

Patient information

Oral Epithelial Dysplasia

Liverpool University Dental Hospital

What are the aims of this leaflet?

This leaflet has been written to help you understand more about oral epithelial dysplasia. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is oral epithelial dysplasia?

Oral epithelial dysplasia is a term used to describe harmful changes in the cells that make up the lining (epithelium) of the mouth. Your dentist or specialist may suspect dysplasia if you have a white, red or speckled patch in your mouth but the term can only be used once the cells have been looked at under a microscope by a pathologist following a biopsy. (See 'How is epithelial dysplasia diagnosed')

The pathologist will grade the cell changes as mild, moderate or severe. Some patients have a mixture of two grades of dysplasia.

This condition is not cancer but having dysplasia increases the risk of developing cancer of the mouth; it is known as a "potentially malignant" condition.

It is difficult to estimate an individual's risk of developing cancer but generally the risk of cancerous change is lower with mild dysplasia than severe dysplasia.

What causes oral epithelial dysplasia?

We see many patients with dysplasia who have no identifiable cause. It has probably developed due to their genetic make-up.

Some patients with dysplasia have been smokers or heavy alcohol drinkers and these habits may have contributed to the development of dysplasia.

Is oral epithelial dysplasia hereditary?

Oral epithelial dysplasia is not inherited. It is a condition that can affect anyone at any age.

What does oral epithelial dysplasia look like?

Oral epithelial dysplasia cannot be seen by the naked eye but may be found within a patch on the lining (epithelium) of the mouth.

The patch may be anywhere in the mouth and can be white, red, or a mixture of red and white. The patch may be any size, from a couple of millimetres to several centimetres.

Occasionally there may be an ulcer present. Epithelial dysplasia may extend beyond the visible edges of the white or red patch.

What are the symptoms of oral epithelial dysplasia?

The presence of oral epithelial dysplasia within a patch usually causes no symptoms. Occasionally the area may be sore but this is uncommon.

How is oral epithelial dysplasia diagnosed?

Oral epithelial dysplasia can only be diagnosed by looking at the epithelial lining and cells under a microscope; it is not possible to see it with the naked eye. A sample (biopsy) is taken from an affected area inside the mouth for examination under a microscope. It is necessary to have a local anaesthetic injection to 'numb' the biopsy site before the procedure.

Research is ongoing into other ways of diagnosing dysplasia without the need for a biopsy. No alternative procedure is able to replace a standard biopsy at present.

Can oral epithelial dysplasia be cured?

In a very small number of cases, oral epithelial dysplasia will resolve on its own, however, this is extremely uncommon. Treatment is available (see below).

How can oral epithelial dysplasia be treated?

The treatment you are offered will be based on your grade of dysplasia and individual circumstances.

Active treatment is not always required. You will, however, be required to attend regular check-up appointments so that the patch can be closely monitored by your specialist. If any changes are noticed, a further biopsy may be needed.

If your patch has been stable for some time, you may be discharged from the specialist clinic and your dentist will be asked to check the area at your routine appointments.

In some cases, patients will be offered surgical removal of the patch, often via laser treatment. Further information will be provided if this surgery is recommended in your case. Regular check-ups will be required after the procedure to check for any signs of the patch returning; this is a possibility in some patients.

What can I do?

- Attend all appointments with your specialist and Dentist, so that any changes in your mouth can be spotted early.
- Look out for any new or unusual signs, or symptoms in your mouth. If an existing white or red patch changes in appearance (becomes heaped up, ulcerates or changes colour) or if an otherwise painless patch becomes painful, seek advice from your dentist or specialist.
- Eating at least five helpings of fruit and vegetables a day may reduce the risk of developing oral epithelial dysplasia as they contain helpful antioxidants.

- Do not smoke or use any other forms of tobacco or any of its products. If you have difficulty giving up the habit help is available from your doctor or your local hospital. There is also an NHS quit smoking phoneline and website for advice (see Further information and Support).
- Men and women should not drink more than 14 units of alcohol per week, although no amount of alcohol drinking can be considered completely safe. Try to have several alcohol-free days per week. Two units of alcohol are equal to one 175ml glass of wine or one pint of lower strength lager/beer.

Research

Clinical research is ongoing on the dysplasia clinic and you may be invited to take part. This could involve participating in a clinical trial of a new treatment for dysplasia or simply agreeing to your samples being used for research purposes. Further information is available on request.

Liverpool Oral Medicine Patient Research Forum

This group is run by patients and doctors and meets, around twice a year, to discuss issues relevant to you.

It is not a forum for discussing your personal treatment but you can suggest ways of improving the service. A leaflet giving more detail about the group is available on the clinic.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information and Support

Oral Medicine Secretaries

Tel: 0151 706 5060

Text phone number: 18001 0151 706 5060

Call smoke free: 0300 123 1044

Useful Websites

<https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

Glossary of Terms

- **Atypical** – unusual.
- **Buccal** – inside of cheek.
- **Epithelium** – the surface of the lining of the mouth.
- **Erythroplakia** – a red patch.
- **Erythroleukoplakia** – red and white patch.
- **Excision** – surgical removal.
- **Extra-oral examination** – looking at the skin of the face and neck and feeling the glands in your neck and face to check for lumps and bumps.
- **Floor of mouth** – behind your bottom front teeth.
- **Gingivae** – gums.
- **Hard palate** – roof of mouth.
- **Homogenous** – the lesion looks the same all over.
- **In situ** – within the confines of the epithelium; i.e. the changes have not extended beyond the surface lining.
- **Intra-oral** – inside the mouth.
- **Labial mucosa** – inside of lips.
- **Lateral tongue** – side of tongue.
- **Lesion** – an area of abnormal tissue change.
- **Leukoplakia** – a white patch.
- **PVL** – Proliferative Verrucous Leukoplakia.
- **Recurrence** – the return of a sign, symptom or disease after remission.
- **Soft palate** – the soft part of the roof of the mouth (further back).
- **Speckled** – patchy/spotty appearance.
- **Ventral tongue** – the underside of your tongue.
- **Vermillion** – lips.
- **Verrucous** – a warty-type appearance.

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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