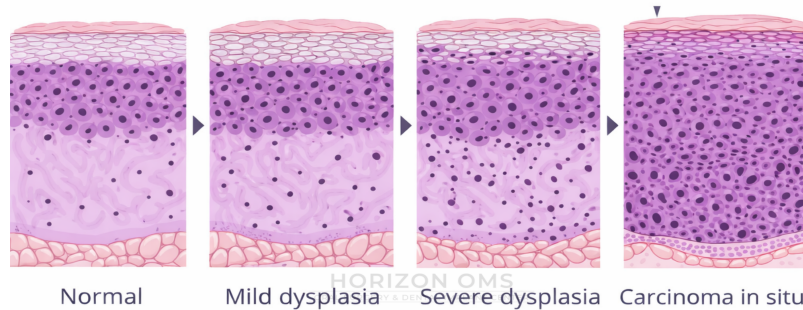


Oral Dysplasia (Oral Epithelial Dysplasia)

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.
- 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. / Nevanpää TT, et al. 2022 (PMC9117212).
- [4] Jerjes W, et al. Tobacco/alcohol reduction and oral cancer risk. 2012 (PMC3329636).

 **Important:** Follow-up is not optional — dysplasia can change. Keep all scheduled appointments and report any new or worsening symptoms promptly.

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