

# DIFFICULTIES FOR DENTAL SURGEONS REGARDING THE EARLY DIAGNOSIS OF MOUTH CANCER IN PRIMARY HEALTH CARE: LITERATURE REVIEW

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**Abstract:** Introduction: In Brazil, oral cancer disease is considered a malignant neoplasm of the lip, tongue, gums, floor of the mouth, hard palate and other parts of the mouth. It represents a serious public health problem due to the high rates of late diagnoses and, consequently, the significant rates of morbidity and mortality. General objective: This is a research developed through an opinion article focusing on the dental surgeon's approach to diagnosis in Primary Health Care (PHC). Methods: This is an opinion article survey, developed from February to June 2024, through the reflection of the texts published in the area as well as through the guidelines of the dental surgeon in PHC. Results: In the end, it can be seen that associated factors evidence this difficulty, such as the lack of materials for biopsy performance. Another important point is the non-implementation of family health strategies as an approach to the prevention of oral cancer. Final considerations: It can be stated that the training of

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professionals is an important factor for early diagnosis, as well as the expansion of resources.

**Keywords:** Dentists; Primary Health Care; Dentist's Role; Tumeurs de la bouche

In its definition, oral cancer can be a group of malignant neoplasms that affect different anatomical sites in the head and neck region. For the Ministry of Health in Brazil, this condition is considered a malignant neoplasm of the lip, tongue, gums, floor of the mouth, hard palate and other parts of the mouth ( INCA, 2019 ).

This disease condition represents a serious public health problem due to the high rates of late diagnoses and, consequently, the significant morbidity and mortality rates. According to the incidence forecast from the National Cancer Institute (INCA, 2019), with the exception of non-melanoma skin tumors, this tumor is the fifth most common site in the male population and the twelfth most common in the female population .

In developed countries, other numbers represent the majority of patients treated at an early stage, while in emerging countries, advanced tumors are the most commonly found in public outpatient clinics ( Veronezzi et al. , 2022).

According to Neville et al . (2004) , white men over the age of 65 are more likely to develop the disease, with the proportion between affected men and women being 3:1. According to the author, squamous cell carcinoma is the most commonly found in the oral cavity, corresponding to 94% of all tumors and its origin is multifactorial.

Among the causative agents are the consumption of various forms of tobacco, especially when associated with the use of alcohol, in addition to phenols, radiation, a diet lacking vitamins and nutrients, candida infections and oncogenic viruses such as HPV. Currently, the influence of poor hygiene and the use of illicit drugs has been reported (Neville et al . , 2004).

Then, upon the appearance of signs and symptoms, patients directly seek out the dentist for consultation, however only when they have complaints related to the oral cavity, and for this it is of



utmost importance that the professional must know the risk factors for this neoplasia and is qualified to perform complete clinical examinations of the oral cavity, identifying its signs and symptoms around a malignant lesion and biopsy of suspicious lesions (Neville et al ., 2004).

Therefore, the authors of this article emphasize that, in particular, those professionals who work in Primary Health Care (PHC) have greater access to the population, as it is the main gateway to the public Unified Health System (SUS). In Brazil, they can examine their patients on a regular and periodic basis.

It is observed that patients with oral cancer are often welcomed as a spontaneous demand, and in many cases, a phenomenon of successive delays begins in primary care , from diagnosis to referral, which end up postponing the possibilities of early approach. and consequently limit patients' chances of survival (INCA, 2022).

Therefore, early detection of oral cancer must cover the epidemiological aspects, differential diagnosis, early signs and symptoms, potentially malignant oral lesions, clinical presentation of the lesions, means of diagnosis such as cytology, use of toluidine blue and techniques of incisional biopsy (considered the gold standard) for diagnosis, this set as a whole provides security for professionals and benefits for patients ( Wade et al ., 2019) .

However, within this level of care, difficulties arise regarding the identification of early diagnosis, mainly due to the lack of knowledge of dental surgeons in identifying and differentiating the diagnosis of the lesion in PHC. There are other associated factors that highlight this difficulty, such as the lack of materials to perform a biopsy. Another important point is the failure to implement family health strategies as an approach to preventing oral cancer ( INCA, 2019; Foletto ; Aratani , 2022 ).

Furthermore, it is worth highlighting that due to the limited knowledge about mouth and oropharyngeal cancer among patients and health professionals, especially on the part of dentists, fear of diagnosis and difficulties in accessing the health system are factors that influence the diagnosis. Although some healthcare professionals blame patients for the disease, it is crucial that they recognize



their responsibilities when it comes to diagnosing cancer. Furthermore, do not blame patients for the delay in diagnosis. It is essential that professionals develop positive attitudes, personal values, relationship skills, psychological mastery and self-confidence ( Foletto ; Aratani , 2022).

It is extremely important to highlight that a large part of the population ends up not recognizing the dentist as the professional qualified to detect soft tissue injuries due to a lack of knowledge about this function. The difficulty is also observed in the healthcare team itself, which does not fully recognize the role of the dentist in diagnosing oral cancer. The problem is aggravated by the low integration between the members of the multidisciplinary team and the lack of definition of the roles and responsibilities of each member and level of attention in establishing the line of care ( Cazal et al ., 2022).

In view of this, the need for qualification through training and qualification of these dental surgeons is evident, aiming at the early detection of disorders with the potential for malignant transformation and initial lesions of oral cancer ( ref ).

To this end, we authors here reflect that improving capabilities/skills and updating knowledge and practices is essential to achieving the goal of reducing the advanced stage of the disease at diagnosis, providing patients with more effective treatment at a lower cost. and less hassle.

Therefore, it is necessary to emphasize the importance of early diagnosis associated with the role of dental surgeons in terms of the first contact with the patient who seeks primary care. Of course, it is up to these professionals to know the risk factors and early detection strategies for oral cancer. However, delays in diagnosis can occur due to the professional's delay in establishing the definitive diagnosis or, even, due to the health system itself, which may present difficulties in scheduling appointments, forwarding histopathological samples, among other points (Fernandes et al ., 2023)

Therefore, the need for complete and effective training of professionals is evident, as well as the implementation of effective public policies and awareness among the population so that there is comprehensive prevention and early diagnosis of mouth cancer, which is fundamental to reducing



mortality from this disease. disease and improve patients' quality of life ( INCA, 2019 ).

Promoting oral health on a regular basis is one of the impacts that will help reduce diagnoses, aiming to detect risk factors and patients susceptible to this pathology. Providing adequate materials to perform procedures is essential for early diagnosis ( Fuso et al ., 2023 ).

Therefore, it is interesting to invest in continuing education that can reduce the barriers associated with early diagnosis, as well as the time spent between self-perception of signs and symptoms and treatment. What continuing education, frequency and target audience should be worked on? In order to have an impact on oral cancer morbidity and mortality indicators, training must be rethought in the form and objectives it proposes ( ref ).

As well as the healthcare team as a whole in the continuing education process, and not just the dentist. Furthermore, all opportunities and teaching formats are valid as long as they break with the traditional model of exclusively highlighting clinical aspects of injuries. In addition to the presentation of lesions, training should also be aimed at controlling factors directly or indirectly involved in the genesis of cancer, such as smoking cessation, guidance is available at undergraduate or postgraduate level ( ref ) ( ref ) .

In this paradigm shift proposal, educators would use, instead of the traditional method, techniques and strategies that involve and motivate the patient, based on behavioral health. Attention also focused on prevention, excluding and clarifying risk factors, addressing tobacco use, ways to encourage cessation and early detection of mouth cancer, medication assistance and guidance on existing smoking cessation groups, care with unprotected sun exposure that targets fishermen and farmers in greater numbers ( Wade et al., 2019) .

So, in the end, it can be considered that the training of professionals regarding the management of patients with changes in the oral cavity, with probable oral cancer, the initial step will be training PHC professionals, especially the dental surgeon, and subsequently expanding resources and equipment.



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