



A REVIEW ON LEUKOPLAKIA

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ABSTRACT

Leukoplakia is a clinical term used to describe patches of keratosis. It is visible as adherent white patches on the mucous membranes of the oral cavity, including the tongue, but also other areas of the gastro-intestinal tract, urinary tract and the genitals. The lesions of leukoplakia cannot be scraped off easily which is its important feature. This article focuses on the etiology, management and treatment associated with leukoplakia and the importance of controlling this disease.

Key Words:Leukoplakia , Mucosa, Malignancy etc.

INTRODUCTION

Leukoplakia is a clinical term used to describe patches of keratosis [1]. It is visible as adherent white patches on the mucous membranes of the oral cavity including the tongue. The clinical appearance is highly variable. Leukoplakia is not a specific disease entity, but is diagnosis of exclusion [2]. It must be distinguished from diseases that may cause similar white lesions like candidiasis or lichen planus. The lesions of leukoplakia cannot be scraped off easily. It is a precancerous lesion and is associated with smoking [3]. Tobacco, either smoked or chewed, is considered to be the main reason in its development. Leukoplakia is a white or gray patch that develops on the tongue or the inside of the cheek. It is the mouth's reaction to chronic irritation of the mucous membranes of the mouth. Leukoplakia patches can also develop on the female genital area; however, the cause of this is unknown. The growth can occur at any time in your life, but it is most common in the elderly. "Hairy" leukoplakia of the mouth is an unusual form of leukoplakia that is seen only in people who are infected with HIV, have AIDS, or AIDS-related complex. It consists of fuzzy, hence the name "hairy," white patches on the tongue and less frequently elsewhere in the mouth. It may resemble thrush, an infection caused by the fungus *Candida* which, in adults, usually occurs if your immune

system is not working properly, and may be one of the first signs of infection with the HIV virus. Although the term "leukoplakia" often applies to conditions of the mouth, it can also be used to describe conditions of the genitals and urinary tract [4]. Leukoplakic lesions are found in approximately 3% of the world's population. Like erythroplakia, leukoplakia is usually found in adults between 40 and 70 years of age, with a 2:1 male predominance [5].



Causes [6]



Irritation from rough teeth, fillings, or crowns, or ill-fitting dentures that rub against the cheek or gum, Chronic smoking, pipe smoking, or other tobacco use, Sun exposure to the lips, Oral cancer, HIV or AIDS etc are most commonly seen reasons for cause of leukoplakia. Leukoplakia is primarily caused by the use of tobacco in any form but mainly associated with that of smoking form. Other possible etiological agents implicated are HPV, Candida albicans and alcohol. Most result from chronic irritation of mucous membranes by carcinogens. Bloodroot, otherwise known as sanguinaria, is also believed to be associated with leukoplakia. 5% to 25% of leukoplakias are premalignant lesions; therefore, all leukoplakias should be treated as premalignant lesions by dentists and physicians - they require histologic evaluation or biopsy. Hairy leukoplakia, which is associated with HIV infection and other diseases of severe immune deficiency, can go on to develop lymphoma when associated with HIV.

TREATMENT AND MANAGEMENT

The presence of white or gray colored patches on your tongue, gums, roof of your mouth, or the inside of the cheeks of your mouth may be a sign of leukoplakia. The patch may have developed slowly over weeks to months and be thick, slightly raised, and may eventually take on a

hardened and rough texture. It usually is painless, but may be sensitive to touch, heat, spicy foods, or other irritation. The treatment of leukoplakia mainly involves avoidance of predisposing factors that is tobacco cessation, stopping smoking, quitting betel chewing, abstinence from alcohol and avoidance of chronic irritants like the sharp edges of teeth [7]. A biopsy should be done and the lesion surgically excised if pre-cancerous changes or cancer is detected. Taking beta-carotene orally seems to induce remission in patients with oral leukoplakia. Removal of leukoplakic patches using a scalpel, a laser or an extremely cold probe that freezes and destroys cancer cells (cryoprobe) can be done. Follow-up visits should be there as recurrences are common [8-18].

CONCLUSION

Leukoplakia is a white or gray patch that develops on the tongue or the inside of the cheek. It is the mouth's reaction to chronic irritation of the mucous membranes of the mouth. There are higher chances for its conversion to malignant forms. A proper and timely diagnosis is the key factor associated in management and treatment of leukoplakia. People in India are not well aware about such lesions and diseases so there should be effort from government to impart knowledge to common people regarding such diseases.

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