Home Study Audio 270

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Oral Pathology of Tobacco

(Examination and diagnosis of oral lesions)

AAFP Home Study Self-Assessment®

Oral Pathology of Tobacco

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After studying this section of the audio program and booklet, the listener should be able to:

1. Perform a systematic inspection and palpation of the oral cavity.
2. Identify leukoplakia and distinguish it from erythroplakia.
3. Identify snuff dipper's hyperkeratosis, nicotinic stomatitis, and gingivitis.

Introduction.

1. Physicians need to be more aware of the oral pathology caused by tobacco use.
2. A 1- to 2-minute examination of the tongue, mucosa, palate, tonsils, teeth, and lymph nodes is needed to identify oral pathology caused by tobacco.

Extraoral examination.

1. Begin the examination by observing the patient's face and how he speaks.
2. Look for asymmetry of the face.
3. Examine the condition of the neck lymph nodes.
4. Check for actinic damage and herpetic lesions of the lips.

Intraoral examination.

1. Use latex gloves and a strong light source (a gooseneck lamp or head lamp). Penlights do not produce enough light, and they tie up 1 hand.
2. Begin the intraoral examination at the vermilion border.

3. First, have the patient grit her teeth. Examine the gingiva and frenulum above the teeth. Repeat this in the mandible area. Run your finger along the gums to detect irregularity.
4. Second, use a gauze sponge to dry and manipulate the tongue. Examine both sides and underneath the tongue with the help of a mouth mirror or tongue depressor. Examine any suspicious lesions last, so that you have a better sense of the appearance of normal tissue.
5. The lateral aspect of the tongue is the most common site in the mouth for leukoplakia, a possible precancerous lesion most often seen in people who use tobacco.
6. Examine the hard palate, soft palate, pharynx, and tonsils.

Tobacco and oral pathology.

1. The vast majority of oral lesions are caused by cigarette smoking; chewing tobacco and snuff also cause lesions.
2. The ratio of oral cancer in men to women is 2:1.
3. There has been an increase in oral cancer in women that correlates with the increase in women smoking.
4. There are 30,000 cases of oral cancer per year, and more than one third of those die as a result.

Leukoplakia.

1. Leukoplakia appears rugated, does not feel smooth, and cannot be scraped off like candida. It is white, white-gray, or yellow-gray in color.
2. As many as 1 in 5 cases of leukoplakia progress to cancer.
3. The first step in treating leukoplakia is to stop the causal activity. The vast majority of leukoplakia is caused by tobacco. Chronic trauma also may cause leukoplakia.
4. Leukoplakia usually regresses if the causative agent is withdrawn.

Erythroplakia.

1. Erythroplakia is a red, inflamed, velvety, granular, or smooth patch.
2. If it persists for longer than 2 weeks, erythroplakia must be biopsied.
3. The most ominous erythroplakia lesions are those that are both white and red in color.

Snuff dipper's hyperkeratosis:

1. Snuff dipper's hyperkeratosis is the most common lesion found in users of spitting tobacco.
2. The tongue must be moved to see the lesion.
3. The lesion is a rugated, dried, pale patch of mucosa. It has a cobblestone appearance with a red dot appearing in the middle of each nodule. It feels rough to the touch.

Nicotinic stomatitis.

1. Nicotinic stomatitis is seen frequently in people who smoke pipes but also may be seen in those who smoke cigarettes and cigars.
2. The palate is hard, thickened, and gray. It looks papular with central red punctations.
3. Nicotinic stomatitis reverses when the cause is removed.

Gingivitis and periodontitis.

1. One of the most common effects of tobacco use is the weakening of the gingival tissue.
2. Gingivitis can progress to periodontitis, and then to erosion of the tooth root, dentin, and cementum.
3. Acute necrotizing ulcerative gingivitis is a bacterial infection associated with poor dental hygiene and is more common in homeless and immunosuppressed patients. Tobacco is not a direct cause.

Suggested Reading

Eisen D, Lynch DP. *The Mouth: Diagnosis and Treatment.* St. Louis: Mosby; 1998.

Eisenberg E. Common lesions of the oral mucosa: examination and differential diagnosis. *Prim Care Cancer.* 1992;12:17-40.

Martin PJ, Fee WE, Arendt DM. A color atlas of oral cavity lesions. *Prim Care Cancer.* 1989:9-21.

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