**ABSTRACT**

Potentially malignant disorder and oral cancer is a major health problem especially in developing countries, and a serious cause of morbidity and mortality worldwide. It is believed that the etiology of oral cancer is multifactorial and that the process is a multiple, stepwise one. Most of the times oral cancer is preceded by a precancerous state where the patient presents clinical features depicting potentially malignant disorders. Therefore, identification in these states would help in successful treatment and preventing it from developing into a precancerous state. Ensuring that future dentists are knowledgeable about oral cancer will improve the efficacy of prevention, screening and management of this lesion.

**INTRODUCTION**

Oral cancer is the 6th most common cause of cancer-related deaths worldwide [1]. Squamous cell carcinoma accounts for more than 90% of oral cancers [2]. The main identifiable risk factors for oral cancer are largely preventable and include tobacco, alcohol, and betel [3]. Infection with human papillomavirus is implicated in a subset of oropharyngeal cancers, and excessive exposure to sunlight is linked to lip cancer [4]. Other possibly implicated factors include immune suppression, poor nutrition, familial and genetic predisposition [4]. Early oral cancer usually presents as a non-healing ulcer, red patch, white patch, or persistent lump [5]. Some oral cancers are asymptomatic and some are preceded by noticeable oral lesions known as oral potentially malignant disorders (OPMDs) [6]. Erythroplakia, leukoplakia, and lichenoid lesions are the most important OPMDs, but several other oral lesions or conditions may be associated with an increased risk of oral cancer [7]. The prognosis of early stage oral cancer is good, but most oral cancers, even in developed countries, present at late stages and invariably have a poor prognosis [8]. Early recognition of oral cancer and OPMDs remains the most effective approach to control the morbidity and mortality associated with this disease [7]. Delays in oral cancer diagnosis have been attributed mainly to patients’ delay in seeking help and professionals’ delay in making diagnosis [9, 10]. Generally, early oral cancer is asymptomatic and feeling discomfort is the typical sign in 85% of cases. Therefore most of oral cancers are diagnosed in advanced stages when clinical signs appear [11]. Therefore, despite improvements in SCC treatment, the 5-year survival rate has not been considerably raised since 50 years ago [12]. Early diagnosis of malignant lesions is an everlasting target which demands dentists’ knowledge.

In addition to giving a natural life length to people [13], Dentists can increase their patient’s information about oral cancer. This increase in information can lead to decrease of risk factors, early diagnosis and increasing the survival rate in patients [14]. This target will realize via correct theoretical and practical education of oral cancer including identification of various malignant lesions, its etiologic factors, and accurate examination of all patients, especially those aged 40 and more [15]. Inadequate knowledge and detection practices of health care professionals might contribute to the delayed diagnosis of oral cancer [16]. Dental students are the future dental health care workforce whose awareness of and knowledge about oral cancer has been well documented in the literature [17]. However, little is known about their oral cancer diagnostic ability and factors that might influence it. We have recently shown that the diagnostic ability of primary health care professionals is directly correlated with their knowledge about oral cancer and might influence their early detection practices [18]. In the present study, therefore, we aimed to examine the diagnostic ability of dental students with regards to oral cancer and OPMDs.

**MATERIALS AND METHOD**

The study was conducted at our dental school during the academic year 2015–2016. Dental students at our school are...
enrolled in a 4-year training program; the 1st year includes basic biological sciences, and second year includes basic medical and dental sciences, and 3rd and 4th years include clinical medical and dental sciences. Students of the 3rd and 4th year levels were approached to participate in the study. A questionnaire is distributed to 50 dental studying in a private dental institution, Chennai. The questionnaire contained 20 pictures presenting various lesions. The 20 pictures consisted of PMDs, oral cancer and normal lesions also. The students were analysed based on their ability to identify these lesions.

RESULTS

All dental students in the 3rd and 4th years of study were approached to participate in the study. A total of 50 students were approached and most agreed to participate. Only 58.45% of students were efficient in identifying the lesions correctly. This study reveals areas of deficiency in the awareness of dental undergraduates in the field of oral cancer and OPMD. The least identity field was one among pictures of leukoplakia. The most identified is lesson with mucosal atrophy and faint leukoplakia.

DISCUSSION

Dental students are the future healthcare workforce with the responsibility for oral cancer diagnosis and patient education. Though other healthcare professionals may contribute, the present study examined oral cancer knowledge and diagnostic ability among dental students. At our school, students are mainly introduced to knowledge about oral diseases including oral cancer and OPMDs in oral pathology and oral medicine courses during their 4th and 5th years of study. The current teaching methods of oral medicine and oral pathology at our school have been largely based on lectures and seminars with practical/clinical components. In the present study, we approached students of the 3rd, and 4th year levels in order to examine the effectiveness of current teaching methods on students’ knowledge and diagnostic ability with regard to oral cancer and OPMDs. Expectedly, theoretical knowledge about oral cancer improved proportionally with year of study in incurrence in formation is given through various lectures and seminars [19]. This effect, however, was less pronounced with regard to diagnostic ability; probably because students have a limited exposure to patients with oral lesions during their training in oral pathology and oral medicine. In fact, most senior dental students felt that the training they had received during their years of study was inadequate for their future diagnostic ability and early detection of oral cancer and OPMDs. Expectantly, theoretical knowledge about oral cancer improved proportionally with year of study in incurrence in formation is given through various lectures and seminars [19]. This effect, however, was less pronounced with regard to diagnostic ability; probably because students have a limited exposure to patients with oral lesions during their training in oral pathology and oral medicine. In fact, most senior dental students felt that the training they had received during their years of study was inadequate for their future diagnostic ability and early detection of oral cancer and OPMDs.

CONCLUSION

Interventions to improve students’ knowledge about risk factors, diagnostic techniques, early diagnosis and referral of oral cancer are needed. Increasing students’ contact with patients who have oral lesions including oral cancer will help improve their future diagnostic ability and early detection practices. This study reveals areas of deficiency in the awareness of medical and to some extent dental undergraduates in the field of oral cancer and particularly OPMD. It is of utmost importance that these aspects of medical and dental undergraduate curricula are strengthened in order to produce medical doctors and dentists of tomorrow who would play committed and confident roles in prevention and early detection of oral cancer and OPMD.

References


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