



**Core subject: Oral cancer**

# The importance of oral medicine

Our need for it and its relevance in oral cancer detection

Author: Prof Stephen Porter

CPD: 1 hour

## *Educational aims and objectives*

The author explains the clear link between oral surgery and oral cancer detection. He gives a broad overview of this killer condition.

## *Anticipated outcomes*

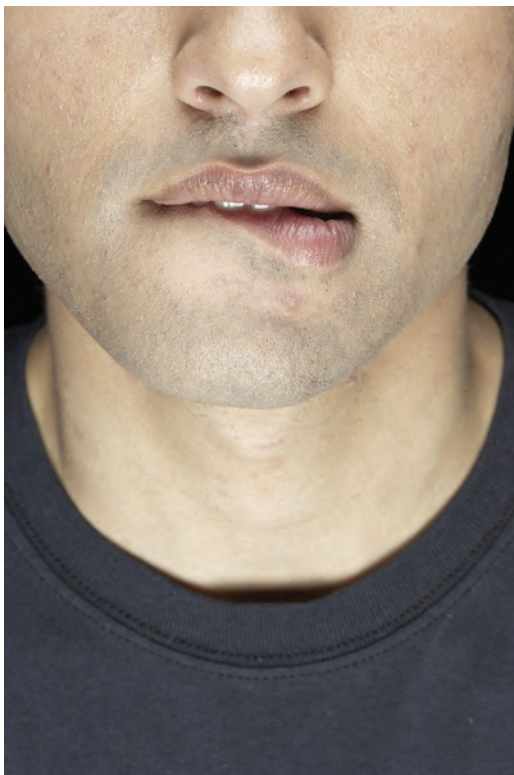
The reader will have a broad overview of oral cancer and know more of what to screen for and expect if it presents in practice.

This article is published by FMC. The publisher's written consent must be obtained before any part of this article may be reproduced in any form whatsoever, including photocopies and information retrieval systems.

While every care has been taken in the preparation of this article, the publisher cannot be held responsible for the accuracy of the information printed herein, or any consequence arising from it. The views expressed herein are those of the author(s) and not necessarily the opinion of the publisher.

# The importance of oral medicine

**Prof Stephen Porter** outlines our need for it and its relevance in oral cancer detection



can give rise to pain, interfere in oral function and may adversely affect schooling and quality of life. Older people can develop ulcers, blisters or sore gums (desquamative gingivitis) due to vesiculobullous disease such as pemphigus or pemphigoid and indeed these can be the first manifestation of disease that can greatly affect other sites (conjunctivae, genitals, larynx and skin).

As individuals age so there is an increased likelihood of autoimmune disease of the oral mucosa and salivary glands. In addition, there is a risk of individuals having iatrogenic disease of these tissues that may manifest as swellings, ulcers, dry mouth, altered taste and/or pain. Orofacial pain, due to many causes, affects an increasingly large number of persons both in early (TMJ dysfunction and so on) and late life (atypical facial pain, burning mouth syndrome, etc), sometimes, but not always, having a psychological impact on the patient's life.

Many patients continue to believe that oral health care is centred on disorders of the teeth and gums, hence there are often misconceptions about the wide spectrum of disorders that can affect the oral and related tissues. There are indeed many specialisms allied to dentistry and recently I was asked why oral medicine should be given any prominence, as the great majority of dentists and specialists undertake activities related to restorative dentistry, orthodontics, paediatric dentistry and oral surgery. In essence, I was being asked to justify the relevance – and perhaps professional attractiveness for future clinicians – of this specialty.

## AGE-RELATED ISSUES

The practice of oral medicine matters for a variety of reasons. For example, oral ulceration in a young adult is often recurrent aphthous stomatitis (RAS), which

## LESIONS

White patches of the mouth are, in the main, due to trauma or lichen planus, but of course the latter may give rise to longstanding painful lesions – and to malignancy in up to 7% of patients (although in populations attending oral medicine units this is possibly ~1%). At the other extreme, both ulcers and white patches can be manifestations of malignancy. Of concern, and perhaps why oral medicine really matters, is that the number of people developing mouth cancer is climbing. Hence, there is the need to ensure that there are appropriate and adequate services to diagnose such disease and provide long-term monitoring of patients with previous, or at risk of, oral cancer.

## THEN AND NOW

The disease profile of patients attending oral medicine units is always fluid. Twenty years ago there were many patients with the oral consequences of HIV disease while now, as a result of effective antiretroviral therapy, there are much fewer patients attending with such problems. However, we now see more patients with disorders such as orofacial granulomatosis or bisphosphonate related osteonecrosis (BRONJ) iatrogenic disease. The demand for oral medicine services in units across the UK and Europe continues to rise and indeed there are probably more trained specialists in this field than at any other time.

Clearly the bulk of publicly and privately funded oral health care is directed towards disease of the teeth and gums, reflecting the epidemiology of common oral disease. Nevertheless as people live longer, receive increasingly complex drug therapy and expect to have a mouth free from symptoms such as pain and dryness, there is a role for oral medicine – and indeed will be for many years to come. **CPD**

## MORE...

For more details about the UCL Eastman Dental Institute, please visit [www.ucl.ac.uk/eastman](http://www.ucl.ac.uk/eastman) or telephone 020 3456 1038.

## AUTHOR



Stephen Porter is director and professor of oral medicine at UCL Eastman Dental Institute. His clinical interests are the non-surgical management of complex immunologically-mediated and potentially malignant disease of the mouth and salivary glands. His research interests centre upon the oral aspects of viral infection and the aetiology and detection of potentially malignant oral disease.



# Feedback

## Quality control

An essential part of Continuing Professional Development is quality control. This gives you the chance to provide feedback to us on the quality of these articles. This is not essential, but please feel free to reply using the form below if you have any comments on the CPD offered in this publication. If there is insufficient room on this form for your comments, please attach extra sheets of paper.

Article title: \_\_\_\_\_

Author: \_\_\_\_\_

Comments on CPD offered:

---

---

---

---

---

---

---

---

Please post back to:

The Editorial Director  
FMC  
Hertford House  
Farm Close  
Shenley  
WD7 9AB