

# Disorders of oral cavity

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## INTRODUCTION

The oral cavity, which includes the lips, mouth, and gums, is subject to many disorders and diseases can impact speech, nutritional intake and overall health. oral health is a very important component of a person's physical and psychological sense of well-being.

# CHEILITS

## Introduction

Cheilitis, or "lip inflammation," which include the vermilion border( the junction of lip] and labial mucosa(mucous membrain lining the inner lip]

it is manifests as red, dry, scaling, and itchy lips. Many different factors can cause cheilitis, such as an infection, chronic lip licking, or exposure to an allergen or irritant.

Cheilitis is also called chapped lips

## Chapping' of the lips

- Reaction to adverse environmental conditions
- Caused by exposure to freezing cold or to hot dry winds.
- Keratin of the vermilion loses its plasticity, so that the lips become sore, cracked and scaly.
- Affected person tends to lick the lips, or to pick at the scales, which may aggravate the condition.
- Treatment- Petroleum jelly and avoidance of the adverse environmental conditions

# Types

**Common cheilitis:** This is the most commonly observed type. It is also known as “chapped lips” or “cheilitis simplex”.

- The infected person may have cracks and fissures on the skin around the mouth.
- The affected skin may finally get peeled off.
- The lower lip is mostly affected in this case.
- The person may also feel a burning sensation and a cracking of the lips while stretching them.
- This type of cheilitis is caused by habits like rubbing, licking or biting of the lips. This causes irritation of the lips due to the digestive enzymes present in the saliva.

## **Actinic type:**

It results from a long-term exposure to the UV rays of the sun. Hence it is also called “solar cheilosis”. It occurs on the lower lips, which becomes wrinkled and greyish in appearance. These people have high risks of developing squamous cell carcinoma in future.

## **Symptoms**

- Red or white lesions on the lower lip
- Grey-white color with chronic lesions
- Whitish discoloration at the border of the lip

## **Actinic Cheilitis Cure**

- Imiquimod
- 5-fluorouracil
- Laser ablation
- Cryotherapy

**Angular type:** It is also known as angular stomatitis.

It results in inflammation of the corners of the mouth. The possible causes of this condition are

- Malnourishment (iron and Vitamin B deficiency)
- Contact allergy
- Infections (Candida or Staphylococcus)

## **Symptoms**

- Flaky and cracked lips,
- Itchy in the angles of the lips,
- Fever Blister,
- Inflammations and irritation.



## **Cure of Angular Chelitis**

- Scrub your lips at least twice a week. Do this before going to bed.
- Apply mix oil remedy.
- Most importantly, hydrate your lips by drinking plenty of water
- Use homemade chemicals free quality lip balm with vitamin E




**Granulomatous type:** Granulomatous infection occurs in this case, that leads to the blockage of the drainage system and the enlargement of the lips. Formation of a fissure in the middle of the lips may also take place which is known as “median cheilosis”

## **Symptoms**

- Sudden swelling of the upper lip
- Swelling spreading across the lower lip, the forehead, or the cheeks
- Headache, fever, and visual obstruction
- Fissured tongue

## **Granulomatous Cheilitis Curing**

- Corticosteroids to reduce the facial swelling
- Anti-inflammatory antibiotics
- Clofazimine



**Exfoliative type:** Infection, pain, and crusting occur at the vermillion zone of the lips. Thick brown scales of keratin are peeled off from the site of infection.


## **Symptoms**

- Inflamed vermillion zone
- Continuous peeling of the vermillion

## **Exfoliative Cheilitis Cure**

- Applying Keratolytic lip balms
- Using Anti-fungal.
- Taking topical steroids

- **Eczematous type:** It is also known as “lip dermatitis”. It has two subtypes- endogenous and exogenous. It mainly results from the prolonged use of poor quality lip-cosmetics and toothpaste. It is characterized by the formation of fissures, edema, and crusts.
- **Infectious type:** It is caused by pathogens like Streptococcus, Staphylococcus, Candida and Herpes Simplex Virus (HSV-1). Very often, impetigo may present as exfoliative cheilitis. In case of viral infections, this condition is also termed as “Angular Herpes Simplex”.

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- **Cheilitis glandularis** : The lower lips and the minor salivary glands are affected in this case. It occurs in people who practice substance abuse.
  - **Plasma cell type:** It is a very rare condition which affects the gingiva and the tongue. It is characterized by the formation of a dark red plaque.

# Causes

- External factor : which include allergic reaction to drug and cosmetics, exposure to sun, dry heat or cold weather.
- Internal facture : include autoimmune disorder, oral infection, vitamin deficiencies, age related factor

# symptoms

- The main symptoms of cheilitis noted in lips are
- Dryness
- Cracking
- Bleeding
- Pain
- Swelling
- Associated symptoms vary depends on underlying causes include headache, fever, malaise.

# Diagnosis

- Detailed history collection – history includes onset of problems, dental history, oral care, medical and drug history, smoking, nutrition, acid reflux, other chronic skin condition.
- Physical examination
- Lab investigation – oral swabs and biopsy
- – culture to rule out the infection candidia, staphylococcus bacteria or herpes simplex

## Health tips

- Control the habit of lip biting
- Have a regular dental checkup for denture readjusted
- Avoid usage of allergic cosmetics
- Avoid smoking
- Eat food rich in vitA – pumpkin, egg, carrots, papaya, zinc- milk, chickpeas, almonds, yoghurt, B12 – chicken, mutton, milk
- Maintain good oral hygiene
- Drink plenty of water





# CANCER OF ORAL CAVITY

# Introduction

- Cancer is a disease of the cells in the body. The body is made up from millions of tiny cells. There are several types of oral cancers, but around 90% are squamous cell carcinomas originating in the tissues that line the mouth and lips.
- Oral or mouth cancer most commonly involves the tongue.
- It may also occur on the floor of the mouth, cheek lining, gingiva (gums), lips, or palate (roof of the mouth). Most oral cancers look very similar under the microscope and are called squamous cell carcinoma.

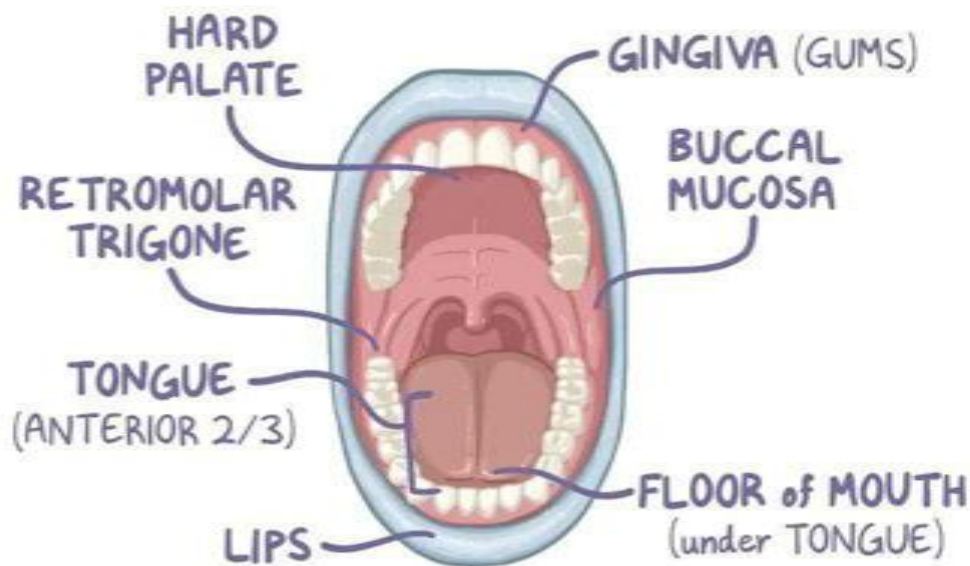
# DEFINITION

“Cancer is defined as the uncontrollable growth of cells that invade and cause damage to surrounding tissue.

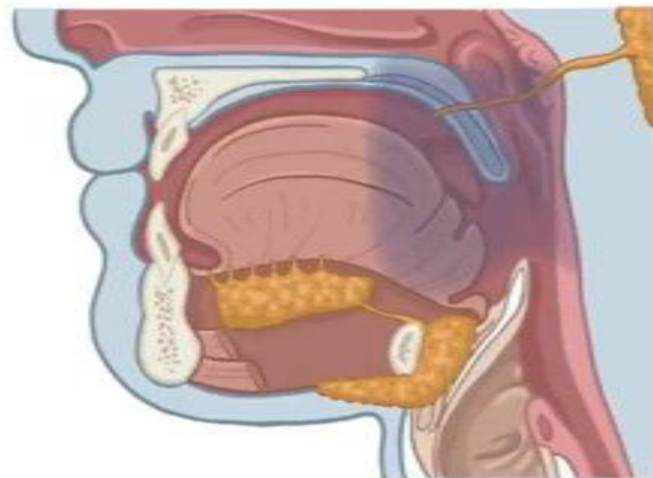
Oral cancer appears as a growth or sore in the mouth that does not go away. Oral cancer, which includes cancers of the lips, tongue, cheeks, floor of the mouth, hard and soft palate, sinuses, and pharynx (throat), can be life threatening if not diagnosed and treated early.”

# ORAL CANCER

↳ ORIGINATE in the ORAL CAVITY



**ORAL CAVITY**



**OROPHARYNX**

# Types

- Basal cell carcinoma : 2nd most common in oral cancer. Occurs on lips. Caused by excessive exposure to sunlight
- Squamous cell carcinoma: malignant growth arising from tiny, flat, squamous cells that lines mucous membrane. Mostly affects lower lip, tongue.



# Risk factor

- **Tobacco and alcohol use.** Most cases of oral cancer are linked to cigarette smoking, heavy alcohol use, or the use of both tobacco and alcohol together.
- **HPV.** Infection with the sexually transmitted human papillomavirus (specifically the HPV 16 type)
- **Age.** Risk increases with age. Oral cancer most often occurs in people over the age of 40.
- **Sun exposure.** Cancer of the lip can be caused by sun exposure.
- **Diet.** A diet low in fruits and vegetables may play a role in oral cancer development. Some studies suggest that not eating enough fruits and vegetables may increase the chance of oral cancer, Junk food, soft drink □
- **Alcohol:** People who drink alcohol are more likely to develop oral cancer than people who don't drink.
- A personal history of **head and neck cancer:** People who have head and neck cancer are at increased risk of developing another primary head and neck cancer.
- **Smoking** increases this risk



# TNM Staging-T

- Tx -Primary tumor cannot be assessed
- T0 • No evidence of tumor
- Tis • Tumor confined to outer layer of tissue
- T1 • Primary tumor is 2 cm
- T2 • Larger than 2 cm / smaller than 4 cm
- T3 • Larger than 4 cm
- T4 • Tumor has invaded nearby structures



# Clinical manifestations

- A sore on lip or in mouth that won't heal
- Bleeding in mouth
- Loose teeth
- Difficulty or pain in chewing, swallowing, speaking
- Difficulty wearing dentures
- A lump in neck and enlarged cervical lymph nodes
- Numbness in the tongue or other areas of the mouth
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
- Pain in one ear without hearing loss
- Hoarseness, chronic sore throat, or change in voice



# 8 STEP ORAL CANCER CHECK

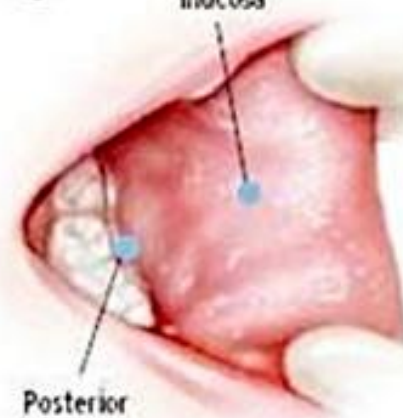
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**B**



**C**



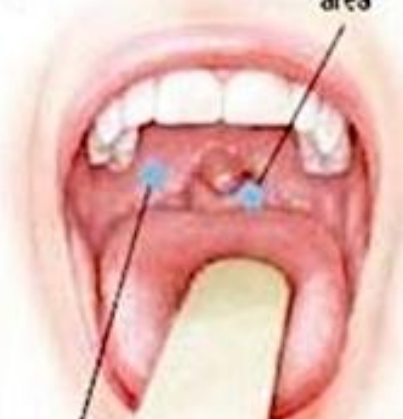
**D**



**E**



**F**



**G**



**H**



# Diagnostics

- HC/PE
- Blood tests laboratory values may be notable for an elevated alkaline phosphatase, and possibly an elevation of the wbc count.
- Biopsy
- Oral exfoliative study
- Toluidine blue test –screening test for oral cancer
- Toluidine blue is applied topically to stain an area
- Cancer cells preferentially takes up the dye
- CT/MRI

# Management

- Surgery
- Radiation therapy
- Chemotherapy

# Surgery

- Surgery to remove the tumor in the mouth or throat is a common treatment for oral cancer. Sometimes the surgeon also removes lymph nodes in the neck. Other tissues in the mouth and neck may be removed as well. Patients may have surgery alone or in combination with radiation therapy.
- Maxillectomy (removal of the part of the maxilla)
- Mandibulectomy (removal of the mandible or lower jaw or part of it)
- Glossectomy (tongue removal, can be total, hemi or partial)
- Radical neck dissection
- Combinational e.g., glossectomy and laryngectomy done together.

# Radiation therapy

- **MEDICAL MANAGEMENT: RADIATION THERAPY:** Radiation therapy (also called radiotherapy) affects cells only the treated area. It may be used before surgery to kill cancer cells and shrink the tumor. It is used for small cell carcinoma. It also may be used after surgery to destroy cancer cells that may remain in the area. Radiation therapy uses high-energy rays to kill cancer cells. Doctors use two types of radiation therapy to treat oral cancer:
- **EXTERNAL RADIATION:** The radiation comes from a machine. Patients go to the hospital or clinic once or twice a day, generally 5 days a week for several weeks.
- **INTERNAL RADIATION (IMPLANT RADIATION):** Radioactive implant is inserted directly in tissue with the use of needles and thin plastic tubes for several days. Patient has to stay in the hospital.

# CHEMOTHERAPY

CHEMOTHERAPY: Medical oncologist administers chemotherapy if cancer has spread to lymph nodes or other organs. The medicine circulates in the blood and disrupts the growth of the cancer cells. Chemotherapy medications are taken by mouth or given through a vein for several months.

- 5-fluorouracil
- Methotrexate
- Cisplatin
- Carboplatin
- Bleomycin

# COMPLICATIONS

- Dry mouth
- Cavities
- Oral communication with the sinuses
- Difficulties speaking, drinking and eating
- Malocclusion(misalignment or incorrect relation between the teeth of the two dental arches)
- Facial deformities Isolation from society



# Nursing management

- Imbalanced nutrition less than body requirement related to dysphagia
- Chronic pain
- Anxiety
- Ineffective coping
- Ineffective health maintenance



# Health teaching

- Dry mouth
- sore or bleeding gums
- tooth decay
- infection
- sore throat in mouth
- delayed healing after dental care

# Interventions

- Maintain patent airway
- Communication
- Pain management
- Nutrition
- Hygiene