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Oral Cancer – An Enigma to Early Diagnosis

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Introduction & Aim: Head and Neck cancer is one of the most life-threatening malignancies and is ranked as the sixth most frequently occurring malignancies in human body. Oral cancer accounts for its fair share and almost all of the cancers are Oral Squamous Cell carcinomas.

Method: The oral cavity serves as the entry level for most of the carcinogens which makes it a potential target area for malignancies. The incidence rate of oral cancer is varied in its geographical pattern and is very high in South East Asia. The significance of oral cancer in recent years has increased because of its emergence in younger aged population. In spite of its growing incidence the survival rate of Oral Cancer has not shown any significant progress. The foremost reason for less survival rate is contributed to the delay in its diagnosis and the predicament that is associated with definitive diagnostic modality. This points to the direction of the timing of diagnosis and the stage of the tumor. Oral cavity is functionally and anatomically complex in nature that its examination can fail even the well trained eye of an expert professional. Oral structures should be periodically examined and screened for any potential lesions. The anatomy of oropharynx is such that some areas are clearly visualized while few others pose difficulty for direct visualization. Premalignant lesions are missed or mistaken at this standpoint, while other lesions are misinterpreted due to the hindrance faced while palpating the posterior parts of oral tissues. Most of the patients initially ignore the symptoms relating it to a traumatic injury or a common oral sore, once the lesion starts its progression it invariably becomes asymptomatic and causes no evident discomfort. It is when the lesion enters the advanced stage, the symptoms become more evident and by the time it is in a more advanced state. Other important aspect which causes difficulty in definitive diagnosis is the selection of the biopsy site and sample tissue that is taken from the representative site. The tissue sample should have adequate quantitative pathological and normal cells for a prompt histopathological diagnosis. So, a specific paradigm should be designed for examination both visually and palpatory criteria.

Conclusion: This paper brings to light the existing and adhered protocols in the diagnosis of Oral cancer. Additional informative inputs that would be valuable in the spot on diagnosis and futuristic screening techniques have been mentioned. Thus, an early diagnosis can cause less damage to oral structures during interventional treatment and give a better prognosis.

Key Words: Biopsy ,Diagnosis , Oral Cancer ,Premalignant , Squamous cell Carcinoma

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