The early detection of oral cancer: No longer a disease of the old

Oral cancer awareness by the public is essential to addressing the need for routine screenings. The risk factors for oral cancer have expanded. Human Papilloma Virus (16 and 18) must now be included with the usual concerns of tobacco use and alcohol abuse. The gold standard for cancer diagnosis is the histopathological analysis of a suspected lesion. However, a lesion must first be detected. Oral cancer screening is a pillar of comprehensive and periodic oral evaluations and early detection reduces the morbidity and mortality. The goal of early detection may be more easily achievable with the use of autofluorescence technology. If a clinician can visualize a potentially harmful lesion easier, then this earlier detection may lead to improved prognosis. When oral tissue is exposed to a blue wavelength of light, the endogenous fluorophores are excited to emit a green wavelength. With the appropriate filter, the healthcare provider can visualize the resulting autofluorescence. Normal tissue appears varying shades of green and abnormal tissue typically appears dark. Since premalignant dysplasia may not be readily apparent to the naked eye, this technology can be useful in detection of oral mucosal abnormalities. However, it must be noted that vascular lesions, pigmented lesions, and amalgam tattoos have decreased fluorescence. Diascopy, applying pressure to evaluate if the lesion blanches, can assist the clinician in determining whether a lesion is vascular/inflammatory or nonvascular. Physiologic pigmentation and amalgam stain do not blanch. There are several types of devices available. These will be presented.

Biography

Ben F Warner received BA Biology from University of St. Thomas in Houston, MS Neurophysiology from University of Houston, DDS from University of Texas School of Dentistry, and MD from McGovern Medical School. He is a Clinical Associate Professor and Director of Diagnosis and Treatment Planning Clinic in the Department of General Practice and Dental Public Health at University of Texas Health Science Center at Houston, USA. He completed residencies, serving as Chief Resident, in Pathology and Laboratory Medicine at Texas Medical Center, and Oral Maxillofacial Head and Neck Fellowship at MD Anderson Cancer Center in the Department of Pathology. He is a Master of Academy of General Dentistry, and Fellow of International College of Dentists, American College of Dentists and Academy of Laser Dentistry. He is a Recipient of variety of research awards, and on several professional committees, journal editorial boards and charitable organizations.

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