

## Smokeless tobacco was to blame

These 2 cases illustrate the damage that chew can do

### Oral leukoplakia



**T**his 24-year-old patient sought treatment for an asymptomatic oral lesion that he noticed while brushing his teeth. The patient, who did not smoke tobacco and drank alcohol socially on weekends, told us that he had started chewing tobacco while playing baseball in high school 8 years earlier. He said that over the past 3 years, he had increased the habit.

On examination, we noted a well-defined, macular, white lesion on his left buccal mucosa. The lesion was not painful with palpation and remained unchanged when scraped with a tongue depressor.

Our patient had an oral leukoplakia, which can result from the chronic use of chewing tobacco. Cessation of the habit typically results in the resolution of the lesion in approximately 4 weeks. That was the case with our patient: He quit the habit and in 4 weeks, 80% of the lesion resolved. He was closely monitored, and at 3 months the lesion was undetectable.

If, however, a patient discontinues the habit and there is no change in the lesion after 4 weeks, biopsy is indicated. The most serious consequence of a malignant transformation of leukoplakia is oral squamous cell carcinoma.

### Gum recession



**A** 30-year-old man was referred to us for evaluation of gum recession that had worsened over the past year. The patient complained that his teeth were sensitive to hot and cold drinks, but had no other symptoms. He had a 5-year history of smokeless tobacco use and said he usually placed the tobacco along his inner vestibule. He said that he did not smoke tobacco, nor did he drink alcohol.

On examination, we noted that the patient had localized recession along the cervical area of his lower teeth. With manipulation, there was bleeding from the gingival surface. His teeth were otherwise in good shape and there were no other lesions within the oral mucosa.

Gingival recession is a common consequence of smokeless tobacco use. Treatment consists of a gingival graft, in which palatal connective tissue is removed and used to reestablish gingival attachment to the tooth. (Tissue harvesting surgery from the palate can be quite painful.) Left untreated, teeth can become loose and fall out.

We advised our patient to follow up for gingival grafting, but he did not return for his follow-up visit.

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**Bupropion.** Studies involving bupropion and smokeless tobacco cessation share several of the limitations we've just discussed. Differing results reported in the literature regarding bupropion's effectiveness makes its potential benefit unclear. Use should be determined on a case-by-case basis with the understanding that it may—or may not—be useful in decreasing cravings or increasing abstinence rates.

**Varenicline.** There is currently no literature available to help us evaluate the usefulness of varenicline in smokeless tobacco cessation. The mechanism of action of varenicline is such that use in smokeless tobacco cessation is plausible. Again, consideration of patients on a case-by-case basis is warranted.

### ■ One size does not fit all

Although nicotine dependence is the underlying problem for patients who utilize smokeless tobacco, current literature does not support a “one-size-fits-all” approach to treatment of various forms of tobacco abuse. Further clinical investigations are needed to determine the true utility of bupropion and varenicline, as well as the appropriate dosing of nicotine replacement therapy when prescribed for smokeless tobacco cessation. ■

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#### Disclosure

The authors reported no potential conflict of interest relevant to this article.

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#### FAST TRACK

**Gingival recession is a common consequence of smokeless tobacco use**