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### ORAL SUBMUCOUS FIBROSIS: A CASE REPORT OF 57 YEAR OLD PATIENT

\*<sup>1</sup>Gaurav Solanki,<sup>1</sup>Namita Lohra,<sup>1</sup>Jaya Lohra,<sup>2</sup>Renu Solanki

<sup>1</sup>Jodhpur National University, Jodhpur, Rajasthan, India.

<sup>2</sup>Lachoo Memorial College of Science and Technology, Rajasthan, India.

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#### ABSTRACT

Oral submucous fibrosis is one of the most poorly understood and unsatisfactorily treated diseases. The treatment of patients with OSMF depends on the degree of clinical involvement. If the disease is detected at a very early stage, cessation of the habit is sufficient but at later stages, the treatment is relatively difficult. The present article focuses on a patient suffering from OSMF and also discusses about its signs and symptoms.

#### INTRODUCTION

Oral submucous fibrosis is a chronic disease of oral mucosa characterized by inflammation and progressive fibrosis followed by stiffening of healthy mucosa resulting in difficulty in opening the mouth [1]. It is seen today that areca nut quid plays a major role in the etiology. The younger generation is very much addicted to these products especially gutkha and panmasala. The condition is well recognized for its malignant potential. The pathogenesis of the disease is not well established, but the cause of OSMF is believed to be multifactorial. Factors include areca nut chewing, ingestion of chillies, genetic and immunologic processes, nutritional deficiencies and other factors [2]. Iron deficiency anemia, vitamin B complex deficiency, and malnutrition are promoting factors that derange the repair of the inflamed oral mucosa, leading to defective healing and resultant scarring. The rate varies from 0.2-2.3% in males and 1.2-4.57% in females in Indian communities [3].

#### CASE REPORT

Corresponding Author

**GauravSolanki**

Email:-[dr\\_gauravsolanki@yahoo.com](mailto:dr_gauravsolanki@yahoo.com)

#### DISCUSSION

A 57-year-old man presented with 3 year history of burning sensation in the oral mucosa with chillies and spicy food and difficulty in speech. The medical history was non significant. History of chewing tobacco with lime and arecanut was there for the last 15 years. He used to keep betel leaf with slaked lime and arecanut in the form of guthka under lip 7-8 times a day. On examination, the oral mucosa was white and shiny. On palpation, a firm band was felt. Oro-dental hygiene was poor but all the teeth were intact. The opening of the mouth was reduced. All the routine investigations were normal. Biopsy from the mucosa showed the presence of OSMF.



Oral submucous fibrosis is one of the most poorly

#### CASE REPORT



understood and unsatisfactorily treated diseases. The importance of this disease lies in its inability to open the mouth and dysplasia giving rise to malignancy. The incidence of malignant change in patients with OSMF ranges from 2 to 10%. The younger the age, the more rapid the progression of the disease. All the available treatments give only symptomatic relief, which too is short lived. Areca-nut chewing, tobacco smoking and hypersensitivity to chillies are the precipitating/causative agents in genetically predisposed patients. So habit restriction should be there in clinically suspected cases, to retard the disease process and as it is a premalignant condition, there is need for careful observation and follow up in each and every case. OSMF is widely prevalent in all age groups and across all socioeconomic strata in India. Generally, patient age ranges from 11-60 years most patients are aged 45-54 years and chew betel nuts 5 times per day. OSMF has a high rate of morbidity because it causes a progressive inability to open the mouth, resulting in eating and consequent nutritional deficiencies [4]. OSMF also has a significant mortality rate because it can transform into oral cancer, particularly squamous cell carcinoma, at a rate of 7.6%. Symptoms of OSMF include: Progressive inability to open the mouth (trismus) due to oral fibrosis and scarring, Oral pain and a burning sensation upon consumption of spicy foodstuffs, Increased salivation, Change of gustatory sensation, Hearing loss due to stenosis of the eustachian tubes, Dryness of the mouth, Nasal tonality to the voice, Dysphagia to solids (if the esophagus is involved), Impaired mouth movements

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etc [5]. Laboratory findings includes: Decreased hemoglobin levels, Decreased iron levels, Decreased protein levels, Increased erythrocyte sedimentation rate, Decreased vitamin B complex levels etc [6]. The treatment of patients with OSMF depends on the degree of clinical involvement. If the disease is detected at a very early stage, cessation of the habit is sufficient. Most patients with OSMF present with moderate-to-severe disease. Moderate-to-severe OSMF is irreversible. Medical treatment is symptomatic and aimed at improving mouth movements. In patients with moderate OSMF, weekly submucosalintralesional injections or topical application of steroids may help prevent further damage [7]. The use of topical hyaluronidase has been shown to improve symptoms more quickly than steroids alone. The combination of steroids and topical hyaluronidase shows better long-term results [8]. Cox in 1996 said that dietary focus should be on reducing exposure to the risk factors, especially the use of betel quid and correcting any nutritional deficiencies, such as iron and vitamin B complex deficiencies [9, 10].

## CONCLUSION

The importance of this disease lies in its inability to open the mouth and dysplasia giving rise to malignancy. OSMF also has a significant high mortality rate and is widely prevalent in all age groups and across all socioeconomic strata in India. Patient education and public awareness regarding OSMF can be done to improve the condition and prevent future occurrence of OSMF.

