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Oral Epithelial Dysplasia



What is oral epithelial dysplasia?

Oral epithelial dysplasia is a term used to describe harmful changes in the cells that make up the lining (epithelium) of the mouth. The changes occur because of damage to the cells by cancer causing chemicals (carcinogens). Your dentist or specialist might suspect dysplasia if you have a white, red or speckled patch in your mouth but the term can only be used once the tissue has been looked at under a microscope by a pathologist following a biopsy. The pathologist will grade the cell changes as mild, moderate or severe.

This condition is not cancer but having dysplasia increases the risk of developing cancer of the mouth; it is known as a “potentially malignant” condition. It is difficult to estimate an individual’s risk of developing cancer but generally the risk of cancerous change is lower with mild dysplasia than severe dysplasia.

What causes oral epithelial dysplasia?

The main causes of oral epithelial dysplasia are smoking and drinking alcohol. Smoking and drinking alcohol exposes the cells in the mouth lining to harmful chemicals called carcinogens, which cause damage to them. Chewing tobacco and using betel nut or areca nut, alone or in combination with tobacco also causes damage to the cells and increases the risk of developing dysplasia. There is increasing evidence that oral epithelial dysplasia may also be caused by sexually-acquired human papillomavirus (HPV).

A small number of people with none of these risk factors will still get oral epithelial dysplasia, probably due to their genetic make-up.

Is oral epithelial dysplasia hereditary?

Oral epithelial dysplasia is not inherited. It is a condition that can affect anyone at any age and usually develops after exposure to tobacco and alcohol. It is thought that some people may be more susceptible to carcinogens than others, resulting in increased risk of developing oral epithelial dysplasia.

What does oral epithelial dysplasia look like?

Oral epithelial dysplasia cannot be seen by the naked eye but is often found within a patch on the lining (epithelium) of the mouth. The patch may be anywhere in the mouth and can be white, red, or a mixture of red and white. The patch may be any size, from a couple of millimetres to several centimetres. Occasionally there may be an ulcer present. Epithelial dysplasia may extend beyond the visible edges of the white or red patch.

What are the symptoms of oral epithelial dysplasia?

The presence of oral epithelial dysplasia within a patch usually causes no symptoms. Occasionally the area may be slightly sore but this is uncommon.

How is oral epithelial dysplasia diagnosed?

Oral epithelial dysplasia can only be diagnosed by looking at the epithelial lining and cells under a microscope. A sample (biopsy) is taken from an affected area inside the mouth for examination under a microscope. It is necessary to have a local anaesthetic injection to 'numb' the biopsy site before the procedure. No alternative procedure is able to replace a standard biopsy at present.

Can oral epithelial dysplasia be cured?

In a very small number of cases, oral epithelial dysplasia will resolve on its own, however, this is extremely uncommon. Treatment is available (see below).

How can oral epithelial dysplasia be treated?

The treatment you are offered will be based on your grade of dysplasia and individual circumstances. If you have mild epithelial dysplasia, usually no treatment is recommended.

You will, however, be required to attend regular check-up appointments so that the patch can be closely monitored by your specialist. If any changes are noticed, a further biopsy may be needed. If your patch has been stable for some time, you may be discharged from the specialist clinic and your dentist will be asked to check the area at your routine appointments. Moderate and/or severe epithelial dysplasia is usually treated by removing the patch surgically. In some cases, laser treatment is offered. Regular check-ups will be required after the procedure to check for any signs of the patch returning; this is a possibility in some patients.

What can I do?

- Attend all appointments with your specialist and Dentist, so that any changes in your mouth can be spotted early.
- Look out for any new or unusual signs, or symptoms in your mouth. If an existing white or red patch changes in appearance (becomes heaped up, ulcerates or changes colour) or if an otherwise painless patch becomes painful, seek advice from your dentist or specialist.
- Do not smoke or use any other forms of tobacco or any of its products. If you have difficulty giving up the habit help is available from your doctor or your local hospital. There is also an NHS quit smoking line and weblink site for advice.
- Only drink alcohol in moderation. Women should not drink more than 2-3 units a day. Men should drink no more than 3-4 units a day.