Prevalence of Cancer Among Different Subsites in the Oral Cavity

Vivek D. Menon, M R Muthusekhar, Dinesh Prabu

Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India; Professor and Head of Department, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India; Senior Lecturer, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India.

ABSTRACT

Aim: To assess the prevalence of different sites of oral cancer.

Materials and Methods: A retrospective study was done in an institutional setting. The data for the study was retrieved from the college’s patient records. All the patients who underwent management of oral cancer at a given time frame from June 2019 - March 2020 were taken into consideration. The patient’s name, age, gender, and site of lesion were retrieved and tabulated. The data was analyzed using software (SPSS).

Results: A total 41 patients were included in this study, 33 being males and 8 female patients. The common site of occurrence of cancer was found to be most in buccal vestibule (39%), tongue (26.8%), buccal mucosa (12.2%), retromolar area (12.2%), alveolar mucosa (2.4%), lip (2.4%), neck (2.4%), and chest (2.4%). The majority of the patients who participated in this study were between 41-50 years of age. A cross analysis between age and site of cancer and gender and site of cancer was done. The most common age was found to be 41-50 years and more cases were seen in male patients.

Conclusion: The most common site of cancer was found to be in buccal vestibule. More number of cases was seen in male patients and the age group in which most cases were seen was 41-50 years.

Key Words: Oncology, Occurrence, Site, Head and neck, Carcinoma

INTRODUCTION

Oral cancers are malignant lesions occurring in the oral cavity that include squamous cell carcinomas (SCC), salivary gland and odontogenic neoplasms commonly. The majority (84-97%) of oral cancers are squamous cell carcinoma and they arise from pre-existing “potentially malignant” lesions or more often from normal appearing epithelium.1,2 Oral cancer spreads locally involving perioral structures and metastasises to local regional lymph nodes. The burden caused by Oral cancer is great because of the associated high cost of treatment, permanent impairment and high mortality.3,4 Asians have various cultural practices such as betel-quid chewing as well as different forms of use of tobacco and alcohol which are important risk factors that predispose to cancer of oral cavity. In Asian countries many changes are being observed in several factors including site of occurrence, male to female ratio, age and occurrence in people with no known risk habits. Oral cancer is a major public health problem in India, where it ranks among the top three types of cancer in the country.5,6 The low-income groups in India are affected most due to a variety of exposure to risk factors such as tobacco chewing, betel nut and insufficient exposure to new diagnostic aids, resulting in a delayed reporting of oral cancer.7,8 This study will give us an idea about the various sites of occurrence and the gender predilection in general.

MATERIALS AND METHODS

A retrospective study was conducted in an institutional setting. The ethical clearance was received from the institutional ethical committee. The study involved all the patients who had undergone management of cancer in a given time frame from June 2019 to March 2020. There were three people involved in this study are guide, reviewer, and researcher. All available data was collected and tabulated. The patient’s details were retrieved.
from the institute’s patient records. A total of 86000 cases were reviewed and analyzed. Data regarding patients age, gender, and site of cancer were considered for this study. Cross verification of the data was done by the second reviewer, to avoid any missing or repetitive data. The data was manually retrieved and tabulated in excel sheet and sorted.

**Inclusion Criteria:** All patients who underwent management of cancer were included in this study. All age groups were considered.

**Exclusion Criteria:** Patients with incomplete records were removed from the study. Repetitive entries were also excluded.

The tabulated data was analysed using SPSS software (i.e., SPSS statistics 260). The method of analysis that was used was “Chi square test”. The analysis was done between age and site of occurrence, gender, and site of occurrence.

**RESULTS AND DISCUSSION**

![Figure 1](image1.png)  
**Figure 1:** This pie chart depicts the percentage distribution in different sites of cancer.

![Figure 2](image2.png)  
**Figure 2:** This pie chart depicts the age distribution of cancer.

![Figure 3](image3.png)  
**Figure 3:** This pie chart depicts the gender distribution of cancer.

![Figure 4](image4.png)  
**Figure 4:** This graph depicts the association between site of cancer and age. X axis: age groups of patients, Y axis: site of cancer. P value is 0.288, statistically insignificant.

![Figure 5](image5.png)  
**Figure 5:** This graph depicts the association between cancer and gender. X axis: gender, Y axis: site of cancer. P value is 0.125, statistically insignificant.
CONCLUSION

This study gives us an overview about the various sites of cancer and also the frequency of distribution among age groups and gender. There are dissimilarities in the incidence rates of oral cancer across different countries in Asia. While there are some common habits like use of tobacco, alcohol and quid chewing there are some differences in the prevalence of habits, in addition to some still unknown or unexplained factors other than social and economic factors in these Asian countries. It is necessary to improve the living standards of people and health care systems where access to health care is poor or limited.

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REFERENCES