

Early diagnosis of oral submucous fibrosis is a boon in the prevention of oral cancer



Oral submucous fibrosis (OSMF) is a slowly progressive potentially malignant disorder can result in complete closure of mouth and may change into the oral cancer. Public is more aware regarding the health hazard of alcohol and narcotics, but awareness about the tobacco and areca nut chewing is comparatively low. Tobacco and gutka are also having a lot of publicity with the warning in short, that is a great tragedy. Prevalence of OSMF varies from 0.2% to 0.5% in India, with a high percentage being found in Southern part of our country. A malignant transformation rate is 2.3% to 7.6%, genomic instability along with keratinocyte phenotype, play a significant role in the malignant transformation.^[1] We can put scleroderma in the differential diagnosis of this disease. An etiology of OSMF is closely associated with areca nut chewing, nutritional deficiency, and genetic. Habit of areca nut chewing (gutka) and smoking are not less injurious than narcotics and alcohol so our country needs more sensitization and public health measures for proper awareness and early diagnosis of OSMF along with cessation of habits.

Management of OSMF includes medicinal management up to 25 mm mouth opening and <25 mm mouth opening needs surgical treatment. A medical treatment may be the administration of antioxidants, anti-inflammatory, and proteolytic drugs (triamcinolone and hyaluronidase). A submucosal injection and topical application of triamcinolone may also be advised but along with these things, habit cessation is of prime importance. A surgical treatment includes resection of fibrous bands and interposition of different flaps such as palatal flap, tongue flap, nasolabial flap, platysma flap, buccal pad of fat, dermis fat, radial forearm free flap, split skin graft, etc.^[2]

Apart from surgical and medical treatment, physiotherapy is also in a routine practice but there is no scientific evidence that physiotherapy that is forceful mouth opening improves

the result. In fact, forceful mouth opening will lead to microbleeding followed by inflammation and healing with scar which in turn leads to more fibrosis. Hence, excessive forceful mouth opening should be avoided. As per the ancient system of medicine (Ayurvedic), OSMF can be considered as Anukta Vyadhi, some other descriptions related to OSMF are Krichchhen Vivrinoti Mukham, Mukhadaha, Tikshna Asaha, Mukhasosha, Arasagyata, Alparasagyata and vranavastu, and Durudha Vrana.^[3]

Executive summary may be following:

- Awareness programs for masses with the use of social media and screening camps
- Early diagnosis of OSMF shall lead to better prognosis and may prevent the malignant transformation
- Registry of OSMF
- Religious follow-up for at least 5 years after treatment
- Only modest forceful mouth opening should be instituted
- Impacted molars should also be taken care specially if there is pericoronitis
- Habit cessation training should be included in the dental education.

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