

# The Grinding and Crushing of Food, Which Occurs In the Oral Cavity

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## Editorial Note

The anatomy of the oral cavity is particularly challenging because there are many diverse types of tissue located in this relatively small area. The oral cavity initiates at the lips and extends backwards to the front part of the tonsils. Beginning at the front of the upper and lower lips is the very specific tissue called the vermilion border, which lines the lips. Once inside the mouth, this entire region is coated with a lining that is focused to provide lubrication of the oral cavity. The bone of the lower jaw called the mandible and of the upper jaw, called the hard palate, is also included in this area as well as the teeth. The lining of the mouth becomes thick overlying this bone. Directly behind the lower teeth is a smooth gutter, known as the floor of mouth. Here, the lower saliva gland empties saliva through specialized ducts just under the tip of the tongue. The front two thirds of the tongue are also included within the oral cavity. The tongue consists of the specialized thick lining on the top and sides, which contains the taste buds. Underneath this are numerous specialized and coordinated muscles that provide movement of the tongue. The last part of the oral cavity, located in the rear of this region, is the retromolar trigone. This is a firm area just behind the back molars in the lower jaw. The oral cavity has numerous functions. One function is called oral competence, which is the ability to hold food and saliva in the mouth without drooling. The specialized lining of the mouth as well as the many saliva glands provide lubrication which aide in speech, swallowing and in the digestion of food. The grinding and crushing of food, which occurs in the oral cavity, is also important for digestion. Once foods are prepared for swallowing, the oral cavity helps in swallowing as the tongue and the mouth push the food backward towards the swallowing tube the esophagus. Finally, our highly coordinated and specialized speech, which is so important to communication, would not be possible without the structures of the oral cavity.

## Signs & Symptoms of Mouth & Throat Cancer

The signs and symptoms associated with oral cancer can be caused by other cancers or conditions that can be sores in the mouth or on the lips that do not heal this is the most common symptom. The patches of red or white tissue on the interior of the mouth, thickening

or lumps in the cheek or on the lip, mouth, neck or throat. The persistent sore throat or ticklish throat and change in voice or hoarseness. The mouth or tongue numbness and mouth pain or bleeding, difficulty in moving the mouth and swallowing or chewing, chronic bad breath, changing speech patterns, unexplained weight loss, fatigue, loss of appetite.

## Causes of Oral Cancer

Many people diagnosed with oral cancer use or have previously used tobacco in some form. The longer people use tobacco and the more they use, the higher their risk. The type of tobacco matters, too. People who use chewing tobacco, for example, are more likely to develop gum, cheek, or lip cancer. Pipe smokers have an increased risk of developing cancer in the lips or soft palate. Secondhand smoke can put non tobacco users at risk.

Alcohol by itself is not an independent risk factor, meaning that we think if you drink heavily but don't smoke, you're probably not at an increased risk. But if you smoke and drink, you are at a very much higher risk.

Gender About two thirds of people diagnosed with oral cancer are men. The gender difference could be attributed to the historic trend of men using tobacco and alcohol more frequently than women.

The risk of oral cancer becomes more intense after age 50 and peaks between age of 60 and 70, according to the National Institute of Dental and Craniofacial Research. While the average age of diagnosis is 62, oral cancer can still occur in young people. A little more than a quarter of cases occur in people younger than 55, but it is very rare in children.

Oral cancer is about as equally common in blacks as whites, but oral cancer rates significantly fluctuate between countries. For example, oral cancer is much less common in countries such as Mexico and Japan compared to the United States but much more common in countries such as Hungary and France. One possible reason is the variance in tobacco consumption between countries. It is the most common type of cancer in South Asian countries such as India, Sri Lanka, Pakistan, and Bangladesh.

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A diet high in fruits and vegetables is linked to a decreased risk of oral cancer, which may be attributed to the high levels of vitamin A, vitamin C, folic acid, flavonoids, and other antioxidants. The Mediterranean diet appears to be associated with a reduced risk of oral and oropharyngeal cancer.

Sun exposure, immunosuppressive drugs, genetic disorders, radiation exposure, a previous head and neck cancer and using betel can all up the odds, too. It is unclear, at this point, whether vaping increases the risk of oral cancer.

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## Oropharyngeal Cancers Cure

Oral and oropharyngeal cancers can often be cured, especially if the cancer is found at an early stage. Although curing the cancer is

the primary goal of treatment, preserving the function of the nearby nerves, organs, and tissues is also very important. When doctors plan treatment, they consider how treatment might affect a person's quality of life, such as how the person feels, looks, talks, eats, and breathes.

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