Oral Submucous Fibrosis in Paediatric Age Group

R.K. Mundra, Assistant Professor, S.K. Gupta, Professor and H.O.D
Y. Gupta, Resident, Department of E.N.T., M.G.M. Medical College
M.Y. Hospital, Indore (M.P.)

Abstract
Oral submucous fibrosis is common in the Indian subcontinent, but only a few cases have been reported in the paediatric age group. An interesting case of submucous fibrosis in a child aged 8 years is reported. A brief review of literature and management of the patient are discussed.

Occurrence of oral submucous fibrosis is limited to our subcontinent mainly on account of the habit of chewing betel-nut in various forms. The majority of cases occurs between the ages of 20 and 40 years and it is uncommon in the paediatric age group. We are reporting a case of oral submucous fibrosis in a 6-year-old girl to highlight the strong association of arecanut chewing as the potential factor in the etiology of this condition and potential danger of involvement of the paediatric age group with this disease from ‘Pouch Culture’ with both parents away at work. A ban on betel nut and tobacco is essential for the prevention of this disease.

Oral submucous fibrosis is a well-known clinical entity known since the time of Sushruta as ‘Vidari’ (Mukherjee A.L. et al). In the modern literature the condition was first reported by Schwartz in 1952. Joshi in 1953 was first person to describe this entity in India.

This disease is predominantly found in the Indian subcontinent. As per reported surveys of this disease the highest incidence found in the State of Kerala, with an overall prevalence rate fo 2.5% in various States of the country (Gupta S.C. et al 1978)
Case Report

Priya, an 8 year old girl was referred from the Paediatric Ward to the E.N.T. Department of M.Y. Hospital with the complaints of fever with chills and rigors since the preceding six days and inability to open the mouth completely since five days.

H/o Frequent Betel nut chewing (Babu supari) since 6 months was elicited both parents were working as labourers so the child used to be alone at home.

Clinical examination revealed a thin-built girl of normal general condition. Oral cavity examination revealed a moderate degree of trismus (2cm. mouth opening) with blanched mucosa over the soft palate, anterior fancial pillars and cheek. Fibrotic white bands were seen involving the soft palate and anterior pillars with contracted uvula (Fig. 1). On palpation there was loss of the normal resilience and pliability of the involved tissues. Bilateral submandibular lymph nodes were palpable, mobile and non-tender. Rest of the ENT examination revealed no further abnormality.

Routine blood and urine investigations were within normal limits. The Erythrocyte sedimentation rate was slightly raised. (40 mm at end of 1st hour) Radiological investigations of the chest, P-A view, and X-Ray of the temporomandibular joint were within normal limits.

A deep wedge biopsy was taken under local anaesthesia from the soft palate. The biopsy report (1644/98) revealed intact squamous epithelium with focal aggregates of chronic inflammatory cell infiltration. The child under went a conservative line of treatment.

Discussion

Oral submucous fibrosis (OSMF) is chronic disease of inidious onset and unknown etiology affecting any part of the oral cavity and pharynx, but most frequently the soft palate and cheek.

It receives its nomenclature from the clinical picture of its well developed state of deposition of dense fibrous tissue in the submucous layer of the palate and cheek. Other terminologies for the disease are Atrophia idiopathica, Tropica Mucosa Oris (Schwartz 1952); Idiopathic palatal fibrosis, idiopathic scleroderma of mouth.

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Majority of cases occur between the ages of 20-40 years Mehta et al, 1971) but, study by Sirsat and Khanolakar in 1962 revealed 04 cases of oral submucous fibrosis in age group of 1-10 years. Anil S, Beena V.T (1993) reported a case of Oral Submucous Fibrosis in a 12 year old girl.