁴Anshul Shah

¹College Of Dental Sciences & Research Centre, Ahmedabad, Gujarat, ²Karnavati School of Dentistry. Ahmedabad, Gujarat, ³Mathrusri Ramabai Ambedkar Dental College. Bengaluru, Karnataka, India, ⁴Ahmedabad Dental College & Hospital, Ahmedabad, Gujarat, India

ABSTRACT:

Background: The point of the present investigation was to decide the pervasiveness of oral mucosal sores and their co-connection with injurious propensities like smoking, tobacco and liquor utilization. Dental wellbeing and oral wellbeing are utilized synonymously while expressing the objectives of oral wellbeing; such proclamations are legitimate for dental wellbeing. This may prompt serious underestimation of the need of aggregate oral medicinal services. Prevalent information of oral mucosal injuries are accessible from numerous nations, however, the data is typically confined to not very many sores in each study. **Materials and Methods:** 800 patients were inspected under the examination. These patients incorporated the individuals who came looking for treatment for dental issues at the outpatient bureau in multiple hospitals in India. These patients were separated into four gatherings. Group A included subjects that were below the 20 years old, group B included subjects that were between 20 years to 40 years, group C included subjects that were between 41 years to 60 years and group D included subjects that were over 60 years. Clinical examination of the patients was finished by a group of 7 dental specialists utilizing simulated light, mouth mirror and cloth. **Results:** The lesion in the oral cavity were found to have a pervasiveness of 28% in the examination populace. They framed 224 subjects of the investigation populace. Ordinary mucosal variations were seen in 221 individuals in the examination. The most common lesion observed was the Fordyce's granules which included 47 subjects. The second most common lesion was smoker's palate that included nearly 35 cases. The prevalence of leukoedema was observed in nearly 33 patients. Leukoplakia was found in nearly 31 patients and oral sub-mucous fibrosis was observed in 30 patients. Aphthous ulcers were observed in 27 cases and oral candidiasis was observed in 21 cases. Most lesions were predominant in the males in the age group of 41 – 60 years and the age group of 20-41 years. **Conclusion:** It is vital for youngsters from this group to be chosen and prepared to convey dental wellbeing instruction. Oral care ought to be made accessible at their doorsteps by planning intermittent oral medicinal services programs. The populace ought to be taught about the hurtful impacts of liquor abuse, smoking, and biting propensities by open media. This epidemiological overview has given pattern data to support the execution of oral wellbeing programs. Considering the nonattendance of fundamental oral medicinal services administration, an extraordinary program ought to be intended to enhance mindfulness and the oral states of the community.

Keywords: Prevalence, Oral Mucosal Lesions, Habits, Fordyce's Granules, Smoker's Palate.

Corresponding author: Dr. Anshul Shah, Ahmedabad Dental College & Hospital, Ahmedabad, Gujarat, India

This article may be cited as: Makadia N, Patel DK, Patel H, Hussain S, Shah V, Shah A. Correspondence of oral mucosal lesions with injurious propensities and deleterious habits: A novel study. *Int J Res Health Allied Sci* 2017;3(4):9-11.

INTRODUCTION:

Right around 79% of the Indian masses live in provincial zones and have extremely negligible access to dental care, and an extensive extent of them is illiterate.¹The uniqueness in oral well being status of people is exceptionally dependent upon components like social work, estimations of our general public, the level of solace, and geographic location.² Irrespective of such discrepancies, patients habitually pay a visit to the government hospital, privately operating family physicians and Anatomist with oral injuries. Oral mucosal lesions are normal in the grown-up populace and have been found to be more typical than pressure cerebral pains or arthralgias.³

Oral Mucosal Lesions, some of them precancerous, may lead to Oral malignancies that constitute as the 6th common kind of malignancy on the planet.⁴ The Indian subcontinent has for quite some time been viewed as the epicenter of oral cancerous and mucosal lesions around the world and is perceived as a striking medical issue.

Tobacco has been recognized as a potential hazard for oral malignancy and thus, this paper assesses the pervasiveness of oral mucosal injuries and to correspond the discoveries with the propensity for disbursing tobacco and liquor in the populace.

Epidemiological investigations give an imperative vision in deciding the occurrence, pervasiveness, and seriousness of oral mucosal lesions. They likewise help in surveying the appropriation the hazard figures and related etiology. The point of the present investigation was to decide the pervasiveness of oral mucosal sores and their co-connection with injurious propensities like smoking, tobacco and liquor utilization. Dental wellbeing and oral wellbeing are utilized synonymously while expressing the objectives of oral wellbeing; such proclamations are legitimate for dental wellbeing. This may prompt serious underestimation of the need of aggregate oral medicinal services. Prevalent information of oral mucosal injuries are accessible from numerous nations, however, the data is typically confined to not very many sores in each study.

MATERIALS AND METHODS:

800 patients were inspected under the examination. These patients incorporated the individuals who came looking for treatment for dental issues at the outpatient bureau in multiple hospitals in India. These patients were separated into four gatherings. Under group A were below the 20 years old, group B were the 20 years to 40 years, group C were the 41 years to 60 years and group D were over 60 years. Clinical examination of the patients was finished by a group of 7 dental specialists utilizing simulated light, mouth mirror and cloth.

Conclusion was made on the premise of history and clinical examination. Data with respect to propensities for smoking, tobacco and liquor utilization was accumulated through poll based meetings. Rejected from the investigation were those patients that had severe facial deformities or lacked any mucosal lesion.

LIMITATIONS:

The impediment of the investigation is that as we utilized cross-sectional information, it is unrealistic to remark on causality. There might be bewildering factors that were not caught or better clarified. It would be essential to conduct additional research to investigate the relationship of these elements to the result.

RESULTS:

Bar Chart 1 demonstrates the appropriation of subjects by essential attributes. The subjects were divided based on age groups and sex. Under group A were below the 20 years old which included 35 males and 17 females, group B were the 20 years to 40 years which included 175 males and 183 females, group C were the 41 years to 60 years were 123 males and 99 females and group D were over 60 years were 100 males and 68 females. Clinical examination of a total of 433 males and 367 females' patients was finished by a group of 7 dental specialists utilizing simulated light, mouth mirror and cloth.

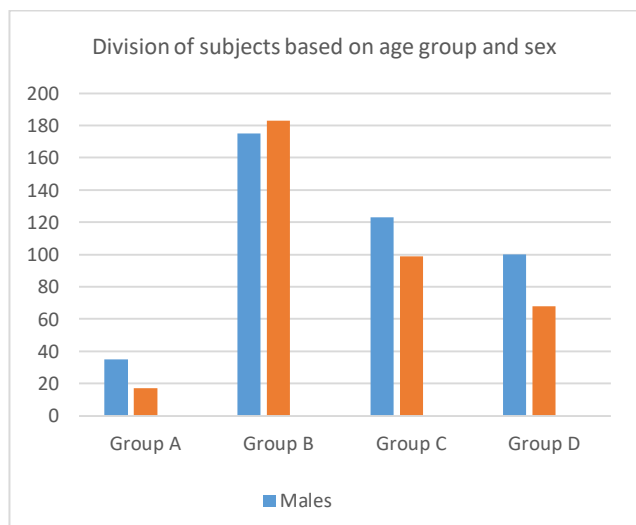


Table 1 shows the division of subjects based on exposure to Injurious Propensities and Deleterious Habits. Under the age of 20 years, there were 17 subjects that were involved in alcohol consumption, 13 subjects that were involved in tobacco chewing, and 22 subjects that were involved in smoking tobacco. In the age group of 20-40 years, there were 125 subjects that were involved in alcohol consumption, 133 subjects that were involved in tobacco chewing, and 100 subjects that were involved in smoking tobacco. In the age group of 41-60 years, there were 92 subjects that were involved in alcohol consumption, 67 subjects that were involved in tobacco chewing, and 63 subjects that were involved in smoking tobacco. In the age group of above 60 years, there were 75 subjects that were involved in alcohol consumption, 47 subjects that were involved in tobacco chewing, and 46 subjects that were involved in smoking tobacco. Out of 800 subjects, 309 were involved in alcohol consumption, 260 were involved in tobacco chewing, and 231 subjects were involved in smoking tobacco.

Table 1 – Division of subjects based on exposure to Injurious Propensities and Deleterious Habits

Age Group	Alcohol Consumption	Tobacco Chewing	Smoking Tobacco
< 20 Years	17	13	22
20– 40 Years	125	133	100
41– 60 Years	92	67	63
>60 Years	75	47	46

The lesions in the oral cavity were found to have a pervasiveness of 28% in the examination populace. They framed 224 subjects of the investigation populace. Ordinary mucosal variations were seen in 221 individuals in the examination. The most common lesion observed was the Fordyce’s granules which included 47 subjects. The second most common lesion was smoker’s palate that included nearly 35 cases. The prevalence of leukoedema was observed in nearly 33 patients. Leukoplakia was found in nearly 31 patients and oral sub-mucous fibrosis was observed in 30 patients. Aphthous ulcers were observed in 27 cases and oral candidiasis was observed in 21 cases. Most lesions were predominant in the males in the age group of 41 – 60 years and the age group of 20-41 years.

Table 2 – Division of subjects based on the type of lesion

Oral Lesion	Individuals affected
Fordyce’s Granules	47
Smoker’s Palate	35
Leukoedema	33
Leukoplakia	31
OSMF	30
Aphthous ulcers	27
Oral Candidiasis	21

DISCUSSION: Cross sectional investigations are the apparatuses used to decide the commonness of illnesses in a populace and to recognize the gatherings which are at high hazard. In the developing nation of India, there are over 250 million tobacco abusers, representing one-fifth of the world's tobacco expending populace.⁵

Today, our universe is in a condition of tobacco pandemic with a bigger populace of tobacco clients rising step by step. In our nation, different types of smoking and biting tobacco are polished by the general population. Most normal frame is bidi and cigarette taken after by cherrut and hukkah which are relatively uncommon.⁶

Bidi smoking is transcendent in many parts of Rural India. At the point when contrasted with cigarettes, bidis create just a littler volume of smoke. Yet, the smoke which is produced is rich in higher centralizations of a few poisonous specialists. Bidi smoking is additionally considered to cause around 2-3 times more noteworthy nicotine and tar inward breath than regular cigarettes.

The commonness of pernicious propensity in our investigation was 433 males (54.12%) and 367 females (45.88%). The pervasiveness of smoking among the members was observed to be 28.87%, which is like the consequences of the study directed by the Dental Council of India (24%).⁷ Furthermore, this finding is in accordance with the discoveries detailed by Thankappan and Thresia.⁸ The pervasiveness of leukoplakia was 13.83% in our examination which was significantly higher compared to the studies done by Bhatnagar et al, Espinoza and his associates.^{9, 10} In the study, oral leukoplakia was observed to be more common in men than ladies. This could be because of the high number of male smokers when contrasted with females. Leukoplakia was most usually found on the buccal mucosa taken after by the labial mucosa and the commissural territory. It was additionally found in the retromolar area and alveolar edge.

CONCLUSION: The general predominance of smoking tobacco, smokeless tobacco and liquor utilization, was observed to be high. Fordyce's Granules followed by Smoker's Palate were the most commonly observed mucosal lesions. Out of 800 subjects, 309 were involved in alcohol consumption, 260 were involved in tobacco chewing, and 231 subjects were involved in smoking tobacco. This proves that alcohol consumption was the most pervasive propensity taken followed by tobacco chewing and tobacco smoking.

It is vital for youngsters from this group to be chosen and prepared to convey dental wellbeing instruction. Oral care ought to be made accessible at their doorsteps by planning intermittent oral medicinal services programs. The populace ought to be taught about the hurtful impacts of liquor abuse, smoking, and biting propensities by open media. This epidemiological overview has given pattern data to support the execution of oral wellbeing programs. Considering the nonattendance of fundamental oral medicinal services administration, an extraordinary program ought to be intended to enhance mindfulness and the oral states of the community.

REFERENCES:

1. Bhat M. Oral health status and treatment needs of a rural Indian fishing community. *West Indian Med J* 2008 Sep; 57(4):414-417.
2. Butani Y, Weintraub JA, Barker JC. Oral health-related cultural beliefs for four racial/ethnic groups: assessment of the literature. *BMC Oral Health* 2008 Sep 15; 8:26.
3. Donald Yeatts, James C. Common oral mucosal lesions in adults. *Burns American family physician*. 1991. Vol.44.no.6. 2043-2050.
4. Parkin DM, Bray F, Ferlay J, Pisani P: Global cancer statistics, 2002. *CA: Cancer Journal for Clinicians* 2005; 55(2):74-108.
5. Reddy KS, Gupta PC. Report on Tobacco Control in India. India: Ministry of Health and Family Welfare, Government of India; 2004. p. 1633.
6. Mehta FS, Hammer JE. Tobacco-related Oral Mucosal Lesions and Conditions in India. India: WHO; 2003. p. 1-890.
7. Bali RK, Mathur VB, Talwar PP, Chanana HB. National oral health survey and fluoride mapping 2002–2003 India. New Delhi: Dental Council of India; 2004.
8. Thankappan KR, Thresia CU. Tobacco use & social status in Kerala. *Indian J Med Res* 2007 Oct; 126(4):300-308.
9. Bhatnagar P, Rai S, Bhatnagar G, Kour M, Goel S, Prabhat M. prevalence study of oral mucosal lesions, mucosal variants and treatment required for patients reporting to a dental school in north India; in accordance with WHO guide lines. *Family community med* 2013; 20(1):41-8.
10. Espinoza I, Rojas R, Aranda WG. Prevalence of oral mucosal lesions in elderly people in Santiago Chile. *J oral path med* 2003; 32(10):571-5.

Source of support: Nil

Conflict of interest: None declared

This work is licensed under CC BY: **Creative Commons Attribution 3.0 License.**