

September - Oral Health Month

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The month of September is national Oral Health Month and it is during this time where pay special attention to encouraging society to take time to pay extra attention to their oral health routine, principally with the knowledge that two of the world's most common health problems affect the mouth these being cavities (dental caries) and gingivitis & periodontitis (gum disease).

Gum disease ranks second only to the common cold in terms of prevalence, with an estimated 90% of South Africans experiencing the problem at some point.

It really is in the patients' best interest to practice good oral hygiene. Not only does it ensure a beautiful smile, but it is good for their general health – gum disease has been linked to coronary heart disease, adverse pregnancy outcomes and diabetes. And new research also shows that women with gum disease find it harder to conceive. (South African Health Department)

Over the past few years SADA had decided to take oral health to the people and start them young by doing outreach programs in schools all over the country. Over the past 2 year with the dawn of the Covid-19 pandemic we have had to effect changes in how we have educated society. Since there is no contact and crowd gatherings permissible, we have had to reach out to the public through online methods of engagement. This year we decided to focus on oral lesions (benign and malignant) and periodontal diseases for the month of September.

The selection of this topic was led by the realisation that there is serious lack of knowledge around these conditions and this is creating a huge burden on the tertiary institutions because patients present at really advanced stages of the diseases. Often leading to treatment modalities that are very extensive.

Cancer is one of the most common diseases affecting humans worldwide. Despite the latest advances made in molecular and cell biology, how cancer cells progress through carcinogenesis and acquire their metastatic ability is still questionable. The oral cavity is one of the most common sites for potentially malignant disorders. These premalignant pathologies may progress to dysplastic lesions then to invasive carcinomas.¹

Lymphoma is the third most common malignancy worldwide representing 3% of all malignant tumours. With 12% of all malignant tumours of the head and neck region, lymphomas are the third most frequent malignancy after squamous cell carcinoma (46%) and thyroid carcinoma (33%) and should thus always be taken into consideration in cases of unknown cervical or oral masses. Misinterpretation of the clinical appearance and of the radiological findings (ultrasound, CT-scan, MRI) can lead to delay in diagnosis, delayed treatment initiation and impairment of the patient's prognosis.²

It is very important for oral health practitioners to orate prevention to their patients because most of the head and neck

cancers are lifestyle related and very preventable. Lifestyle refers to the way individuals live their lives and how they handle problems and interpersonal relations. The lifestyle behaviours associated with oral cancer with convincing evidence are tobacco use, betel quid chewing, alcohol drinking, low fruit and vegetable consumption (the detrimental lifestyle is high fat and/or sugar intake, resulting in low fruit and/or vegetable intake). Worldwide, 25% of oral cancers are attributable to tobacco usage (smoking and/or chewing), 7–19% to alcohol drinking, 10–15% to micronutrient deficiency, more than 50% to betel quid chewing in areas of high chewing prevalence. Carcinogenicity is dose-dependent and magnified by multiple exposures. Conversely, low and single exposures do not significantly increase oral cancer risk. These behaviours have common characteristics: (i) they are widespread: one billion men, 250 million women smoke cigarettes, 600–1200 million people chew betel quid, two billion consume alcohol, unbalanced diet is common amongst developed and developing countries; (ii) they were already used by animals and human forerunners millions of years ago because they were essential to overcome conditions such as cold, hunger, famine; their use was seasonal and limited by low availability, in contrast with the pattern of consumption of the modern era, characterized by routine, heavy usage, for recreational activities and with multiple exposures; (iii) their consumption in small doses is not recognized as detrimental by the human body and activates the dopaminergic reward system of the brain, thus giving instant pleasure, "liking" (overconsumption) and "wanting" (craving).

With the above background, one was trying to demonstrate the severity of these oral lesions and to also emphasise the fact that if oral healthcare workers do not play their part society will suffer gratuitously.

The time has come for oral health practitioners to increase their efforts in raising awareness about these debilitating oral conditions, many of which can be avoided if patients are sufficiently encouraged to make different lifestyle choices. Oral health practitioners are also encouraged to be mindful of even the smallest lesions and treat or refer these patients timeously. Most of the time oral healthcare practitioners are the only ones who will get the opportunity to do a thorough examination of patients' oral cavities and most times that may be the patients' best chance of getting these lesions detected. So, during this Oral Health Month we beseech all oral healthcare workers to do their best to spot all possibilities of patients developing more serious oral conditions before it is too late. Let us be part of the change that we want to see, the wellbeing of our patients may rely on it. Let us reduce the burden that these conditions can pose on the already ailing health system.

References

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2. Storck K, Brandstetter M, Keller U, Knopf A. Clinical presentation and characteristics of lymphoma in the head and neck region. *Head & Face Med*, 2019; 15:1-8.