

A Review on Causes of Oral Cancer

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Introduction

In many regions of the world, including Europe, oral cancer is defined as cancers of the lip, tongue, and mouth—is a serious and expanding issue. Together, oral and pharyngeal cancers rank as the sixth most prevalent malignancy in the world. South Asia, the Pacific regions, Latin America, and portions of central and Eastern Europe are the regions with a high incidence. Current details on the global epidemiology are available from a recent review.

In 2006, 5,325 additional cases were identified. Since the 1980s, there have been an annual increase in the number of oral cancer incidents reported to cancer registries; more current data indicate an increase of 41.2 percent over 10 years. The most recent findings were verified by the statistics released by Cancer Research in August 2009, which also showed that other malignancies linked to tobacco use, like lung cancer, had decreased. No other cancer location has actually experienced such a sharp increase in incidence over the last 25 years, according to these unadjusted (age unadjusted) data [1].

In great part, oral cancer is a self-inflicted illness. It's crucial to comprehend the risk factors linked to the disease in order to develop preventive measures. The main risk variables are well recognised, have undergone a recent review⁴, and won't be covered in-depth in this essay. Dentists should be aware of several newly discovered mouth cancer risk factors, though, as well as some on-going debates over the origin of this illness.

Description

This essay's goal is to offer a viewpoint on these hotly contested issues. There is insufficient evidence to link a number of factors that have been frequently mentioned as being likely to be associated with oral cancer, including heredity and familial risk, marijuana (cannabis) smoking, khat chewing, medicinal nicotine use, HIV infection, and alcohol-containing mouthwashes. In order for dentists to communicate just the significant and pertinent dangers with their patients, it is crucial to dispel several beliefs about the disease's cause [2].

Three major risk factors: Alcohol, Tobacco and Betel nut

Cigarette smoking and excessive alcohol consumption is two major risk factors for oral cancer in the UK population. The related risk with these two lifestyle choices is supported by a number of important epidemiological researches from numerous nations. While there is no conclusive proof that particular alcoholic beverages (wine, beer, spirits) have differing effects on oral cancer, all forms of smoking (cigars or cigarettes) have the same additional risks. The alcoholic beverage with the highest risk in a particular demographic would be that population's most popular one [3].

Use of smokeless tobacco (ST) greatly raises the risk of mouth cancer. The public cannot purchase ST because it is illegal to do so in the UK. However, betel quid is frequently combined with the chewing tobacco that is sold (areca nut). Betel quid is a significant risk factor for those who have this habit among Asian ethnic minority living in the UK and is carcinogenic to humans (both with and without additional tobacco). Being South Asian (ethnicity, not race) may therefore be seen as a risk factor.

It is estimated higher risks from these several agents and exposures (among smokers, regular drinkers, and betel quid users; adjusted

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