

Dysplasia in the mouth

Oral & Maxillofacial Surgery

Information for Patients

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What is oral dysplasia?

Oral dysplasia is the term used to describe abnormal changes in the soft tissues in the mouth. Sometimes this is due to damage caused by harmful chemicals in cigarettes, smokeless tobacco, or alcohol.

Your dentist or GP has referred you because they have seen;

- a white or red patch in your mouth, and
- they think you may have dysplasia.

We may need to arrange a biopsy of the area to investigate further. Oral dysplasia is not cancer, but can sometimes change (progress) into cancer.

What causes oral dysplasia?

- The most common cause of oral dysplasia is smoking or chewing tobacco, betel nut, paan leaf and/ or drinking too much alcohol.
- Smoking and drinking can expose the mouth to cancer causing chemicals. Either alone or together, these habits will increase your risk of developing dysplasia.
- Underlying blood problems, such as anaemia.
- There is some evidence that sexually acquired human papillomavirus (HPV) is a risk.

In a small number of cases, people can develop oral dysplasia without the above risk factors. This is probably due to their genes.

Oral dysplasia is not passed down in families (hereditary) or passed from 1 person to the next (infectious).

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What does oral dysplasia look like?

Oral dysplasia cannot be seen with the naked eye.

Dysplasia is usually found within a lasting red or white patch, or an ulcer. These patches can appear anywhere in the mouth and gums. Dysplasia can extend outside of the patch's boundaries, and can only be confirmed by checking a biopsy sample under a microscope.

What are the symptoms?

Oral dysplasia does not usually cause any major symptoms. The patch inside your mouth may be sore, bleed or feel rough to the tongue.

How is oral dysplasia diagnosed?

- The doctor will have a look at the area in your mouth and talk to you about what they see. If dysplasia is suspected, a biopsy sample will need to be taken to confirm this.
- The biopsy is done while you are awake with a local anaesthetic. The area is made numb with a dental injection, then a small sample or punch biopsy is taken. The wound is stitched with dissolving stiches.
- The sample will be looked at under a microscope. This is the only way to confirm dysplasia. The result is usually available within 2 weeks.
- If areas of dysplasia are found in the sample, the changes will be graded as mild, moderate or severe. Mild being the furthest change **away** from cancer, and severe being the **closest** to cancer which is more likely to progress.

How is oral dysplasia managed?

The management of oral dysplasia depends on the grade and individual circumstances:

- **Mild** dysplasia does not usually need treatment. This depends on its size and what it looks like to the naked eye.

You will need regular checks and a photograph may be taken of the area as a record. If any changes are noted in future checks, you may need to have another biopsy.

If no change is seen for some time you may be discharged to your dentist. During your routine dental appointments, your dentist will check the area.

- **Moderate** and **severe** dysplasia is usually treated by removing the patch, with up to 1cm of 'normal looking skin' around it. This is done surgically **or** with laser treatment. After treatment, regular check-ups with the Maxillofacial Team will be arranged. This is to keep a close watch on the area, as dysplasia can start again (reoccur).
- In most cases dysplasia causes no problems. The grade may stay the same, or in some cases the area may occasionally disappear (resolve).
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- A small number of patients ,dysplasia may move on (progress) to cancer. This is most likely to happen (occur) in those who continue to smoke, chew tobacco or betel nut/ paan, or drink too much alcohol, particularly spirits.
- The treatment of cancer is much more aggressive and causes greater side effects than management of dysplasia.

What can I do?

- Have regular dental check-ups to spot early changes.
- Look out for changes in your mouth, such as red or white patches, ulcers that lasts (persists) for more than 3 weeks, or areas that become sore or painful.
- Stop smoking or chewing tobacco, betel nut or paan. If you find it hard to stop, you can be referred to the local Stop Smoking Service by the Maxillofacial Team or your GP.
- Drink alcohol in moderation and avoid spirits. For women, the recommended amount is no more than a small glass of wine (1 to 2 units per day), and for men no more than a pint of lager or beer (2 to 3 units per day).

Contact details

Please contact us if you have any further queries or problems:

Reception: 0116 258 5301

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