Letter to the Editor

Could Tele-Oral medicine help in early diagnosis of oral cancer?

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Dear Editor,

The importance of regular dental visits in the detection of oral and pharyngeal cancers cannot be overstated. Regular dental visits facilitate earlier detection of oral cancer as it involves assessment of risk factors, comprehensive examination of oral cavity and identifying any oral potentially malignant lesions and their follow up [1].

The recent coronavirus pandemic and stay at home guidelines have hampered access to healthcare across the world. Awareness about transmission of the virus by oral route has resulted in patients avoiding their regular dental visits. Social distancing norms have been enforced to prevent the transmission of virus. A comprehensive examination of oral cavity is not possible to be performed while maintaining the required distance. This has prompted several centres to restrict their face to face out-patient services for symptomatic patients alone.

Failure to provide face to face consultations patients with non-emergent symptoms for a long period of time has led to the increasing use of telemedicine services for consultation for non-emergent complaints, routine check-ups and follow-up visits. Use of telemedicine consultations offers several benefits. It allows to provide a questionnaire to obtain history, educate about and evaluate high risk factors, provide educational material in the form of leaflets, videos for oral self-examination [2], image sharing and video calls enable screening of oral mucosal lesions [3], and thus decide which patient requires an urgent in-person visit at the clinic. Also, information regarding risk factors for oral cancer may be provided in the form of audio clips or podcasts or a dialler tone that plays the audio clip [4].

Telemedicine services also help to provide increase the reach [5]. Patients who previously are unable to reach the hospital for a face-to-face consultation due to reasons like accessibility, hesitation etc., may also be willing to use telemedicine services. Further, mobile applications may be developed which enable patient to input their data and evaluate their risk. The mobile applications may also provide information in the form of pictures, posters, documents, videos etc, and provide to schedule follow up visits. Multidisciplinary care can also be offered in the form of group video calls for patients who require the same.

Therefore, it is reasonable to conclude that use of telemedicine services can be of great benefit in the continued early diagnosis and prevention of oral and pharyngeal cancer. We therefore recommend continued provision of tele-oral medicine services even after the resumption of regular services.

References


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