



International Journal of Obstetrics and Gynaecology Nursing



IJOGN

Journal homepage: www.mcmed.us/journal/ijogn

A CASE REPORTING OSMF IN 43 YEAR OLD FEMALE

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Article Info

Received 12/02/2014; Revised 16/02/2014

Accepted 29/03/2014

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ABSTRACT

Oral submucous fibrosis (OSMF) is a chronic, insidious, disabling disease involving oral mucosa, the oropharynx, and rarely, the larynx. 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. The treatment of patients with OSMF depends on the degree of clinical involvement. The present article focuses on a patient suffering from OSMF and also discusses about its signs and symptoms.

Keywords: OSMF, Etiology, Morbidity etc.

INTRODUCTION

Oral submucous fibrosis (OSMF) is a chronic, insidious, disabling disease involving oral mucosa, the oropharynx, and rarely, the larynx. 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 disease can be classified clinically into two phases (1) an eruptive phase, characterised by formation of erythema, vesicles, ulceration and a burning sensation in the mouth. (2) The fibrosis induction phase, characterised by the

disappearance of the vesicles and healing of the ulcers by fibrosis. The burning sensation decreases and blanching and stiffness of the oral and oropharyngeal mucosa occur. The two phases appear in a cyclic manner. 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

A 43-year-old female presented with history of burning sensation in the oral mucosa with chillies and difficulty in opening the mouth. No history of any mucosal erosion or ulcers was present and the medical history was non significant. History of chewing tobacco with lime and arecanut was there for the last 10 years. She used to keep betel leaf with slaked lime and arecanut in the form of paan in mouth 7-8 times a day. On examination, the palate mucosa was white and shiny. On palpation, the mucous membrane was firm and there was a fibrous band formation felt. The opening of the mouth was reduced. All the routine investigations were normal. Biopsy from the mucosa showed the presence of OSMF.





DISCUSSION

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 etc [5]. Laboratory findings includes: Decreased hemoglobin levels, Decreased iron levels, Decreased protein levels, Increased erythrocyte sedimentation rate, Decreased

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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 rationale for using placental extract (PE) in patients with OSMF derives from its proposed anti-inflammatory effect hence, preventing or inhibiting mucosal damage. 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 [8,9]. 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 [10-17].

CONCLUSION

OSMF also has a significant high mortality rate and is widely prevalent in all age groups and across all socioeconomic status in India. 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 management of it in later stages is not that easy. Patient education and public awareness regarding OSMF can be done to improve the condition and prevent future occurrence of OSMF.



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