

## Oral submucous fibrosis: Clinical image

Devishree V Rai\*; Kruthika S Guttal

**\*Corresponding Author: Devishree V Rai**

Assistant professor, A J Institute of Dental Sciences, Mangalore- 575004.

Email: devishreerai@gmail.com

### Clinical Image Description

A male patient aged 60 years, visited our department of Oral medicine and radiology with a chief complaint of difficulty in speech since 5 years. In the history of presenting illness, the patient said he has difficulty in opening his mouth and also in protruding the tongue. He also complained of burning sensation in the mouth on consumption of food. He gave a history of betel quid and tobacco consumption of around 15 times daily for the past 30 years.

On general and physical examination, the patient appeared under nourished. His vital and peripheral signs were normal. On clinical examination, there was diffuse blanching seen on the soft and hard palate, buccal mucosa and labial mucosa, anterior faucial pillars, tongue and floor of the mouth. Inter-incisal opening was 24mm. There was limited protrusion of tongue. On palpation, the mucosa was firm and resilient. Vertical fibrous bands were palpable in the buccal mucosa bilaterally.

Tenderness was present on palpation. Provisional diagnosis was grade III Oral submucous fibrosis was given. Since the patient was only willing for conservative management, habit and nutrition counseling was done. Isometric exercises were taught to the patient. Kenacort 0.1% was given for the burning sensation. He was also put on antioxidants. Patient was lost to follow up.

Oral Submucous Fibrosis (OSMF) is a complex, debilitating, and precancerous condition. Formerly confined to the Indian subcontinent, it is now often seen in the Asian populations of the United Kingdom, USA, and other developed countries, and is understandably a serious problem for global health. The cause for OSMF is believed to be multifactorial and higher incidence is seen in patients who chew areca-nut. It has a substantial rate of malignant transformation. Early diagnosis of the lesion can help prevent functional disability and malignant transformation.



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**Authors Information:** Devishree V Rai<sup>1\*</sup>; Kruthika S Guttal<sup>2</sup>

<sup>1</sup>Assistant professor, AJ Institute of Dental Sciences, Mangalore- 575004.

<sup>2</sup>Sdm College of Dental Sciences, Dharwad.

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