

GENDER DISTRIBUTION OF ORAL MUCOSA LESIONS IN PATIENTS ATTENDING AL-SADER TEACHING HOSPITAL IN MISSAN PROVINCE

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ABSTRACT

Background

The purpose of this study was to determine the percentage and gender difference of oral lesions in a sample of Iraqi patients from Missan. The age, gender, educational, socioeconomic, cultural levels, smoking, medications used, and systemic diseases are factors that could predispose to the occurrence of oral lesions.

Patients and Methods

This study was conducted from April 2009 to March 2011. A total of 266 patients were examined. Of these, 123 were males and 143 were females. The patients' age ranged between 15 to 69 years. An interview was conducted to collect information using a structured questionnaire which was completed by each patient. The patients were examined clinically by two trained examiner, the lesions that could not be diagnosed by clinical examination alone were examined histopathologically by histopathologist in the same hospital.

Results

Among the 266 patients, each patient had one or more oral lesions. The number of oral lesions was 316. Oral lesions were classified according to the following seven categories: tongue lesions 29.32%, normal variants 26.69%, white lesions 16.54%, ulcerated lesions 12.41%, candidiasis 7.14%, benign lesions 6.77% and malignant lesions 1.14%. Tongue lesions were more common among males 18.05% than in females 11.28%. Denture induced fibrous hyperplasia and denture stomatitis and Linea Alba was more common among females 8.65% than males 6.39%, while Fordyce granule, hairy tongue and geographical tongue, were more common among males (7.14%, 4.89%, 3.76% respectively) than in females.

Conclusion

Routine examinations of oral cavities are valuable in identifying several oral lesions and this will help establish early diagnosis and treatment and better prognosis particularly early precancerous and other oral lesions.

KEYWORDS: Oral Lesions, Oral Disease, Oral Mucosa, Percentage

INTRODUCTION

A change in color of the normal reddish oral mucosa to white constitutes one of the most frequently encountered oral abnormalities ⁽¹⁾. A variety of malignant and pre-malignant lesion of oral cavity appear white, like leukoplakia, oral submucous fibrosis, oral lichen planus, erythroplakia, chronic hyperplastic candidiasis, sub-lingual-keratosis,

tobacco-induced keratosis, syphilitic keratosis and carcinoma in situ ⁽²⁾.

The initiation of these precancerous conditions may depend upon extrinsic local factors. The more frequently blamed factor is tobacco used in different ways i.e. smoking and chewing that causes local irritation ⁽³⁾.

Ricke et. al. ⁽⁴⁾ pointed out in his study that eating spicy food and, smoking tobacco are the causative factors of oral lesions. Oral lesion constitute major public health problem in South Asian countries. Public of these areas are habitual of taking spicy food, smoking and chewing tobacco. These are the common social habits in this region. Researches had found that these habits are risk factors for producing oral lesion.

Oral lesions can cause discomfort or pain that interferes with mastication, swallowing, and speech. Oral lesions can produce symptoms such as halitosis, xerostomia or oral dysesthesia, which interfere with daily social activities ⁽⁵⁾. Diagnosis of wide variety of lesions that occur in the oral cavity is an essential part of dental practice (Figure 1). An important element in establishing a diagnosis is knowledge of the lesions' relative frequency, or percentage at one point in time ⁽⁶⁾. Among the broad spectrum of causes leading to changes in the oral mucosa are infections from bacteria, fungi, viruses, parasites, and other agents; physical and thermal influences, changes in the immune system, systemic diseases, neoplasia, trauma and other factors, some of which are issues of aging ⁽⁷⁾.

Dental factors (poor oral hygiene, sharp teeth, and improperly fitting dentures) have been thought to play a role in the occurrence of oral mucosal lesions. Denture wearers are suffering the characteristic lesions from the dentures ⁽⁸⁾. The tongue lesions; fissured, geographic and hairy tongue, oral lesions Fordyce granules, and leukoedema are classically considered to be developmental oral lesions rather than having virtual disease characteristics ⁽⁹⁾. Candidosis occupying second place in frequency of the mucosal membrane of the oral cavity has been looked upon as mirroring the general health ⁽¹⁰⁾.

PATIENTS AND METHODS

A total of 266 patients, of these 123 (46.24%) were males and 143 (53.76%) females. The patients' ages were between 15 to 69 years. All patients included in this study were referred to the outpatient clinic of Oral and Maxillofacial Surgery in Missan general hospital (Missan –Iraq) from April 2009 to March 2011. An interview was conducted to collect information using a structured questionnaire which was completed by each patient and the examiner. Both dental and general medical histories of the patients were obtained.

The patients were examined clinically by two trained examiner using artificial light, mouth mirror, gauze. A preliminary diagnosis was established at the time of clinical examination. Some of the mucosal changes were diagnosed solely by clinical examination e.g. linea Alba, fissured tongue. Sometimes a cotton swab was used to remove evident debris; a swab was always used to test whether a white lesion could be wiped off. In some cases where the observed lesion could be of traumatic origin, this was eliminated and the patients were requested to return for evaluation several days later for a new exploration.

Initial assessment and diagnosis was made by history and clinical examination which was subsequently confirmed histopathologically (by whom), type of habit and nature of lesion were all recorded. During the clinical examination, the following elements including features of the lesion, anatomical location, extension, etiological factors or related factors, dental status were analyzed. The collected data were then evaluated using SPSS version 19.

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