Introduction

Cancers of the mouth and oral cavity, like all cancers, are irregular and abnormal growths of cells that can build up into masses of tissue, or tumors. Cells of different shapes and functions make up various parts of the body: the skin, heart, lungs, bones, and so forth. All cells reproduce themselves by dividing. Normal growth and repair of body tissue take place in this orderly manner.

When cell division is not orderly, abnormal growth takes place. Masses of tissue called tumors build up. Tumors may be benign or malignant.

Benign tumors remain localized and usually do not spread or threaten one's life. They may be removed completely by surgery and are not likely to recur.

Malignant tumors are cancers. They can invade and destroy nearby tissues and organs and spread to other parts of the body. The new growths they form are called metastases. Even if the original cancer is removed by surgery or radiation therapy, the disease sometimes recurs because it may have spread.

Oral cancer is the term used to refer to tumors on the lips, in the mouth (also called oral cavity or buccal cavity), and in the pharynx, the upper part of the throat just behind the mouth. These tumors often are easily visible.

The most common sites of cancers of the mouth and oral cavity are the floor of the mouth, the pharynx including the soft palate, the lips and the tongue. Other sites may include the salivary glands, the gums or gingivae, the hard palate or roof of the mouth, and the buccal mucosa or soft tissues inside the cheeks.

Symptoms

Tissue changes in the mouth which might be the earliest beginnings of oral cancer can be easily seen or felt. If you should find any abnormal areas in your mouth which persist more than 10 days, see your dentist without delay.
Particular warning signals for oral cancer are a raised growth; swelling or lump anywhere in the mouth; changes in color, particularly the presence of red, brown or black spots, redness with white patches, or white rough patches; continuous bleeding or a sore that does not heal in 10 days; tingling, burning or numbness in the tongue or lip or pain anywhere in the mouth; painful, sensitive or loose teeth; or difficulty in swallowing or talking.

Any of these symptoms may be caused by something other than cancer. A thorough examination of your mouth and throat by a dentist or physician will reveal a cancerous condition if there is one.

**Diagnosis**

Your dentist may recognize signs of possible early cancer during your dental examination and may biopsy suspicious areas to determine if the changes are malignant or benign. A small sample of tissue from the suspected area will be removed for close examination under a microscope. The doctor who examines the tissue is a pathologist, a physician who interprets and diagnoses the changes caused by disease in body tissues. The biopsy is used to confirm or rule out a diagnosis of cancer.

When a diagnosis of cancer is confirmed, it is best for you to begin treatment in a hospital that has an expert staff and resources to apply all forms of effective treatment right from the beginning. Before treatment you may, if you wish, request a second opinion from another physician to confirm the diagnosis and recommendations for therapy.

**Treatment**

Your doctor will consider a number of factors in determining the best treatment for you. Among these are your medical history, your general health, and the type and location of the cancer or cancers you have. Your treatment must be tailored to your individual needs.

Immediate treatment should follow the diagnosis of cancer. Surgery is used in many cases to remove the tumor. Often the surgeon also removes nearby lymph glands to find whether the disease has moved that far. Sometimes the disease has spread to the neck even though no lump may be detected there.

When the cancer has spread, the surgeon will perform surgery. This consists of removal of tissue from the area of the neck to which the cancerous cells have spread.

Radiation therapy is an alternative to surgery and is used particularly to destroy a tumor that may be too large for surgical removal.

Radiation therapy involves exposure to X-rays or gamma rays emitted from radioactive isotopes such as cobalt 60. X-ray over several weeks can cure most lip cancers with the least effect on facial appearance. Radiation therapy may involve super-voltage equipment such as a linear accelerator or betatron.
Another form of radiation therapy used by some radiologists in localized cases and cancer of the
tongue, lip or floor of the mouth, is called interstitial irradiation. Here, needles containing radioactive
elements are implanted to destroy the cancer.

Sometimes external irradiation is used before an operation to shrink a large tumor to a more operable
size. At other times, it may be used after an operation to attack cancer cells that the surgery cannot
reach or to treat a tumor that recurs after surgery.

There may be some after effects from radiation therapy, such as pain in swallowing or chewing or loss
of the sense of taste and smell. To avoid or reduce such difficulties, some radiologists favor split dose
radiation therapy applying a first treatment and then waiting for a period of time before the second dose.

The basic principle of radiation therapy is to focus the radiation on the cancer at doses that will destroy
the malignant cells with minimal damage to surrounding normal tissue.

Treatment by anticancer drugs, or chemotherapy, is used along with surgery or radiation treatment in
some case to slow down or control growth of the tumor cells. Bemuse the drugs can act on normal cells
as well as cancerous ones, your physician must maintain a delicate balance of enough drugs to kill
cancer cells without destroying too many healthy ones.

Some anticancer drugs make you feel sick for a while, but your doctor tries to work out a treatment
schedule that disrupts your daily routine as little as possible. The length and frequency of drug
treatments depend on a number of factors. These include your type of cancer, the kind of anticancer
drugs prescribed, and how long it takes you to respond to the treatment and how well you tolerate any
side effects.

After surgical treatment of cancers in and around the mouth, there is sometimes facial deformity or
disfigurement because of the amount of tissue that has to be taken out to remove all of the diseased
cells. Today's new methods of reconstructive surgery minimize these problems by skin and bone grafts,
such as using a flap of the upper lip to fill in part of the lower lip, silicone rubber implants to fill out facial
hollows, or plastics and other synthetics to rebuild the jaw structure or facial features.

Modern day diagnosis and treatment of cancers in the mouth require a team of medical, surgical dental
and paramedical specialists. Your care may include the ear, nose, and throat surgeon, orthodontist,
radiotherapist, chemotherapist, plastic surgeon, pathologist, and newer specialist such as the prosthodontist
and prosthodontist (who make and fit artificial body and dental parts), the speech therapist to help with
speaking difficulties, and even cosmeticians to minimize facial scars. All these play a role in the
diagnosis, surgery, reconstruction and rehabilitation of the patient with cancer of the mouth.

Strong chemicals in Kattha, Chuna and tobacco bum into soft mouth tissues… risking eventual cancer
of the mouth or throat. It begins as an innocent white patch you don't even feel. See your doctor or
dentist immediately. Mouth cancer can also be caused by jagged tooth edges, ill-fitting bridgework and
false teeth. There's nothing to get worried about... yet. Oral cancer is completely curable if detected
early. If you eat paan, be sure to rinse your mouth thoroughly before sleep. Regularly visit your dentist.
And make the effort to stop chewing now.