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CASE REPORT

EFFECTUAL THERAPEUTICS OF ORAL SUBMUCOUS FIBROSIS WITH A RATIONAL APPROACH: A CASE REPORT

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Abstract

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Oral Submucous Fibrosis (OSMF) is a chronic, insidious, premalignant condition of the oral cavity that is critically associated with the habit of areca nut chewing. A 42-year-old Indian female patient, a resident of Rajasthan, reported to the department with a complaint of difficulty opening her mouth and a burning sensation in her oral mucosa. It is characterised by chronic inflammation and excessive collagen deposition in the connective tissue, resulting in marked rigidity and trismus. It can involve any part of the oral cavity. This case highlights the importance of physiotherapy and intralesional injection as the first line of treatment in stage I and II OSMF patients. This has proven that sometimes doing less is more.

INTRODUCTION

This case showed that conservative treatment improved function, pain, and

quality of life. It also gives the treating clinician an alternative like a non-invasive, convenient, and cost-effective way of

managing OSMF patients. A lady with difficulty in opening mouth and burning sensation on having spicy food. On taking a detailed history, she revealed the habit of areca nut chewing for the last 12 years, which drew us to our provisional diagnosis. So, a comprehensive treatment plan was made based on conservative management that included patient motivation, dietary changes and aggressive physiotherapy along with intra lesional injections of placental extract.

CASE REPORT

A 42-year-old Indian female reported on January, 2021 with the chief complain of difficulty in opening mouth and severe burning sensation on having spicy food with no other dermatological or systemic diseases. Patient was asymptomatic before 3 years then she experienced burning sensation on having spicy food which was relieved on having cold food items. After some time, she noticed a reduced mouth opening. The symptoms had aggravated with time. She had never visited any dentist before for this problem. On further questioning she revealed the habit of areca nut chewing for 12 years. She consumed it as a component of pan 5 times a day on general physical examination pallor was observed in sclera, tongue, oral mucosa and palmar creases depicting anemia on oral examination the oral mucosa was white pale, blanched and

slightly opaque, Leucoplakia of buccal mucosa was seen bilaterally. The inter incisal width was 10 mm [Figure 1]. On palpation a thick fibrous band was present bilaterally [Figure 2&3] involving tissues around pterygomandibular raphe that had caused a reduced mouth opening. There was impairment in tongue movement and atrophy of tongue papillae. Other oral findings included localized attrition with 33 to 43 with stains and calculus. Considering all the signs and symptoms and correlating them with the history of areca nut chewing we gave our provisional diagnosis of stage II OSMF. On complete blood examination patient was found to be anemic. After seeing all the signs and symptoms we made differential diagnosis of Scleroderma and OSMF. As patient was found to be anemic & monetary issues she denied from biopsy. As there were no ulcerative lesions so after relating the clinical features with habit of areca nut chewing, we confirmed our diagnosis as OSMF.^[1]

Considering the patient's request of not taking a surgical approach a comprehensive treatment plan was made based on the concept of conservative management.^[2] The patient was motivated and counselled to quit the habit. She was explained how this pre malignant condition has affected several lives and quitting of the habit could reverse these

signs and symptoms to some extent. She was given multivitamin and anti-oxidants. After taking patients consent Intra lesional injection of placental extract with local anesthesia was given in 1+1ml bilaterally after every 7 days for 4 weeks She was advised to have 5 meals per day and to add milk, green veges, yolk, white bread particularly citrus fruits. Active physiotherapy was started.^[3] This included tongue blade exercises, tongue protrusion was measured from incisal edge of maxillary incisors to maximum length of protrusion. To check flexibility 2 points were measured & marked on both the cheeks at an equal distance from tragus and angle of mandible. Patient was asked to blow their cheeks fully and distance was measured. Then patient is asked to relax and the distance is measured again. Tongue in Cheek push exercise - Repeat 10 times up and down tongue stretches. Patient was recalled every week and after 2 weeks interval her mouth opening was found to be 12mm [Figure 4] and at the end of 8 weeks her interincisal distance was found 18mm [Figure 5]. Patient was followed every month where she reported relief in her symptoms and increased mouth opening.

Discussion - OSMF is a chronic insidious disease affecting any part of oral cavity and sometimes pharynx.^[4] Although occasionally preceded by or associated

with vesicle formation, it is always associated with juxta-epithelial inflammatory reaction followed by fibro elastic changes of lamina propria with epithelial atrophy leading to stiffness of oral mucosa and causing trismus and inability to eat.^[5] Its major etiological factor is associated with habit of area nut chewing. This case gives us an insight of the benefits of aggressive physiotherapy and placental extract as a great option for management of OSMF instead of using steroids which has more side effects some are like chronic use may make you immunocompromised and many complications as localised burning sensations. Existing theories and research have also proved that placental extract has pluripotent stem cells those have the ability to form any cell in the body.

Main challenge we faced during the treatment was to motivate patient for regular follow up and make her commit for aggressive physiotherapy from day one of the treatment. Along with it, it was necessary to make patient realize the ill effects and malignant potential of areca nut chewing. Hence more emphasis was given on awareness and morbidity of disease. Main emphasis of this paper is to suggest other treatment modalities that are safer ^[6] convenient, less invasive, cost effective over surgery in early stages of OSMF.



Figure 1: Shows mouth opening of 10mm approx.



Figure 2: Shows fibrous band present on left buccal mucosa extending from corner of mouth to retromolar trigon region.

Our approach in management of OSMF is a fine example. Surgical approach involved excision of fibrous band either by scalpel or by using laser with or without use of inter-positional

grafts. But it has its own merits and demerits. The surgery being the first choice of treatment is not necessary. It carries with itself, various risk factors along with high chance of recurrence. So, the indications and contraindication for surgical intervention or conservative approach should be clearly marked and a treatment plan should be based on the stage of the disease and its spread keeping that in mind a wholesome and conservative treatment plan was devised. Our therapy of intralesional injections of placental extract along with oral vitamins, supplements, and dietary changes proved to give best results without any side-effects and complications as seen with using steroids.

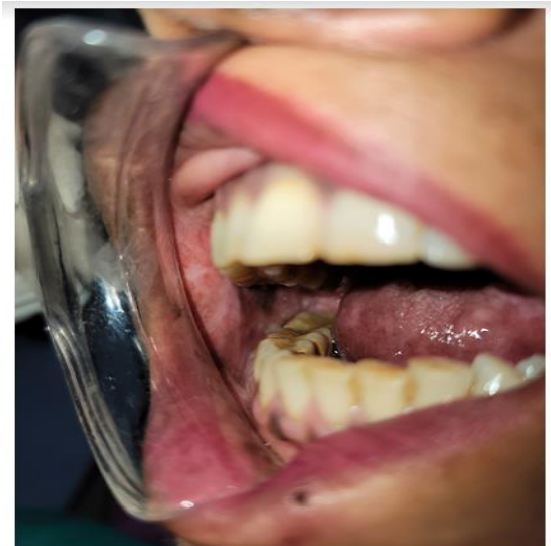


Figure 3: Shows fibrous band present on right buccal mucosa extending from corner of mouth to retromolar trigon region.



Figure 4: Mouth opening was around 12 mm after 2 weeks

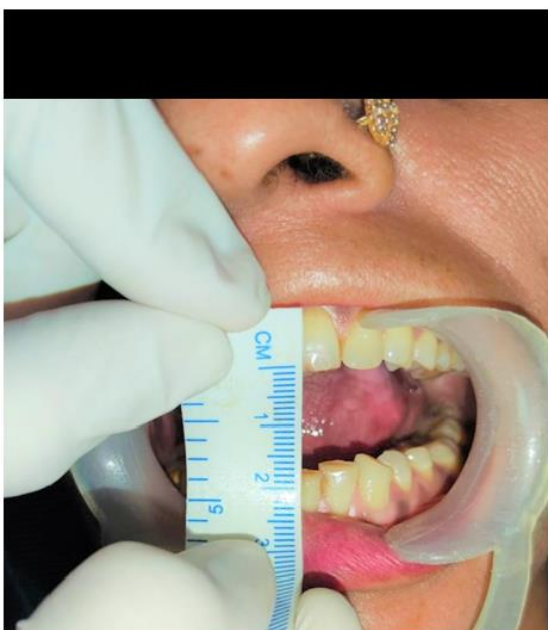


Figure 5: Mouth opening was around 18 mm after 8 weeks

CONCLUSION

However, for conservative management to be successful, a team effort is required. The success of treatment is heavily dependent on patient compliance, cooperation, an unwavering commitment to active rigorous physiotherapy, and use

of placenta extract, which is safer than steroids.

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