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Identifying Premalignant Lesions & Conditions of Oral Cavity

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Editorial

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Editorial

A morphologically altered tissue which cancer is more likely to occur than its normal counterpart is known as premalignant lesion as described by the World Health Organization in 1978. Premalignant lesions occur prior to malignant lesions but not all malignant lesions arise from premalignant lesions. As not all premalignant lesions transform into cancer, the term "potentially malignant disorders" was advised by the WHO Workshop in 2005 [1].

Leukoplakia, erythroplakia, palatal lesions of reverse cigar smoking, oral lichen planus, oral submucous fibrosis (OSMF) and discoid lupus erythematosus are the various potentially malignant disorders as per World Health Organization [1,2]. Leukoplakia is a keratotic white patch/plaque. Leukplakia cannot be scraped off as well as cannot be characterized clinically or pathologically as any other disease. Erythroplakia is a red patch and it cannot be recognized pathologically as any other definable disease. Homogeneous erythroplakia, erythroleukoplakia and speckled leukoplakia are various types of erythroplakia. Reverse cigar smoking leads to a spectrum of clinical changes like keratosis, excrescences, patches and ulcerated areas. Oral lichen planus is an autoimmune disorder affecting skin, mucous membrane of oral cavity. In oral lichen planus, interwinning white streaks with a reticular pattern are noticed. Oral lichen planus can affect buccal mucosa, gingiva, palate and tongue but palatal lesions are rarely present. Oral submucous fibrosis (OSMF) is the most common precancerous lesion. Oral submucous fibrosis is characterized by burning sensation in mouth and this aggrevates on consumption of spicy food and chillies, blanching and stiffening of oral mucosa, trismus, difficulty in blowing cheeks and restricted tongue

movements. Actinic keratosis is the condition which affects lips and it can turn into malignant condition. In actinic cheilitis, ulcer or crust forming lesion is noticed on the mucosa of vermillion border of lower lip or at corner of mouth. Tobacco pouch keratosis is the lesion which is noticed in the buccal or labial vestibule where the tobacco is placed by the patient. These type of lesions are reversible after the stoppage of tobacco habit [3-6].

The "gold standard" for identifying and diagnosing oral malignancies is the proper clinical examination and histopathology examination of potentially malignant lesions and conditions [3]. Hence it is of prime importance for every clinician to perform accurate clinical examination of oral cavity to diagnose premalignant lesions and conditions. This will help to prevent occurrence of malignant conditions and can prove lifesaving for patients.

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