

A study on personal habits influencing the Oral Cancer patients

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Abstract

Oral cancer is a disorder involving the abnormal malignant tissue growth in the mouth. It is one of the most common cancer in Bangladesh. Bangladesh is a populated country. Among the large number of population¹ many of the peoples are affected by the oral cancer. Personal habits like Chewing Tobacco/ Smokeless Tobacco, Gull/Snuff are strongly associated with development of oral cancer. Other factors like poverty, over crowding, illiteracy, malnutrition & lack of awareness predispose to development of oral cancer.²

Study was done on personal habits of oral cancer patients in Radiotherapy Department of Dhaka Medical College & Hospital and Bangladesh Cancer Institute and Research Hospital from 1st March to 30 June 2001.

A total of 51 established oral cancer patients were included in the study, out of the respondents it was surprising to state that 96% had chewing habit and 67% habit by Leaf aracetum lime tobacco. From this study after assessing it may concluded that chewing habits like tobacco and gull are responsible for development of oral cancer.

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Introduction:

Oral cancer is a global problem. It is one of most frequent and painful cause of death. It is the second killer in both developed and developing countries³. Personal habits like smokeless tobacco/chewing tobacco is a growing addiction found in many forms around the world. In south east countries consumed in betel quid or 'Pan', nowadays trend of chewing pre-packed powder ara-cenut with tobacco lime called Pan Masala.⁵

The most common site of the oral cancer involves mucous membrane of the oral cavity (Buccal mucosa), tongue, lips, floor of the mouth and palate. Most of oral cancer are squamous cell carcinoma, which are malignant and tend to spread rapidly.

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The good news is that there have been developed several newer approaches in cancer treatment such as gene therapy, cancer vaccines, immunotoxin therapy, antisense inhibition of gene expression, antiangiogenic therapy, radiation and chemotherapy protectors, intensity modulation of the radiation beam, fractionated (relocatable) stereotactic radiotherapy, and various new anticancer drugs. With advance of these newer approaches in cancer treatment, there will be cure sooner rather than later for many malignancies.

The most significant preventive measure used to prevent oral cancer is cessation of tobacco products. When a person stops using tobacco, the risk of developing oral cancer drops rapidly. In 10 years of tobacco use cessation, the risk is similar to an individual who has never smoked.

Quitting tobacco use is very difficult, since it develops addiction. This can be prevented by a few "QUITTING" AIDS have been found to help users. These aids decreases withdrawal symptoms and the craving for tobacco some examples are the nicotine patch, nicotine gum, nicotine inhaler, nicotine nasal spray.⁴

Objective:

To determine the relationship between personal habit and oral cancer.

Materials and Methods:

It was a descriptive type of cross sectional study was conducted 1st March to 30th June, 2001. Established Oral

Cancer patients attending at Radiotherapy Department of Dhaka Medical College Hospital & OPD of Bangladesh Cancer Institute and Research Hospital, Dhaka, was taken as study population. Sampling was done by simple purposive technique. Data collected by one interview schedule and check list was prepared to write the intra-oral examination findings. Data was collected from patients face to face using interview schedule. Collected data were checked, verified and compiled to maintain validity of contents of Data. For analysis data were compiled in a master sheet and analyzed by appropriate variables keeping in mind in the objective of the study. Simple calculation were done by scientific calculator. Finally analysis of data were presented in tables.

Results:

Cross sectional study on personal habits of oral cancer patients in Radiotherapy Department of Dhaka Medical College Hospital and OPD of Bangladesh Cancer Institute and Research Hospital.

Table-I

Distribution of Respondents by Chewing habit (tobacco) (n=51)

Chewing habit	No. of Respondent	% (Percent)
Yes	49	96
No	02	04
Total	51	100

It was surprising to state that 96% respondents had chewing habit and only 4% no chewing habit.

Table-II

Distribution of Respondents by Type of Chewing (n=51)

Chewing habit	No. of Respondent	% (Percent)
LALT	34	67
LAL	15	29
No Chewing	02	04
Total	51	100

Among 51 respondents, 67% had LALT, 29% LAT and 4% no chewing habit.

Table-III

Distribution of Respondents by use of Gull (n=51)

Use of Gull	No. of Respondent	% (Percent)
Yes	21	41
No	30	59
Total	51	100

According to the table, 59% did not use Gull and 41% had history of use Gull.

Table-IV

Distribution of Respondents by Duration of Gull used (n=51)

Duration of Gull used in years	No. of Respondent	% (Percent)
1-5 years	12	23
6-10 years	09	18
No duration of use	30	59
Total	51	100

Out of the respondents, 59% do not use Gull, 23% used Gull for 1-5 years and 18% used Gull for 6-10 years.

Discussion:

This is a cross sectional descriptive study conducted in the department of Radiotherapy of Dhaka Medical College Hospital & Bangladesh Cancer Institute and Research Hospital. A total 51 patients were interviewed by face to face with a interview schedule.

This study revealed that 96% respondents had chewing habit and among 96% patients were had habit LALT & 29% by LAL. While duration of habits, 20% patients had 11-15 years and 21% patients had 21-25 years of duration.

The study identified that 41% respondents had habit of gull with duration 1-10 years and 59% did not use gull. Therefore, use of gull is a risk factor and non-users of gull also had oral cancer.

Conclusion:

According to this study oral cancer has relationship with personal habits like chewing tobacco with betel nut and leaf, lime and use of gull strongly associated with causation of oral cancer.

It can be concluded that Dental Surgeons, Medical Doctors, Trained Technician and Health Professionals must acquire knowledge of biologic and epidemiological aspects of cancer in its prevention, early detection, diagnosis, treatment including the social and economic aspects of the disease.

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