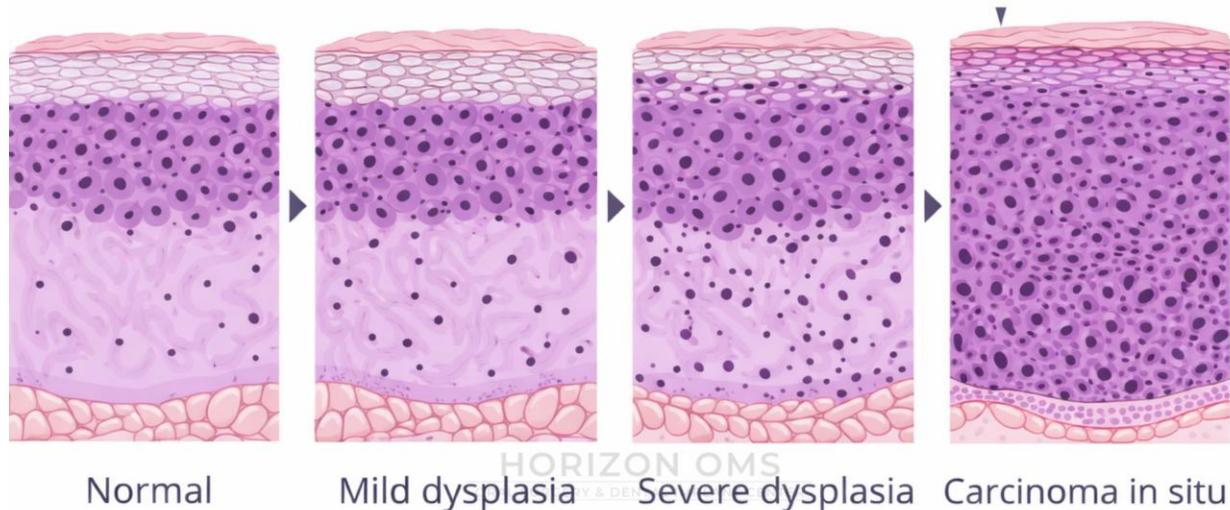


Oral Dysplasia (Oral Epithelial Dysplasia)

Patient education handout

Progression of Oral Dysplasia to Carcinoma in Situ



Typical progression of cellular changes from normal tissue → dysplasia → carcinoma in situ (pre-cancer).

What is oral dysplasia?

Oral dysplasia (also called oral epithelial dysplasia) means that under the microscope, some cells in the lining of the mouth show abnormal growth patterns. It is diagnosed by biopsy and graded as mild, moderate, or severe based on how abnormal the cells look and how much of the lining is involved. [1,2]

Is dysplasia cancer?

No. Dysplasia is not the same as cancer. It is a potentially pre-cancerous finding because some dysplasia lesions can progress over time. Higher-grade dysplasia has a higher risk of transforming into oral squamous cell carcinoma. [1,3]

Why follow-up matters

Because dysplasia can change, treatment and follow-up are tailored to your biopsy results and what your tissue looks like on exam. Depending on the grade and clinical features, your surgeon may recommend:

- Careful monitoring with regular exams and photographs.
- Repeat (“serial”) biopsies if the area changes or remains suspicious.

General education only. Your care plan may differ based on your anatomy and procedure

- Removal or destruction (ablation) of the suspicious tissue in selected cases to reduce risk and obtain definitive pathology.

Transformation rates vary. In a meta-analysis, malignant transformation was about ~10% for mild–moderate dysplasia and ~24% for severe dysplasia. [3]

What you can do to reduce risk

- Stop smoking and avoid all tobacco/nicotine products (cigarettes, cigars, vaping, chewing tobacco). Tobacco exposure is a major risk factor for oral pre-cancers and oral cancer. [4]
- Limit alcohol use, especially if combined with tobacco. [4]
- Keep routine follow-ups and report any new or changing mouth sores, red/white patches, bleeding, or persistent pain.

When to call us sooner

- The area becomes more painful, ulcerated, or bleeds.
- You notice a new lump, swelling, or enlarged neck nodes.
- The lesion changes quickly in size, color, or texture.

References

- 1) AAOMS. Oral Mucosal Dysplasia Position Paper. 2023.
- 2) Ranganathan K, et al. Oral epithelial dysplasia: classifications and clinical relevance. 2019 (PMC6503768).
- 3) Mehanna H, et al. Meta-analysis summarized in Nevanpää TT, et al. 2022 (PMC9117212).
- 4) Jerjes W, et al. Tobacco/alcohol reduction and oral cancer risk. 2012 (PMC3329636).

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