



This leaflet has been designed to explain leukoplakia and it contains answers to many frequently asked questions. If you have any other questions that the leaflet does not answer, or if you would like further information, please ask us.

## What is leukoplakia?

Leukoplakia is the name given to **some** white patches that are found in the mouth. There are many different kinds of white patch that appear in the mouth and they can have many different causes. The name leukoplakia is used when the patches do not rub off and do not have an obvious cause.

## What does leukoplakia look like?

The patches can be found anywhere in your mouth but are often seen on the tongue. In many people they are bright white, have distinct edges and are slightly raised compared to the area around them. They are usually irregular in shape and they can be smooth or rough to feel. They are not usually sore.

## Who gets leukoplakia?

Leukoplakia gets more common as you get older. It is unusual to see it in people under 40 years of age. It is generally more common in men than it is in women.

## Is leukoplakia dangerous?

For most people with leukoplakia there is no danger. However, about 1 in 100 people will develop a cancer in or near the white patch. This means that leukoplakia should always be checked and watched carefully.

## Are some patches more dangerous than others?

There are some patches that your dentist will watch especially closely because they may be more likely to develop a cancer. These are:

- patches under your tongue
- patches that have ulcers
- patches that are speckled red and white
- patches that feel hard
- patches that contain a lump or nodule

## What causes leukoplakia?

We do not have a good answer to this question at the moment. In many people it seems to be related to smoking and drinking alcohol. In some people it could also be related to fungal

infection, vitamin deficiencies (for example, Vitamins A and C) or to hormonal problems. It does not seem to be infectious or to run in families.

### **What will my dentist do?**

The first steps will be to listen to your story and examine your mouth. It is usually necessary to take a sample of tissue (biopsy) from the patch to examine it under the microscope. You may also need other tests such as blood tests or swabs.

### **Can leukoplakia be cured?**

At the moment there is no cure for leukoplakia and, in spite of lots of research, doctors do not agree on the best way to manage it. Removing the patch completely does not remove the risk of developing a cancer in your mouth.

### **What treatment is available?**

After you have the results of your biopsy your dentist will usually arrange to see you for regular check-ups. If there is any change you will usually need another biopsy. Sometimes the patch will be removed completely if it is not too large. Other treatments include vitamin treatment, laser treatment or freezing the area. Your dentist will discuss these with you.

### **What should I watch out for?**

Changes that might suggest a cancer is developing could include any of the following problems if they last for **more than 3 weeks**:

- a sore on your lip or in your mouth that does not heal
- a lump on your lip or in your mouth or throat
- a red patch on your gums, your tongue or the lining of your mouth
- unusual bleeding, pain or numbness in your mouth
- a sore throat that does not go away
- a feeling that something is caught in your throat
- difficulty or pain with chewing or swallowing
- swelling of the jaw that causes dentures to fit poorly or become uncomfortable
- a change in your voice
- a pain in your ear
- swelling of a lymph gland in your neck

### **What can I do to help?**

- avoid harmful habits such as the use of tobacco (in any form) and alcohol
- eat a healthy diet with lots of fresh fruit and vegetables
- have your mouth checked at least every 6 months

This leaflet is available online at <http://www.ucc.ie/en/dentalschool/patients>