

Signs, Symptoms and Causes of Oral Cancer

John Stefan*

Department of Dentistry, University of Milan, Milan, Italy

Short Communication

Received: 07-Jun-2022,
Manuscript No. JDS-22-68781; **Editor assigned:**
10-Jun-2022, PreQC No.
JDS-22-68781 (PQ);
Reviewed: 24-Jun-2022,
QC No. JDS-22-68781;
Revised: 01-Jul-2022,
Manuscript No. JDS-22-68781 (A); **Published:** 08-Jul-2022, DOI:
10.4172/2320-7949.10.5.003
***For Correspondence:**
John Stefan, Department of
Dentistry, University of Milan,
Milan, Italy
E-mail: Johnstef8@hotmail.it

DESCRIPTION

The lining of the lips, mouth, or upper throat can develop cancer, which is known as oral cancer or mouth cancer. In the mouth, it typically begins as a painless white area that thickens, turns red in spots, develops into an ulcer, and keeps getting worse [1]. It typically appears on the lips as a slow-growing, persistent crusting ulcer that does not heal. Other signs and symptoms could be swallowing that is unpleasant or difficult, new lumps or bumps in the neck, a mouth swelling, or numbness in the lips or mouth.

Alcohol and cigarette usage are risk factors. The risk of oral cancer is 15 times higher in those who use both alcohol and cigarettes than in people who do not [2-5]. Infection with HPV and sun exposure on the lower lip are additional risk factors. A subtype of head and neck malignancies is oral cancer. A biopsy of the problematic area is used to make the diagnosis, which is then followed by an investigation using a CT scan, MRI, or PET scan and an examination to see if it has spread to other parts of the body. Avoiding cigarette products, limiting alcohol use, using lip sunscreen, getting the HPV vaccine, and avoiding pan are all ways to prevent oral cancer.

Combinations of surgery (to remove the tumour and local lymph nodes), radiation therapy, chemotherapy, and targeted therapy may be utilized as treatments for oral cancer [6]. The types of therapies will be determined by the extent, distribution, and size of the cancer as well as the patient's general condition.

Around 3,55,000 persons worldwide developed oral cancer in 2018, which contributed to 1,77,000 fatalities. In the United States, the rate of oral cancer increased by 6% between 1999 and 2015. (from 10.9 to 11.6 per 1,00,000). Oral cancer deaths over this time period fell by 7%. (from 2.7 to 2.5 per

100,000). In the United States, the overall 5-year survival rate for oral cancer was 65% as of 2015. This varies from 84% if it is detected when it is confined to 66% if it has spread to the neck lymph nodes and 39% if it has gone to remote regions of the body. The location of the disease in the mouth affects survival chances as well [7].

Oral cancer symptoms and signs vary depending on where the tumor is located, but typically involve thin, erratic white patches in the mouth. There may also be red and white patches (mixed red and white patches are much more likely to be cancerous when biopsied). The traditional warning signs are a raised border with an ulcer and a continuous rough spot that is only mildly unpleasant. The ulcer is more commonly crusting and dry on the lip and a mass in the pharynx. It may also be associated with a white patch, loose teeth, bleeding gums, a recurring earache, numbness in the lip and chin, or swelling [8].

Other symptoms of throat cancer include pain when swallowing, a change in voice, and difficulty swallowing (often caused by HPV16+ cancer at the base of the tongue) or a clearly visible tonsil enlargement. Lesions often cause little discomfort until they grow larger and develop a burning sensation. As the lesion invades the lymph nodes in the neck, a painless, tough material will form. If the cancer spreads to other parts of the body, general aches may develop; this is usually due to bone metastases [9].

Tobacco use is the leading environmental cause of oral squamous cell cancer. The amount, frequency, and mode of administration of a carcinogen, like other environmental factors, significantly speed up cancer (the substance that causes cancer) spreads [10]. Other mouth cancer-causing agents, in addition to cigarettes, include alcohol, UV light, radiation, and viruses (especially HPV 16 and 18).

REFERENCES

1. Ilda Y, et al. Evaluation of dentin bonding performance and acid-base resistance of the interface of two-step self-etching adhesive systems. *Dent Mater J.* 2009; 28: 493-500.
2. Vaikuntam J, et al. Resin-modified glass ionomer cements (RM GICs) implications for use in pediatric dentistry. *ASDC J Dent Child.* 1997; 64: 131-4.
3. Nicholson JW, et al. Chemistry of glass-ionomer cements: A review. *Biomaterials.* 1998; 19(6):485-494.
4. Wang L, et al. Effect of adhesive systems associated with resin-modified glass ionomer cements. *J Oral Rehabil.* 2006; 33: 110-116.
5. Bagheri R, et al. Effect of G-Coat Plus on the mechanical properties of glass-ionomer cements. *Aust Dent J.* 2013; 58: 448-453.
6. El-Askary FS, et al. The effect of the pre-conditioning step on the shear bond strength of nano-filled resin-modified glass-ionomer to dentin. *Eur J Dent.* 2011; 5: 150-156.
7. Bagheri R, et al. Subsurface degradation of resin-based composites. *Dent Mater.* 2007; 2: 944-951.
8. Oshiro M, et al. Effect of CPP-ACP paste on tooth mineralization: An FE-SEM study. *J Oral Sci.* 2007; 49: 115-120.
9. Akin M, et al. Can white spot lesions be treated effectively? *Angle Orthod.* 2012; 82:770-705.

10. Rahiotis C, et al. Effect of a CPP-ACP agent on the demineralization and remineralization of dentine *in vitro*. J Dent. 2007; 35: 695-698.