

## Epidemiology of Oral Submucous Fibrosis in District Hospital Peddapalli, Telangana state

Mohd. Inayatulla Khan, Azra N Yasin

Dr. Mohd Inayatulla Khan, Department of Physiology, Rajiv Gandhi Institute of Medical Sciences [RIMS], Telangana State. Mobile: +919948959937, Email: [drkhan123@rediffmail.com](mailto:drkhan123@rediffmail.com)

### Abstract

*Oral submucous fibrosis (OSMF) is a chronic inflammatory disease of oral mucosa now accepted globally as having the potential for malignant transformation. It is characterized by limited ability to open the mouth and burning sensations in the mouth with intake of spicy foods. We in this article tried to examine the number of patients with this disease those who report to Dental OPD of District Hospital, Peddapalli District of Telangana State. Methods: This cross-sectional prospective study was conducted in the Dental Department of District Hospital Peddapalli. All the patients were examined for the presence of OSMF the clinical criteria for the diagnosis of OSMF were blanched and atrophic oral mucosa, varying degrees of trismus and reduced IID distance, the presence of burning sensations in mouth and presence of fibrotic bands in oral and peri-oral mucosa. Results: A total of 904 patients were examined out of which 69 were clinically diagnosed with Oral Submucous fibrosis however out of 69 only 56 reported back with the confirmed diagnosis of OSMF by histopathological examination. The Inter-Incisal Distance [IID], which is a measure of maximum mouth opening was done the mean value was 3.96 cms in male patients and 4.1 cms in female patients. Clinical symptoms out of 56 patients all the patients (100%) were having the burning sensation. the common symptom was limited mouth opening/ Jaw movements noted in 43(76.79%) of the patients although no patient was found with complete trismus 0 cms IID. Increased salivation was noted in 19(33.92%) of the patients and dry mouth in 7(12.5%) of the case. Dysphagia (difficulty in swallowing) was noted in 16(28.57%) of the patients. Conclusion: There is a presence of adverse habits like Gutka chewing, Pan masala chewing, Arecanut chewing and smoking among patients with OSMF. Although some people are aware of the adverse effects they are unable to quit the habit. Therefore, efforts must be made to educate the patients regarding deleterious effects of these habits and must be encouraged to quit these habits. Prompt recognition of the existing cases and treatment is likely to reduce the cost burden of disease on health care resources.*