

# Impact of Smoking On Oral Cavity Cancer

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## Key points:

- Introduction
- Diagnosis
- Treatment with Challenges
- Recent successes and Conclusion
- Physiological and social impact

## Introduction

Smoking can be quit by many people, but staying away from cigarette requires maintenance, prevention and support.<sup>1</sup> Oral cancer is among 10 most common Cancers in world.<sup>2</sup> Smoking is major etiological factor in the development and progression of oral cavity cancer.

## Diagnosis

Men aged among 45-60 are frequent to be diagnosed with Oral cancer, they are detected by dentists and general practitioners at advanced stage supported by cancer symptoms. Moreover, the status of current smoking should be reviewed throughout the OOP cancer patient's disease course. In addition, smoking-cessation assistance is necessary to be provided.<sup>3</sup>

## Treatment with challenges

Smokers gum treatments do not really improve much as non-smokers, even the dental implants also fail on their effected jaws. The harm of smoking causes Infection response to body by changing bacteria of the gums. The most common treatment for nicotine replacement therapy is Nicotine Patch that has shown adverse results. In addition, counselling to quit smoking has shown improved results too.<sup>4</sup>



Figure 1: Impact of smoking on oral health.

## Recent successes and Conclusion

The American Academy of Periodontology has included quitting smoking as an important part of gum disease treatment. Moreover, the General Surgeons 2000 reports on oral health encouraged the dentists to play vital role in helping patients quit tobacco. This particular urge can lead to major improvements in both oral and overall health.<sup>4</sup>

## Physiological and Social impact

Oral health plays important role in one's life. The social difference can result in unemployment, the oral cancer patients may lose their ability to work altogether. In

areas where health care support systems are limited can push them to deal with financial crisis or distress.<sup>6</sup>

## References

1. Schwartz JL. Methods of smoking cessation. *Medical Clinics of North America*. 1992 Mar 1;76(2):451-76.
2. Rivera C. Essentials of oral cancer. *International journal of clinical and experimental pathology*. 2015 Sep 1;8(9):11884.
3. Borowski B, Margainaud JP. Early diagnosis of cancers of the mouth. *Revue D'odonto-stomatologie*. 1990 Jul 1;19(4):291-7.
4. Johnson GK, Hill M. Cigarette smoking and the periodontal patient. *Journal of periodontology*. 2004 Feb;75(2):196-209.
5. Warnakulasuriya S. Global epidemiology of oral and oropharyngeal cancer. *Oral oncology*. 2009 Apr 1;45(4-5):309-16.
6. <https://www.who.int/tools/pictorial-health-warnings-on-tobacco-products/tobacco-image-database/smoking-causes-oral-cancer-indonesia>