Comment on: oral cancer in young adults

Malignancy of the mouth in childhood and early adulthood is uncommon. Oral cancers in childhood often reflect congenital disease and/or represent malignancies of developing tissues (eg rhabdomyosarcomas, acute leukaemias). In early adulthood, oral tumours may reflect infection such as Epstein-Barr virus or human herpes virus-8 together with congenital or acquired immunodeficiency. The present report by Oliver and co-workers highlights knowledge that while accounting for less than 4% of all oral malignancies, in developed populations,^{1,2} squamous cell carcinoma, especially of the tongue, is a common head and neck malignancy in young adults,^{3,4} has the same clinical features as similar disease in older patients, and has a variable clinical outcome.⁵⁻⁹

Knowledge of the aetiology, clinical behaviour and effective management of oral SCC in young adults is limited and sometimes contradictory. Tobacco and alcohol are not always implicated in the aetiology of oral SCC of young adults,^{8,10} and the pathogenic role of other recreational drugs is unclear.^{11,12} A genetic basis for oral SCC in young adults has been proposed,^{13,17} but any causative role for infective agents such as Epstein-Barr virus (EBV),¹⁸ human papillomavirus (HPV),¹⁹ hepatitis C,²⁰ or hepatitis G viruses,²¹ and human immunodeficiency virus (HIV),²² remains to be established.

There is a need to establish the precise oncogenic mechanisms that underly such disease, as they may be different to those of oral SCC of older individuals.²³ Paradoxically of course, an immediate stumbling block to such research is the low number of affected patients, hence there would be a need for collaborative multi-centre studies, as in London.

The low incidence of oral SCC and other malignant or potentially malignant disease in young adults indicates *strongly* that specific screening programmes would neither be realistic nor cost effective. Dental health care staff do, however, have an important role in the care of young adults with possible malignant disease. The social history of all patients should be carefully reviewed, and appropriate preventative advice provided regarding tobacco and alcohol habits. In view of the potential link between general oral health and risk of malignancy,²⁴ all patients should be advised to maintain a high standard of oral hygiene. The clinical

features are not notably influenced by the age of the patient,²⁵ hence the effective and timely referral by a primary healthcare provider to a specialist centre of any individual with a solitary white and/or red oral mucosal lesion, or an area of ulceration unlikely to be caused by local trauma is important. The potential dysplastic nature of any suspicious lesion may be accurately assessed by newer/cytopathological techniques as currently available in the US and shortly in the UK.²⁶ Delay in referral of individuals (regardless of patient age)²⁷ with a potentially malignant lesion can limit potential treatment options, and ultimately adversely affect prognosis.

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