

Other journals in brief

ABSTRACTS

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by John R. Radford.

SQUARING THE CIRCLE?

Oral cancer screening for asymptomatic adults: do the United States Preventive Services Task Force draft guidelines miss the proverbial forest for the trees?

Edwards PC. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2013; **116**: 131–134

Cancers 'detected at an earlier stage through screening examinations may inherently have less aggressive biologic potential' and this may be the reason for improved survival.

The US Preventive Services Task Force recently released a draft Recommendation Statement that states 'current evidence is insufficient to assess the balance of benefits and harms of screening for oral cancer in asymptomatic adults.' Is this advice disingenuous? For example, patients with tumours localised to the primary site have an 83% 5-year survival rate, whereas those with distant metastases only have a 36% 5-year survival rate. Yet the author of this editorial suggests this improved survival may be as a consequence that those tumours detected early 'may inherently have less aggressive biologic potential'. When considering harm from unnecessary biopsies, the ADA's Council on Scientific Affairs, offers the following sensible advice: untoward consequences could be minimised by referral to a specialist.

DOI: 10.1038/sj.bdj.2013.951

PRUDENCE

Delayed diagnosis of oral squamous cell carcinoma following dental treatment

Singh T, Schenberg M. *Ann R Coll Surg Engl* 2013; **95**: 369–373

Referral if the 'Response to therapy (that) does not follow the normal pathway.'

Oral squamous cell carcinoma (SCC) can present with pain, swelling, ulceration, mobile teeth and bleeding. But then so can dental infections. This paper gives the results from a retrospective audit of 179 patients with oral SCC. Twelve patients received dental treatment before referral. Most had received tooth extractions, some antibiotics and two patients received periodontal treatment extending over a 10–24 week period. As a consequence, there was an average delay of 8 weeks before referral. These observations may appear quite alarming. However in this group of patients, all had T4 disease (the size of the primary tumour was large), stage IV (spread to distant tissues or organs) and 84% had cervical metastases.

DOI: 10.1038/sj.bdj.2013.952

NON-DRINKING NON-SMOKING

Non-smoking non-drinking elderly females: a clinically distinct subgroup of oral squamous cell carcinoma patients

Koo K, Barrowman R et al. *Int J Oral Maxillofac Surg* 2013; **42**: 929–933

There was a trend towards poorer outcome for patients with non-smoking, non-drinking oral squamous cell carcinomas.

Although as this group was older, inevitably there would have been more medical co-morbidities with an associated shorter life expectancy. This paper, recently cited in the Letters to the Editor section of this Journal, describes a retrospective review of 169 consecutive patients with new or recurrent oral cancer. Lip cancer was excluded. Almost one quarter of patients had no history of drinking or smoking. In this subgroup, three quarters were female compared with about 30% in the subgroup who drank and smoked. In addition, the non-smoking non-drinking subgroup was more likely to present with maxillary alveolus and tongue tumours. The authors speculate that the first peak of the bimodal distribution in this subgroup 'correlates with the recent trend towards HPV-related tumours in younger patients'. DOI: 10.1038/sj.bdj.2013.953

ADDRESSING RISK

How should we manage oral leukoplakia?

Kumara A, Cascarini L et al. *Br J Oral and Maxillofac Surg* 2013; **51**: 377–383

Malignant transformation can only be confirmed by histology.

Oral leukoplakia is defined as 'a predominantly white lesion of the oral mucosa that cannot be characterised as any other definable lesion.' Yet in the preceding paragraph, the authors state that oral leukoplakia is associated with smoking, alcohol and candida, among other factors. The point prevalence (those who have leukoplakia at a particular time) is estimated to be 2.6% with 0.13 to 17.5% of these lesions undergoing malignant transformation. Such can only be confirmed by histological examination. Notwithstanding this, homogenous lesions are thought to have a low risk, speckled leukoplakia intermediate risk, and pure erythroplakia the highest risk. In addition, those lesions 1) on the tongue or floor of the mouth, 2) larger than 2 cm, 3) although counter-intuitive, in non-smokers, and 4) in those over 60 years of age, have increased risk of malignant transformation.

DOI: 10.1038/sj.bdj.2013.954