ABSTRACT

Aim: The aim of this study was to evaluate the prevalence of oral lesions in Bihar Population. Methods: A cross-sectional study was carried out on total of 210 paediatric patients with age 6 years to 12 years were included. Patients with systemic disease were not included in this study. Results: Out of 210 patients 59 (28.09%) patients were diagnosed with oral mucosal lesions. Out of 59 patients 15 (25.42%) patients were diagnosed with Minor Apthous Ulcer and 1 (1.69%) patients with oral candidiasis, pyogenic granuloma, ranula. Conclusions: There is a need for more good quality epidemiological studies in this area.

KEYWORDS: Oral mucosal lesions; paediatric population; epidemiology.

INTRODUCTION

Oral mucosal lesions are a broad group of alterations located in the soft tissues of the oral cavity. These lesions are recognizable by their etiology, clinical characteristic features, prognosis, and dissimilar treatments. The oral mucosal lesions can present as vesicles, ulcers, macules, changes in color, size alterations, and configuration of the oral anatomy in paediatric patients. The clinical exam to obtain a diagnosis of oral conditions and lesions is fundamental, which is why, it must be correct, thorough, and systematic. The exam of soft tissues in paediatric patients involves knowledge of normal size, shape, color, and texture of the structures that comprise it. The correct exploration of the oral mucosa can provide important tools in diagnosing developmental, neoplastic, infectious, or inflammatory alterations.1

The frequency of children with oral mucosal lesions and the prevalence of each lesion show a wide range of literature and this may be a result of the difference of geographic areas, sociodemographic characteristics of the population studied, and the clinical diagnostic criteria. Although examined studies have provided helpful information in this field, the lack of uniformity in the criteria adopted by the researchers makes it difficult to draw coherent conclusions. Therefore, an appropriate protocol should be create in order to exactly evaluate the prevalence of the most common oral mucosal lesions in children and their association with a particular condition (age, gender, systemic disease, socioeconomic level).1
patients with oral mucosal lesions (Table 3, Graph 3). Out of 210 patients 59 patients were diagnosed with oral mucosal lesions. Out of 59 patients 15 (25.42%) patients were diagnosed with Minor Aplthous Ulcer followed by 13 (22.03%) patients with traumatic ulcers followed by 10 (16.96%) patients with traumatic fibroma, 5 (8.47%) patients with herpetic stomatitis, 4 (6.78%) patients with mucocele, 3 (5.08%) patients with recurrent herpes, pigmented lesions, geographic tongue and 1 (1.69%) patients with oral candidiasis, pyogenic granuloma, ranula (Table 4, Graph 4).

**Table 1: Gender Wise Distribution of Patients.**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>94</td>
<td>44.76</td>
</tr>
<tr>
<td>Female</td>
<td>106</td>
<td>50.47</td>
</tr>
</tbody>
</table>

**Table 2: Patient With OML# and Without OML#.**

<table>
<thead>
<tr>
<th>Patient With OML#</th>
<th>Percentage (%)</th>
<th>Patient Without OML#</th>
<th>Percentage (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>28.09</td>
<td>151</td>
<td>71.90</td>
<td>210</td>
</tr>
</tbody>
</table>

OML# Oral Mucosal Lesions
Table 3: Gender Wise Distribution of OML.  

<table>
<thead>
<tr>
<th>Male Associated With OML</th>
<th>Percentage (%)</th>
<th>Female Associated With OML</th>
<th>Percentage (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>42.37</td>
<td>34</td>
<td>57.62</td>
<td>59</td>
</tr>
</tbody>
</table>

OML = oral Mucosal Lesions

DISCUSSION

The prevalence of oral mucosal lesions in this study was of 28.09 % of the studied paediatric population. In the revised studies, this percentage varies from a 4.1 % to a 78.4 %. The most prevalent lesions were Minor Aphthous Ulcer 15 (25.42%) followed by 13 (22.03%) patients with traumatic ulcers followed by 10 (16.96%) patients with traumatic fibroma, 5 (8.47%) patients with herpetic stomatitis, 4 (6.78%) patients with mucocele, 3 (5.08%) patients with recurrent herpes, pigmented lesions, geographic tongue and 1 (1.69%) patients with oral candidiasis, pyogenic granuloma, ranula. No malignant lesions were found in the present study, which confirms the rarity of these lesions in the oral cavity. Even though it is rare, the oral and maxillofacial health care professional should remain alert for any suspicious lesion. Non-traumatic white patches, white patches with red areas, chronic non-healing ulcers, and indurated lesions are some of the features which would make a lesion suspicious and should be investigated further. Opportunistic screening of high risk individuals will go a long way in detecting oral cancer and precancer at a relatively early stage. For the dentists to fully contribute to improvement of early detection, they must perform thorough examinations. Repeatedly training one to scrutinize the entire oral mucosa in a systematic fashion reduces the chance of missing any lesion.

CONCLUSION

The information furnished in this present study adds to our understanding of the common oral mucosal lesions occurring in the general population. The most common oral mucosal lesion was found to be minor aphthous ulcer followed by traumatic fibroma and traumatic ulcers. Further study is required with larger sample size.

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REFERENCES

