

BETEL-CHEWER'S MUCOSA - AN ENTITY?

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EXTENDED ABSTRACT

The definition of betel-chewer's mucosa (BCM) was first published in 1971¹ and since used by several other research groups. Betel-chewer's mucosa was defined as: "A condition of the oral mucosa where, because of either direct action of the quid or due to traumatic effect of chewing, or both, there is a tendency of desquamation or peeling off of the oral epithelium. Loose and detached tags of the tissue can also be seen and felt. The underlying area assumes a pseudomembranous or wrinkled appearance. The area may also show evidence of incorporation of the quid in the form of yellowish encrustations. It has been noticed that this condition can be scraped off". Betel-chewer's mucosa was described in Northern Thai hilltribes and Thai with an overall prevalence rate of 13.1%². Northern Thai hilltribes, particularly women, showed a higher prevalence rate between 13.3 and 38.1%. In a Malaysian survey the prevalence rate among 850 betel-quid chewer's

was 21.9%³. In a selected Cambodian population the rate was only 0.2%⁴. In a highly selected group of Cambodian women the prevalence rate was 60.8%⁵. Betel-chewer's mucosa was also observed among Sri Lankan tea estate workers (56.1%)⁶. Betel-chewer's mucosa occurs more frequently in women than in men. Older individuals are more frequently affected. Betel-chewer's mucosa is located to the buccal mucosa in nearly 60%⁶. The buccal mucosa, the lower sulcus, the lateral border of the tongue, the hard palate and the upper lip are most commonly affected by BCM⁵.

Betel-chewer's mucosa is associated with other mucosal lesions such as leukodema, oral leukoplakia, oral ulceration, submucous fibrosis and oral carcinoma. The histology of BCM is characteristic. The epithelium is hyperplastic showing encrustations of the betel-quid ingredients on the epithelial surface. Ballooning of epithelial cells may occur. The aetiology of BCM is not clear, however, a traumatic mechanical and/or chemical origin is most likely. Betel-chewer's mucosa is not a precancerous lesion. Its association to submucous fibrosis is presently unknown. Several oral mucosal lesions have to be considered as a differential diagnosis. Cheek biting (*morsicatio buccarum*) is the most closely related lesion to BCM. In both, the clinical and histological picture have certain parallels. Betel-chewer's mucosa should be considered an entity, however, more research is warranted. Since BCM so far has only been demonstrated in a few, partly small study cohorts further epidemiological studies are needed. Its relation to submucous fibrosis should be studied and longitudinal investigations of betel-quid chewing should be performed in order to examine the development of BCM over time.

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