

# Oral Leukoplakia: Root Causes, Diagnosis, Therapeutic Approaches, and Prevention

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## Description

Oral leukoplakia is a condition that appears as white or greyish patches inside the mouth, typically on the tongue, gums, or inside of the cheeks. These patches are caused by an excessive growth of cells that line the mucous membranes of the mouth. While oral leukoplakia itself is usually harmless and asymptomatic, it can sometimes indicate a more serious essential issue, particularly if it continues or changes in appearance over time. While the exact cause of oral leukoplakia remains incomplete, it is frequently related to irritants such as tobacco use and even smokeless varieties. Inappropriate dentures, rough areas on fillings, or chronic sensitivity from teeth grinding are other possible causes. The development of leukoplakia can also be related to poor dental hygiene and chronic cheek biting, or chewing on the inside of the cheek.

Older persons are more likely to develop the disorder, particularly if they have a history of tobacco smoking. Oral leukoplakia is also more common in men than in women. But leukoplakia may affect anyone, male or female. A dentist or other medical practitioner will often perform a visual examination to diagnose oral leukoplakia. Most of the time, the diagnosis of the illness can be made just by looking for the characteristic white or gray patches. A biopsy may occasionally be necessary to confirm the diagnosis and screen out more serious illnesses like mouth cancer. A biopsy involves removing a tiny sample of tissue from the affected area and examining it under the microscope. It's important to remember that although the majority of oral leukoplakia situations are not malignant, dysplasia, or abnormal cell alterations, can occur in certain conditions. There is a higher chance of getting oral cancer in the affected area if dysplasia is diagnostic of a precancerous condition. It is essential to regularly monitor leukoplakia lesions to identify any early indications of dysplasia or cancer progression.

Many factors, including the lesion's location and size as well as the existence of dysplasia, affect how oral leukoplakia is treated. Other than monitoring the illness, no therapy may be required in many situations, particularly when lesions are minor and asymptomatic. But in cases where the patches are big or exhibit dysplasia symptoms, these are some possible treatments:

It is essential to give up tobacco usage and other irritating behaviors if they are worsening the illness. In addition to allowing the patches to heal, this may help stop additional irritation. To help in lesion reduction and healing, topical drugs containing retinoids or antifungals may be recommended. Typically, the affected area is treated directly with these drugs. It could be advised to remove lesions surgically if they are big, exhibit dysplasia, or are uncomfortable. To lower the chance of recurrence, this surgery involves removing the diseased tissue combined with a margin of good tissue.

Leukoplakia lesions can be removed using laser treatment, particularly in locations that are hard to reach with conventional surgical techniques. Targeting and removing abnormal tissue with minimal harm to neighbouring good tissue is possible using laser therapy. Regular appointments with a dentist or other healthcare practitioner are important, regardless of the treatment plan. This makes it possible to monitor the healing process going forward and identify any dysplasia development or recurrence. Reducing exposure to widely recognized irritants like tobacco and maintaining proper dental hygiene is essential to preventing oral leukoplakia. This includes flossing once a day, brushing your teeth twice a day, and visiting the dentist regularly for cleanings and check-ups. The chance of getting oral leukoplakia and other oral health issues can be significantly decreased by avoiding or giving up smoking and chewing tobacco.

## Conclusion

In conclusion, oral leukoplakia is characterized by white or grayish patches inside the mouth and is frequently caused by irritants like tobacco smoking or long-term dental damage. Although the majority of cases are harmless, occasionally they might develop into dysplasia or even oral cancer, which indicates the significance of early detection and continuous observation. In more severe cases, treatment options include surgery in addition to topical medicine and irritant reduction. The occurrence of oral leukoplakia and its possible effects can be decreased by practicing proper dental hygiene and making lifestyle modifications. To effectively manage this illness, routine dental visits for evaluation and monitoring are recommended.