ISSN: 2249-9571

Knowledge and Awareness of Buccal Mucosa Cancer amongst Physiotherapist

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DOI: https://doi.org/10.52403/ijhsr.20220327

ABSTRACT

Background- Buccal mucosa cancer is among the top three types of cancers in India. It is a malignant neoplasia which arises on the lip or buccal cavity. Despite the general global trend of a slight decrease in the incidence of buccal mucosal cancer, tongue cancer incidence is increasing rapidly. Buccal mucosal cancer is two to three times more prevalent in men than women in most groups. The main risk factors of head and neck cancer globally are smoking and alcohol, as well as DNA oncogenic viruses and habits, such as betel nut. Brief practices observed by general public could be impacted in a positive way, when adequate knowledge is provided by health care professional. Hence, it is necessary to know if they have the knowledge and awareness about the preventable buccal mucosal cancer amongst physiotherapists.

Purpose- To evaluate the knowledge and awareness of buccal mucosal cancer amongst physiotherapists.

Method- A cross sectional study was conducted on physiotherapists. Data was collected using questionnaire which was pre-designed and self-made. The questionnaire included specific questions to test participants knowledge and awareness related to buccal mucosal cancer. Data analysis was done by SPSS Version 20.0.

Results- Data from 130 participants were included for final analysis. The mean age of participants was 24.5 years.

Conclusion- The study shows fair knowledge and awareness of buccal mucosal cancer amongst physiotherapists. Only 60 -70% participants appeared to be having fair level of knowledge (in terms of prevalence, aetiology, signs & symptoms, treatment)

Keywords- Knowledge, Awareness, Buccal mucosal cancer, Prevention Physiotherapist.

INTRODUCTION

Buccal mucosal cancer is one of the most prevalent cancers and is one of the ten major causes of death. Most common buccal mucosal carcinoma is squamous cell carcinoma ^[1]. Cancer may be defined as an uncontrolled tissue growth which result from imbalance between cell division and programmed cell death. ^[2] The term "buccal mucosal cancer" is used to describe any malignancy that arises from the buccal mucosal cavity comprising of lip, tongue, buccal mucosa, and oropharynx Lip cancer,

the most common form of buccal mucosal cancer, affects mostly men ^[3]. India has the highest number of cases of buccal mucosal cancer in the world. ^[6] Buccal mucosal cancer ranks amongst the three most common cancers in India and in some area's accounts for almost 40% of total cancer deaths. ^[5] It is a multidimensional problem that has immense impact on each individual and their belongings, on all health services and on wider society. More than 90 percent of cancers that occur in the buccal mucosal cavity are squamous cell carcinomas ^[6] The

highest priority should be given to tobacco control.

Tobacco consumption continues to prevail as the most important cancer risk as it alone accounts for millions of cancer deaths annually.^[7] Despite recent advances in the diagnosis and treatment of cancer, visual accessibility to buccal mucosal cancer has yet to change^[8]. Early diagnosis and referral are essential for less treatment, which improves the prognosis and quality of life.^[8]

It usually arises as a non-healing painless ulcer in the normal mucosa or an area of clinically altered buccal mucosal mucosa such as leukoplasia or Erythroplasia (appears as abnormal red lesions on the mouth.[9] mucous membranes in Erythroplasia (a reddened patch with a velvety surface on the buccal mucosal or genital mucosa that is considered to be a precancerous lesion) leucoplakia and disorders are usually related to buccal cancer.[10][21] Buccal mucosal mucosal cancer is a preventable disease, where smoking and alcohol-considered major risk factors-are present in 90% of cases, having them both a synergic effect. (6)

The risk factors of Buccal mucosal Cancer are: [11]

- Tobacco
- Alcohol
- Betel quid and areca nut
- Human Papillomavirus (HPV)
- History of previous cancer
- Family history of squamous cell carcinoma (SCC)
- Sun exposure
- Diet low in vegetables and fruits
- Poor buccal mucosal hygiene
- Poor fitting dentures

Buccal mucosal cancer is of different types [12]

(1) Squamous Cell Carcinoma of the Buccal mucosal Cavity

More than 90 percent of buccal mucosal cancers are squamous cell carcinoma. **Verrucous carcinoma:** About 5 percent

of all buccal mucosal cavity tumours are verrucous carcinoma.^[13]

(2) Minor salivary gland carcinomas

(3) Lymphoma [16]

One of the main causes seems to be the lack of awareness about buccal mucosal cancer, both among the general population and some health care professionals. [17] The number of countries that have implemented buccal mucosal cancer controls programs is minimal in comparison to those for others cancers such as breast, cervical, and prostate. [18]

Physiotherapist are involved in treating various musculoskeletal disorders such as TM Joint dysfunction, Bell's palsy, Facial palsy, etc. so adequate knowledge of sign and symptoms of buccal mucosal cancer can help in early diagnosis of disease^[19]

This study was designed to identify the level of knowledge and awareness about buccal mucosal cancer among physiotherapists.

METHODS AND METHODOLOGY

Study design and data collection-Study was carried out in Ahmedabad city in 2021 which included 130 physiotherapists having age between was 22-30 years. The Questionnaire was developed from various aspects consisting of prevalence, aetiology, symptoms and and treatment. were randomly Respondents selected. Before conducting a survey, the consent form was being signed by the respondents and questionnaire was handed to the them after signing for the one. The self-made questionnaire designed included sociodemographic data, and various questions to assess knowledge awareness of buccal mucosal cancer. Questionnaire was in English and all participants were proficient in language. It contains 20 questions and was in English and all participants were proficient in language. In the questionnaire, 5 questions each related to Prevalence, Etiology, Sign & Symptoms and Treatment of buccal mucosal cancer was asked with four relevant options.

After conducting this study, statistical analysis was done using SPSS Version 20.0.

STATISTICAL ANALYSIS

All the statistical analyses carried out in the study was done by SPSS Version 20.0. Descriptive analysis was performed to evaluate the components of questionnaire.

RESULT

The mean age of Participants is 24.5 years. Out of 130, 110 were females and 20 were male. The results show majority of respondents were having fair knowledge and awareness regarding prevalence, etiology, sign & symptoms and treatment of

buccal mucosal cancer with relevant options.

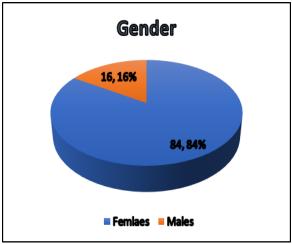


Table 1 Gender Distribution

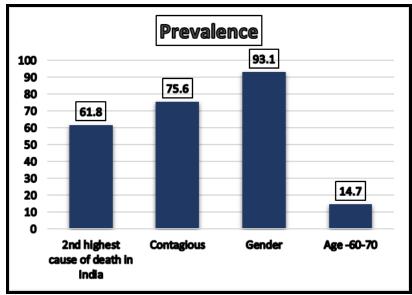


Table 2 Awareness about prevalence

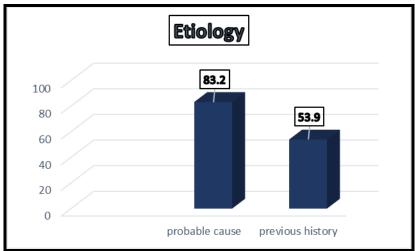


Table 3 Knowledge of causes of buccal mucosal cancer

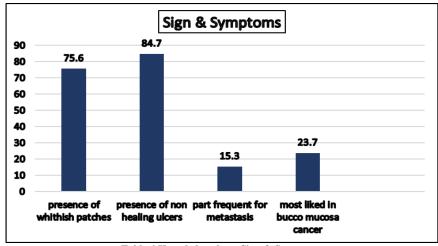


Table 4 Knowledge about Sign & Symptoms

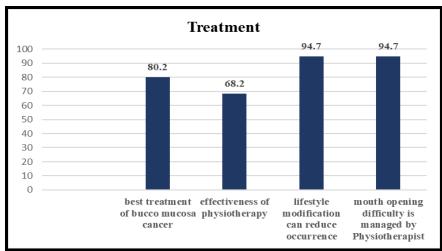


Table 5 Awareness about treatment

DISCUSSION

The present study was conducted amongst physiotherapist to evaluate their knowledge and awareness related to buccal mucosal cancer. 60-70% of the therapist had fair knowledge related to buccal mucosal cancer. In the present study, 83.2% participants had knowledge about the causes of buccal mucosal cancer which is good as they can be made aware about the preventive measures. Knowledge is lacking amongst the vulnerable age criteria as only14.3% opted for correct age group. [21]

This study shows that majority of the subjects (94.3%) were aware about the preventive way of buccal mucosal cancer which is giving advice on lifestyle modification like quitting of smoking /chewing tobacco reduces the occurrence. Therefore around 50-70% of participants

had basic level of knowledge of buccal mucosal cancer which is concern as knowledge about Prevalence, Signs & Symptoms, Aetiology, Treatment.

As a preventive measure, 23.1% of participants were knowing the most likely part of buccal mucosal cavity leading to cancer. About 15.3% were aware about increased frequency of metastasis which is Gingiva. Also 68.3% of participants were knowing effective role of physiotherapy in rehabilitation of buccal mucosal cancer patients.

75.6% of participants were aware about presence of whitish/reddish patch is related to buccal mucosal cancer so awareness needs to be spread regarding the age criteria and preventive measures as detecting the precancerous changes to cell

allows for intervention before buccal mucosal cancer develops.^[25]

Study conducted Daniel & Hilary (2015) concluded that due to lack of awareness of symptoms in healthcare workers cases are increasing with delayed diagnosis. [16]

The study results imply that if physiotherapists do not receive education to increase their functional knowledge, understanding and importance of adapting lifestyle modifications then they may not be able to promote the preventive measures as well as treat their patients or in general population respectively.

CONCLUSION

The healthcare providers must make sure that the healthcare professionals are informed about buccal mucosal carcinoma which will be beneficial step towards preventing, screening and treatment of buccal mucosal cancer.

Clinical Implications

As buccal mucosal cancer is totally preventable, therefore the healthcare providers must make sure that the healthcare professionals are informed about benefits of screening and preventive methods which will be a step towards making sure buccal mucosal cancer do not increase.

Future Scope

- The study can be incorporated into different age group
- Study can be done in general population

Limitations

- Sample size is less
- The number of male and female participants aren't equal

Acknowledgement: None

Conflict of Interest: None

Source of Funding: None

Ethical Approval: Approved

REFERENCES

- 1. Thun MJ, DeLancey JO, Center MM, Jemal A, Ward EM. The global burden of cancer: priorities for prevention. Carcinogenesis. 2010:31:100-10.
- Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. Ca Cancer J Clin. 2018;68:394-424.
- Brasil. Ministério da Saúde: Instituto Nacional de Cancer José Alencar Gomes da Silva. Estimativa 2018. Inciência de câncer no Brasil. 2018;130.
- 4. Scott SE, McGurk M, Grunfeld EA. Patient delay for potentially malignant buccal mucosal symptoms. Eur J Buccal mucosal Sci. 2008;116:141-7.
- 5. Joseph BK, Ali MA, Sundaram DB. Awareness of mouth cancer among adult dental patients attending the Kuwait University Dental School Clinic. J Cancer Educ. 2018;33:340-5.
- 6. IARC. Monographs on the Evaluation of Carcinogen Risk to Humans. Available in https://monographs.iarc.fr/agents-classified-bythe-iarc/. 2018.
- 7. Chainani-Wu N, Epstein J, Touger-Decker R. Diet and prevention of buccal mucosal cancer: strategies for clinical practice. J Am Dent Assoc. 2011;142:166-9.
- 8. Awojobi O, Scott SE, Newton T. Patients' perceptions of buccal mucosal cancer screening in dental practice: a cross-sectional study. BMC Buccal mucosal Health. 2012;12:55
- 9. Montero PH, Patel SG. Cancer of the buccal mucosal cavity. Surg Oncol Clin N Am. 2015;24:491-508.
- Saleh A, Kong YH, Vengu N, Badrudeen H, Zain RB, Cheong SC. Dentists' perception of the role they play in early detection of buccal mucosal cancer. Asian Pac J Cancer Prev. 2014;15:229-37.
- 11. Güneri P, Epstein JB. Late stage diagnosis of buccal mucosal cancer: Components and possible solutions. Buccal mucosal Oncol. 2014;50:1131-6.
- 12. Al-Maweri SA, Addas A, Tarakji B, Abbas A, Al-Shamiri HM, Alaizari NA, et al. Public awareness and knowledge of buccal mucosal cancer in Yemen. Asian Pac J Cancer Prev. 2014;15:10861-5.

- 13. Gigliotti J, Madathil S, Makhoul N. Delays in buccal mucosal cavity cancer. Int J Buccal mucosal Maxillofac Surg. 2019;48:1131-7.
- 14. Allison P, Franco E, Black M, Feine J. The role of professional diagnostic delays in the prognosis of upper aerodigestive tract carcinoma. Buccal mucosal Oncol. 1998;34:147-53.
- 15. Al-Maweri SA, Tarakji B, Alsalhani AB, Al-Shamiri HM, Alaizari NA, Altamimi MA, et al. Buccal mucosal cancer awareness of the general public in Saudi Arabia. Asian Pac J Cancer Prev. 2015;16:3377-81.
- 16. Agrawal M, Pandey S, Jain S, Maitin S. Buccal mucosal cancer awareness of the general public in Gorakhpur city, India. Asian Pac J Cancer Prev. 2012;13:5195-9.
- 17. Hassona Y, Scully C, Abu Ghosh M, Khoury Z, Jarrar S, Sawair F. Mouth cancer awareness and beliefs among dental patients. Int Dent J. 2015:65:15-21.
- 18. Park JH, Slack-Smith L, Smith A, Frydrych AM, O'Ferrall I, Bulsara M. Knowledge and perceptions regarding buccal mucosal and pharyngeal carcinoma among adult dental patients. Aust Dent J. 2011;56:284-9.
- Pakfetrat A, Falaki F, Esmaily HO, Shabestari S. Buccal mucosal cancer knowledge among patients referred to Mashhad Dental School, Iran. Arch Iran Med. 2010:13:543-8.
- 20. Peker I, Alkurt MT. Public awareness level of buccal mucosal cancer in a group of dental patients. J Contemp Dent Pract. 2010:11:49-56.
- 21. Villa A, Kreimer AR, Pasi M, Polimeni A, Cicciù D, Strohmenger L, et al. Buccal mucosal cancer knowledge: a survey administered to patients in dental departments at large Italian hospitals. J Cancer Educ. 2000;26:505-09.
- 22. Ghani WM, Doss JG, Jamaluddin M, Kamaruzaman D, Zain RB. Buccal mucosal cancer awareness and its determinants among a selected Malaysian population. Asian Pac J Cancer Prev. 2013;14:1957-63.

- Ariyawardana A, Vithanaarachchi N. Awareness of buccal mucosal cancer and precancer among patients attending a hospital in Sri Lanka. Asian Pac J Cancer Prev. 2005:6:58-61.
- 24. Quadri MF, Saleh SM, Alsanosy R, Abdelwahab SI, Tobaigy FM, Maryoud M, et al. Effectiveness of an intervention program on knowledge of buccal mucosal cancer among the youth of Jazan, Saudi Arabia. Asian Pac J Cancer Prev. 2014;15:1913-8.
- 25. Ribeiro AC, Silva AR, Simonato LE, Salzedas LM, Sundefeld ML, Soubhia AM. Clinical and histopathological analysis of buccal mucosal squamous cell carcinoma in young people: a descriptive study in Brazilians. Br J Buccal mucosal Maxillofac Surg. 2009;47:95-8.
- 26. Leite AA, Leonel ACLDS, Castro JFL, Carvalho EJA, Vargas PA, Kowalski LP, et al. Buccal mucosal squamous cell carcinoma: a clinicopathological study on 194 cases in northeastern Brazil. A crosssectional retrospective study. Sao Paulo Med J. 2018;136:165-9.
- 27. Passos KKM, da Silva Leonel ACL, Bonan PRF, de Castro JFL, Dos Anjos Pontual ADA, de Moraes Ramos-Perez FMM, et al. Information on buccal mucosal cancer available on the internet: Is it reliable?. Buccal mucosal Dis. 2019;25:1832-33.
- 28. Rogers SN, Hunter R, Lowe D. Awareness of buccal mucosal cancer in the Mersey region. Br J Buccal mucosal Maxillofac Surg. 2011;49:176-81.
- 29. Chang J S, Lo H I, Wong T Y, Huang CC, Lee WT, Tsai ST, et al. Investigating the association between buccal mucosal hygiene and head and neck cancer. Buccal mucosal Oncol. 2013;49:1010-7.

How to cite this article: Patwa SV, Mukhi S. Knowledge and awareness of buccal mucosa cancer amongst physiotherapist. *Int J Health Sci Res.* 2022; 12(3):193-198. DOI: https://doi.org/10.52403/ijhsr.20220327
