

Oral Cancer: Chronic Smoking

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Citation

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Abstract

Dear Sir,

Tobacco use is directly related to a variety of medical problems including cancer, low-birth weight, pulmonary and cardiac diseases. India has among the highest rates of oral cancers in the world. Oral cancer forms one-third of total cancer cases of which 90% of the patients are tobacco chewers. World wide around 19% of all deaths can be attributed to the use of tobacco.¹ Smoke and smokeless tobacco causes various systemic diseases. Its effects on virtually every organ system about 30% of all cancer disease and deaths, about 90% of all lung cancers, 30% of all cases of ischemic heart disease and strokes, about 80% of myocardial infarctions before the age of 50 years, and 70% of chronic lung diseases, are caused by tobacco taking. Every year globally four million deaths occur due to tobacco related disease. Tobacco and alcohol are acknowledged risk factors for oral and oropharyngeal cancer.² Epidemiologic studies have shown that of people with oral cancer ore than half smoke.³

This is a retroerspective study of patient who reported to Government Dental College and Hospital associated with Pt. Bhagwat Dayal Sharma, Post Graduate Institute of Medical Science, Rohtak (Haryana) with oral cancer in the Department of Oral & Maxilofacial Surgery from 2002 to Oct. 2005. In this study we detail the history which includes reason, clinical examination, investigation and treatment given recorded from case files. The number of cases which were studied thoroughly were 107 (M:F, 65:42) ranging from 40 to 70 years. In the present study, in between January 2002 to Oct. 2005 states, in 2002 (M:F, 13:7), 2003 (M:F, 14:12), 2004 (M:F, 19:11), 2005 (M:F, 19:12) i.e. increase with yearly. The majority of cancer involves the tongue (72%), floor of mouth (13%), buccal mucosa (5%), palate (4%), lower lips (3%) and gingiva (3%). Oral cancer is a disease of increased age, 65% of cases of occur in females older than 50 years but 75% cases occur in males older than

55 years. The main options are totally excision or radiotherapy or both. The surgery is typically preferred for small carcinomas (70%) which can be easily excised, for those involving bone (37%) because of risk factor of later radionecrosis (20%) after radiotherapy and for tumour which failed to response or have recurred (4%) after radiotherapy the survival rates may be conditioned by physical and social environment, lack of knowledge, risk promoting, life style, attitude and behaviour, and limited access of health care. At least half of the difference in survival in the poor has been attributed to late diagnosis.⁴ Review of report of National Cancer Database⁵ indicated that patient with localized tumor of oral cavity and pharynx has overall survival of 70%. The database showed an 81% survival rate for those who were treated with surgery alone, 70% survival rate for those treated with surgery and radiation combined, and 95.5% survival rate for those treated with radiation alone. For patients with regional disease, overall survival was 46%, survival rate were 60% for those treated with surgery alone, 58% for those treated with combined surgery and radiation, and 39% for those treated with radiation alone, for patients with distant metastasis overall survival of 33%.

It is concluded that smoking rate increases yearly so that the incidence of cancer increase. Anti-tobacco programmes should be launched by WHO and Indian Government i.e. banned the tobacco product.

References

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