

(PMDs) of the oral cavity in the betel-quid chewing or tobacco smoking people. The objective of the study was to determine the incidence of PMDs and associated demographic and clinical descriptors in a hospital-based study. **Materials & Methods.** It was based on data obtained from subjects enrolled in an invitational nationwide screening program supported by government in Taiwan from January 2010 to December 2011. The re-attendance was achieved for two or more follow-up to determine if the participant undergoes biopsy. The risk factors such as tobacco smoking, betel-quid chewing, alcohol drinking and some health-related variables were also evaluated. **Results.** This retrospective study was carried out on a total of 4346 participants, with average age 44.5 ± 14.0 years, ranged from 35 to 65 years. There were 4242 males (97.6%) and 104 (2.4%) females. In the first visit, 559 (12.9%), 18 (0.4%), and 183 (4.2%) participants were judged to be PMDs, oral cancers, and other mucosal diseases, respectively. One hundred and ninety-nine patients need to undergo biopsy for tissue proof at the first visit or the re-attendance. Thirty-two samples that did not fit the criteria of PMD were excluded. Combined the tissue proof and clinical finding, the prevalence of PMDs was: leukoplakia, 1.72% (n=75); erythroleukoplakia, 0.27% (n=12); lichen planus, 0.14% (n=6); submucous fibrosis, 1.12% (tissue proof, n=5; clinical impression, n=44); verrucous hyperplasia, 0.82% (n=36); and carcinoma, 0.76% (n=33). 89% and 91% participants had the history of betel-quid chewing and tobacco smoking, respectively. **Conclusion.** The prevalence of PMDs in Tainan, Taiwan seems to be comparable to those in other studies and emphasize that risk habits have some relationship with the presence of PMDs. These data stress on visual screening that is a simple method for early detection of PMDs and malignant changes in those high-risk populations. It is worthy to keep following these PMD patients to monitor the recurrence or malignant change.

Keywords. Screening, Potentially malignant disorders, Oral cancer, Betel-quid chewing

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Treatment of denture hyperplasia

Abstract: Purpose: The purpose of this article is to review etiology and treatment of denture hyperplasia

Materials and Methods: The articles published regarding denture hyperplasia and its treatment between 1990- 2012 were gathered and evaluated. **Results:** Denture hyperplasia including inflammatory fibrous hyperplasia and inflammatory papillary hyperplasia are oral mucosal diseases that are more prevalent in older people . Inflammatory fibrous hyperplasia is caused by low intensity chronic trauma usually from ill- fitting dentures or parafunctional habits. Inflammatory papillary hyperplasia is caused by ill- fitting dentures, poor oral hygiene sensitivity to denture base materials, smoking, irritation and trauma to palatal salivary glands. Treatment can be removal of the denture, topical and systemic antifungal therapy and in advanced cases excision of hyperplastic tissues. **Conclusion:** In majority of cases, ill- fitting dentures can induce denture hyperplasia. These lesions are treated through drug and surgery.