INCIDENTAL ORAL MUCOSAL FINDINGS IN OUTPATIENTS ATTENDING DERMATOLOGY DEPARTMENT IN OUTSKIRTS OF JAIPUR: A CROSS SECTIONAL OBSERVATIONAL STUDY

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HOW TO CITE THIS ARTICLE:

Ram Gulati, Manisha Nijhawan, Savita Agarwal, Isha Gupta, Shifa Yadav, Aakanksha Singh, Rakesh Jangra, Dinesh Mathur. "Incidental Oral Mucosal findings in Outpatients Attending Dermatology Department in Outskirts of Jaipur: A Cross Sectional Observational Study". Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 38, May 11; Page: 6644-6648, DOI: 10.14260/jemds/2015/962

ABSTRACT: Oral mucosal health is an integral part of our holistic well-being. Complete skin examination includes those of mucosa, with oral mucosa being the most readily accessible and amenable to examination. Many dermatological diagnoses have an essential mucosal component with the latter adding to the diagnostic information. Apart from this, oral mucosa may harbour incidental abnormalities which either the patient may not be aware of or seems trivial enough to be given due consideration. These findings may nevertheless be quite important and some may need management too. Few studies in the past have attempted to study epidemiological trends of oral mucosal involvement in dermatology outpatient settings.^(1,2,3,4) We studied oral mucosa of patients attending dermatology outpatient department. 51.8% patients had oral mucosal findings with 50.1% being incidental not related to the dermatological diagnosis.

KEYWORDS: Dermatology, oral mucosa.

INTRODUCTION: Oral mucosal health is an integral part of our holistic well-being. Complete skin examination includes those of mucosa, with oral mucosa being the most readily accessible and amenable to examination. Many dermatological diagnoses have an essential mucosal component with the latter adding to the diagnostic information. Apart from this, oral mucosa may harbour incidental abnormalities which either the patient may not be aware of or seems trivial enough to be given due consideration. These findings may nevertheless be quite important and some may need management too. Few studies in the past have attempted to study epidemiological trends of oral mucosal involvement in dermatology outpatient settings.^(1,2,3,4) We studied oral mucosa of patients attending our outpatient department.

MATERIAL AND METHODS: The study was conducted at Department of Dermatology, Mahatma Gandhi Hospital, Sitapura, Jaipur. Oral mucosa of all patients attending the department over a fortnight was examined for any abnormality. Demographic details including age, sex, residential background (urban/rural) and occupation were noted. Particulars of oral mucosal examination and the presenting diagnosis were noted and a note was made whether the mucosal condition, if present, was related to the presenting diagnosis or was entirely incidental.

RESULTS: 602 patients were examined of which, 280(46.5%) were males while 322(53.5%) were females. 382(63.5%) patients were from the urban background while 220(36.5%) from rural. The patients' age ranged from 7 months to 76 years. (Figure 1)

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Figure 1: Age distribution of the patients

Most of the patients were students while rest of the patients comprised of teachers, retired servicemen and servicewomen, housewives, farmers, shopkeepers, self-employed, labourers, army servicemen and young children. (Figure 2)

Figure 2: Occupation of patients

The dermatological diagnoses made on the patients attending the outpatient department are shown in Figure 3.

Figure 3: Dermatological diagnoses of patients attending the OPD

Oral mucosal involvement which was related to the signs and symptoms the patients presented with were seen in only 10 patients (1.7%), while 302(50.1%) patients had mucosal findings unrelated to the presenting features and diagnoses. Incidental oral mucosal findings include dental caries, stained teeth, nicotine staining of mucosa, tonsillar inflammation, leukoplakia and cheilitis. (Table 4)

Incidental oral mucosal findings	Number of patients	Percentage
Dental caries	154	25.6%
Stained teeth	75	12.5%
Mucosal nicotine staining	52	8.6%
Tonsillar inflammation	10	1.7%
Leukoplakia	6	1%
Cheilitis	5	0.8%

Table 1: Incidental oral mucosal findings in patients attending OPD

DISCUSSION: Oral mucosal abnormalities are common in general population and usually remain covert in view of them being asymptomatic. Frequency of oral mucosal lesions in dermatological practise has been studied before with variable prevalence in different locales. Ramírez-Amador et al. found the frequency of oral conditions in dermatology clinic to be 2.8%. In contrast, Goncalves et al. in 2009 observed the frequency of oral mucosal lesions to be 35.7% though his study had quite a

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small sample. Suliman et al. in 2001 in Sudanese population had observed the prevalence of oral mucosal lesions in patients with skin diseases to be 57.9%. Our study shows the prevalence to be 51.8% with 50.1% patients having incidental findings. This high prevalence is likely secondary to high percentage of patients from rural background smoking and chewing tobacco, and high prevalence of fluorosis in the area, both contributing to staining of mucosa and teeth. Lack of proper hygiene is possibly responsible for high number of patients having dental caries.

Our study had slightly more females (53.5%) than males, with most patients from urban background (63.5%). Most patients belonged to the age range 16-29 years. The above findings are most likely due to the location of our hospital in an institutional area, with easy from adjacent Jaipur town and surrounding villages. Housewives were the second largest group followed by farmers and labourers. The most common presenting diagnosis was acne followed by eczematous diseases.

Dermatological diagnosis with direct relationship to oral mucosal findings was pemphigus vulgaris with presence of erosions in the mouth in 10 patients. Rest of the 302 patients (50.1%) had incidental findings including dental caries, stained teeth, mucosal staining, tonsillar inflammation, leukoplakia and cheilitis. These findings can help in getting to the diagnosing, or may provide a clue to dermatological concern. It is therefore crucial that oral mucosal examination should be always be performed which examining a patient is Dermatology.

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FINANCIAL OR OTHER**COMPETING INTERESTS:** None

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Date of Submission: 07/04/2015.
Date of Peer Review: 08/04/2015.
Date of Acceptance: 01/05/2015.
Date of Publishing: 09/05/2015.