Xerostomia: etiology, oral manifestation and treatment

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Abstract

BACKGROUND AND AIM: Xerostomia is a challenging condition for patients and usually causes the treatment request. This condition accompany with some complications. Dentist has to recognize the etiology of xerostomia and treat it properly. The aim was to study the etiology, oral manifestation and treatment of xerostomia. The study was review of literature. All researches from 1995 to 2013 in different dentistry and medical sites were studied and data based on the aim were generated. Besides the Sjogren’s syndrome and radiotherapy as identified causes of xerostomia, some drugs is also related to this condition. Determination of the incidence rate of xerostomia in relation to drugs is impossible. Drugs with extensive systemic effect have more outcomes on xerostomia. Hemodialysis and diabetes mellitus are other causes of dry mouth. Burning sensation, altered taste, dysphagia, reduced and fissure of mucosa are oral manifestation of this condition. The treatment is palliative. Establishing the measures for preventing of tooth decay and candidiasis is also most important. Correct diagnosis of xerostomia is the most important responsibility of dentist. Xerostomia encompass some complications that has adverse effect on patient’s quality of life. The treatment is palliative and aimed to prevention of others complication.

KEYWORDS: Xerostomia, Oral manifestation, Treatment.

Prognostic and predictive clinical, pathological and molecular markers for oral squamous cell carcinoma: review of articles

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Abstract

BACKGROUND AND AIM: Head and neck squamous cell carcinoma (HNSCC) is the fifth most common cancer worldwide. HNSCC involves the upper aerodigestive tract and can destroy the structure and function of organs involved in speech, taste, smell and hearing, as well as vital structures necessary for survival. HNSCC has long been a treatment challenge because of the high rate of recurrences and of advanced disease at the time of diagnosis. Despite aggressive and multidisciplinary treatment approaches, including chemotherapy and/or radiotherapy with reconstructive surgery, there has been no significant improvement in 5-year survival over the past 20 years. Several prognostic and predictive clinical, pathological and molecular factors have been introduced for HNSCC. We herein review some of the prognostic factors including: 1- demographic factors, 2-tumor stage and nodal status, 3-tumor thickness, 4-pathological grade, 5-patterns of infiltration, 6-perineural infiltration, 7-excision margins, 8-HPV infection, 9-genetic mechanisms in several pathways, such as signaling pathways, cell adhesion, cell motility and invasion, angiogenesis, immortalization and inflammation. Recent studies have provided an insight into the understanding of the molecular pathogenesis of the disease and exploring the novel therapies.

KEYWORDS: Oral squamous cell carcinoma, Prognosis, Tumor markers.