

IMPACT OF TREATMENT ON QUALITY OF LIFE IN PATIENTS DIAGNOSED WITH POTENTIALLY MALIGNANT ORAL DISEASES

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IMPACT OF TREATMENT ON QUALITY OF LIFE IN PATIENTS DIAGNOSED WITH POTENTIALLY MALIGNANT ORAL DISEASES (Abstract): This study **aimed** to investigate the impact of treatment on the quality of life (QoL) in patients diagnosed and treated for potentially malignant oral diseases (OPMDs) such as leukoplakia, oral lichen planus, and actinic cheilitis. OPMDs are chronic diseases with a significant risk of cancerous transformation, affecting 1% to 5% of the global population. Symptoms like pain, burning sensation, trismus, and altered taste adversely affect patients' QoL, compounded by delays in diagnosis. **Materials and methods:** This cross-sectional study, conducted from June 2023 to June 2024, involved 30 patients from the “Sf. Spiridon” Emergency Clinical Hospital in Iasi, Romania. Participants were assessed using a disease-specific QoL questionnaire, which included 20 questions across four subscales: difficulty with diagnosis, physical and functional limitations, psychological and social well-being, and the effect of treatment on daily life. **Results:** Participants consisted of 16 males (53.3%) and 14 females (46.7%), aged between 42 and 75 years, with an average age of 64.61 ± 13.69 years. Patients with oral lichen planus and leukoplakia had a statistically significantly lower quality of life compared to patients with actinic cheilitis ($p = 0.038$). **Conclusions:** The three groups indicated a varied impact of the diseases and treatments on different aspects of life. Implementing disease-specific QoL assessment tools can aid in better understanding and addressing the special needs of OPMD patients, ultimately improving treatment outcomes and patient care. **Keywords:** POTENTIALLY MALIGNANT ORAL LESIONS, LEUKOPLAKIA, ORAL LICHEN PLANUS, ACTINIC CHEILITIS, QUALITY OF LIFE.

The World Health Organization (WHO) defines quality of life as the way a person perceives their position in life, considering the culture, the value system in which they live, as well as their goals, expectations, standards, and concerns. The need to correlate the perception of health with the ability

to carry out daily activities led to the formulation of the concept of health-related quality of life. It includes self-perception as a crucial aspect of health assessment and helps to understand the impact of disease on individuals' social lives (1).

Potentially malignant oral diseases

(OPMDs) enhance morbidity and mortality due to the risk of neoplastic transformation (2, 3). Globally, OPMDs (leukoplakia, erythroplakia, oral lichen planus, oral submucosal fibrosis, actinic cheilitis) are reported to affect between 1% and 5% of the population (4). Careful monitoring of these lesions by an experienced specialist is crucial to detect malignant changes in the early stages, thus helping to reduce the incidence of cancer. Patients with OPMDs present with severe symptoms that influence quality of life (QoL). The common symptoms of OPMDs, such as pain, burning sensation, trismus, and altered taste, together with delays in diagnosis, lead to a clear deterioration in the quality of life of patients (5-10).

Patients' perceptions of quality of life are usually measured by questionnaires, which may be general or disease-specific. However, existing general questionnaires do not address these specific issues. A quality of life questionnaire designed for a specific disease is valuable for detecting changes over time, including responses to treatment. The Oral Health Impact Profile (OHIP), Oral Health Quality of Life (OHQL), and Chronic Oral Mucosal Disease Questionnaire (COMDQ) have been utilised in OPMD investigations (11-13).

This study aimed to support ongoing efforts to improve patients' experiences by providing a detailed and comparative assessment of quality of life for patients with OPMD after treatment, using the specific OPMDQoL questionnaire.

MATERIALS AND METHODS

Research design

The present cross-sectional study was conducted between June 2023 and June 2024 among patients diagnosed and treated for potentially malignant oral lesions. Prior

to the initiation of the study, approval was obtained from the research ethics committee of the "Grigore T. Popa" University of Medicine and Pharmacy in Iasi (No. 320/5.06.2023) and the "Sf. Spiridon" County Clinical Emergency Hospital in Iasi, Romania (No. 35/24.04.2023).

Study group

The study included 30 patients under observation who were diagnosed and treated for oral leukoplakia (OL), oral lichen planus (OLP), and actinic cheilitis (AC) in the Department of Oral and Maxillofacial Surgery (OMF) at the "Sf. Spiridon" Emergency Clinical Hospital in Iasi, Romania.

The inclusion criteria for participation in the study were voluntary participation, full completion of the questionnaires, and diagnosis of leukoplakia, oral lichen planus, or actinic cheilitis, while the exclusion criteria were diagnosis of other potentially malignant oral diseases or confirmation of malignancy in lesions through histopathological examination.

The objectives and procedures of the study were explained to the patients, and informed consent was obtained for completing the questionnaire, ensuring the anonymity and confidentiality of the answers, as well as the voluntary nature of participation. Patients received detailed instructions before starting the questionnaire, and any misunderstandings were clarified by the investigators, ensuring full completion of the questionnaires.

Study instrument

The OPMDQoL questionnaire (14) is designed to capture patients' views on how these conditions impact their daily lives. It includes 20 questions divided into four subscales that assess their life and activities after treatment: challenges with the diagnosis, physical and functional limitations,

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psychological and social well-being, and the impact of treatment on daily life. Each question uses a five-point Likert scale: 0 for not at all, 1 for a little bit, 2 for somewhat, 3 for quite a bit, and 4 for very much. The total possible score ranges from 0 to 80, with higher scores indicating a lower quality of life.

The Romanian version of the QoL questionnaire for OPMD patients used in this study demonstrated strong internal consistency, with Cronbach's alpha coefficients as follows: 0.768 for difficulty with the diagnosis, 0.813 for physical and functional limitations, 0.887 for psychological and social well-being, and 0.811 for the effect of treatment on daily life.

Statistical analysis

The descriptive statistical analysis was performed using IBM *Statistical Package for the Social Sciences (SPSS) software*

version 26.0. Differences between groups were determined using the Chi-square and ANOVA tests. A significance level of p -value < 0.05 was considered.

RESULTS

Study group

The study group included 30 patients with OPMD, treated surgically or with medication, of which 14 were female (46.7%) and 16 were male (53.3%), aged between 42 and 75 years and an average age of 64.61 ± 13.69 years. Most patients (16, 53.3%) came from the urban environment. Most patients (16, 53.3%) had completed high school, and very few had higher education (3, 10%). Participants' characteristics are presented in first table.

The responses given by the study participants to the first questionnaire subscale are presented in second table.

TABLE I.
Characteristics of study participants (N=30)

Variables	Participants	Frequency N	Percent %
	Gender		
Male		16	53.3
Female		14	46.7
Age (mean \pm SD ¹)		64.61 \pm 13.69	
\leq 50 years		8	26.7
> 50 years		22	73.3
Environment			
Urban		16	53.3
Rural		14	46.7
Educational level			
Secondary school		11	36.7
High school		16	53.3
Higher education		3	10

¹ SD standard deviation

TABLE II.

Patients' responses to the first subscale, Difficulties with Diagnosis

Difficulties with diagnosis	Leukoplakia (n=10)	Oral lichen planus (n=10)	Actinic cheilitis (n=10)	Total	p-value
	N (%)	N (%)	N (%)		
Q1. How difficult was it for you to get your mouth condition diagnosed?					
Not at all	2 (20%)	0 (0%)	4 (40%)	6 (20%)	0.047 *
A little bit	3 (30%)	1 (10%)	2 (20%)	6 (20%)	
Somewhat	3 (30%)	2 (20%)	4 (40%)	9 (30%)	
Quite a bit	2 (20%)	4 (40%)	0 (0%)	6 (20%)	
Very much	0 (0%)	3 (30%)	0 (0%)	3 (10%)	
Q2. How much did the need to visit many doctors for getting your mouth condition diagnosed affect daily life activities?					
Not at all	2 (20%)	1 (10%)	1 (10%)	4 (13.33%)	0.898
A little bit	1 (10%)	1 (10%)	3 (30%)	5 (16.66%)	
Somewhat	3 (30%)	3 (30%)	2 (20%)	8 (26.66%)	
Quite a bit	2 (20%)	4 (40%)	3 (30%)	9 (30%)	
Very much	2 (20%)	1 (10%)	1 (10%)	4 (13.33%)	
Q3. How stressful was it for you to take a variety of treatments before being diagnosed with your mouth condition?					
Not at all	1 (10%)	1 (10%)	1 (10%)	3 (10%)	0.854
A little bit	3 (30%)	1 (10%)	2 (20%)	6 (20%)	
Somewhat	2 (20%)	2 (20%)	3 (30%)	7 (23.33%)	
Quite a bit	1 (10%)	4 (40%)	3 (30%)	8 (26.66%)	
Very much	3 (30%)	2 (20%)	1 (10%)	6 (20%)	

*Significance level of 0.05 (Chi-square test)

The first question (Q1) indicated that 30% (n=9) of OPMD patients had slight difficulty getting their mouth condition diagnosed. Patients with OLP faced notably more challenges in obtaining a clear diagnosis compared to those with other OPMDs (p=0.047). Because the patients consulted multiple doctors for their diagnosis (Q2), 26.66% reported that this somewhat impacted their daily activities, while 13.33% indicated it had a significant impact. Most patients experienced some stress (Q3) while undergoing various treatments before their diagnosis, although 10% reported not being stressed.

Table III presents the responses given by the study participants to the second questionnaire subscale.

The assessment of patients' physical and functional limitations (tab. III) revealed that 9 patients (30%) experienced moderate pain and discomfort due to their oral condition (Q4). Except for 6 patients diagnosed with OLP, all other patients experienced mild burning sensations when consuming spicy food (Q5). About 16.66% of the patients experienced difficulties opening their mouths widely (Q6). More than half of the patients declared their taste sense didn't change much or at all. Eight patients (26.66%) dealt with some limitation in eating desired foods (Q7), 11 patients (36.66%) somewhat enjoyed their meals (Q8), and 12 patients (40%) reported no dryness of the mouth (Q10).

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TABLE III.

Patients' responses to the second subscale, *Physical and functional limitations*

Physical and functional limitations	Leukoplakia (n=10)	Oral lichen planus (n=10)	Actinic cheilitis (n=10)	Total	p-value
	N (%)	N (%)	N (%)		
Q4. How much pain and agony does your mouth condition cause you?					
Not at all	1 (10%)	0 (00.0%)	3 (30%)	4 (13.33%)	0.045*
A little bit	1 (10%)	0 (00.0%)	3 (30%)	4 (13.33%)	
Somewhat	4 (40%)	2 (20%)	3 (30%)	9 (30%)	
Quite a bit	3 (30%)	3 (30%)	1 (10%)	7 (23.33%)	
Very much	1 (10%)	5 (50%)	0 (00.0%)	6 (20%)	
Q5. How much burning sensation do you experience while having spicy food?					
Not at all	1 (10%)	0 (0%)	4 (40%)	5 (16.66%)	0.023*
A little bit	3 (30%)	1 (10%)	4 (40%)	8 (26.66%)	
Somewhat	3 (30%)	1 (10%)	1 (10%)	5 (16.66%)	
Quite a bit	2 (20%)	2 (20%)	1 (10%)	5 (16.66%)	
Very much	1 (10%)	6 (60%)	0 (0%)	7 (23.33%)	
Q6. How difficult is it for you to open your mouth widely?					
Not at all	1 (10%)	1 (10%)	5 (50%)	7 (23.33%)	0.336
A little bit	5 (50%)	2 (20%)	2 (20%)	9 (30%)	
Somewhat	1 (10%)	2 (20%)	1 (10%)	4 (13.33%)	
Quite a bit	2 (20%)	2 (20%)	1 (10%)	5 (16.66%)	
Very much	1 (10%)	3 (30%)	1 (10%)	5 (16.66%)	
Q7. How much is your oral condition causing you to limit your desired foods?					
Not at all	3 (30%)	0 (0%)	7 (70%)	10 (33.33%)	0.019*
A little bit	3 (30%)	1 (10%)	1 (10%)	5 (16.66%)	
Somewhat	3 (30%)	3 (30%)	2 (20%)	8 (26.66%)	
Quite a bit	1 (10%)	5 (50%)	0 (0%)	6 (20%)	
Very much	0 (0%)	1 (10%)	0 (0%)	1 (3.33%)	
Q8. How much is your mouth condition limiting you from enjoying your meals?					
Not at all	1 (10%)	1 (10%)	6 (60%)	8 (26.66%)	0.221
A little bit	3 (30%)	3 (30%)	1 (10%)	7 (23.33%)	
Somewhat	5 (50%)	4 (40%)	2 (20%)	11 (36.66%)	
Quite a bit	1 (10%)	1 (10%)	1 (10%)	3 (10%)	
Very much	0 (0%)	1 (10%)	0 (0%)	1 (3.33%)	
Q9. How much does your mouth condition affect your taste sensation?					
Not at all	1 (10%)	7 (70%)	8 (80%)	16 (53.33%)	0.031*
A little bit	1 (10%)	2 (20%)	1 (10%)	4 (13.33%)	
Somewhat	4 (40%)	1 (10%)	1 (10%)	6 (20%)	
Quite a bit	3 (30%)	0 (0%)	0 (0%)	3 (10%)	
Very much	1 (10%)	0 (0%)	0 (0%)	1 (3.33%)	
Q10. How much dryness do you feel in your mouth?					
Not at all	0 (00.0%)	4 (40%)	8 (80%)	12 (40%)	0.042*
A little bit	3 (30%)	2 (20%)	1 (10%)	6 (20%)	
Somewhat	3 (30%)	2 (20%)	1 (10%)	6 (20%)	
Quite a bit	2 (20%)	2 (20%)	0 (0%)	4 (13.33%)	
Very much	2 (20%)	0 (00.0%)	0 (0%)	2 (6.66%)	

*Significance level of 0.05 (Chi-square test)

Furthermore, the assessment of psychological and social well-being indicated that 17 patients (56.66%) were scared about the possibility of their oral condition progressing to cancer (Q15). Almost half of the patients believed their oral condition had

minimal or no effect on their relationships with family and friends (Q13). Furthermore, 66.66% of the patients (n=20, Q17) indicated they felt little to no embarrassment when eating at social events, like parties and functions (tab. IV).

TABLE IV.

Patients' responses to the third subscale, *Psychological and social well-being*

Psychological and social well-being	Leukoplakia (n=10)	Oral lichen planus (n=10)	Actinic cheilitis (n=10)	Total	p-value
	N (%)	N (%)	N (%)		
Q11. How frustrated are you because of your oral condition?					
Not at all	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.736
A little bit	1 (10%)	1 (10%)	1 (10%)	3 (10%)	
Somewhat	2 (20%)	5 (50%)	2 (20%)	9 (30%)	
Quite a bit	4 (40%)	2 (20%)	5 (50%)	11 (36.66%)	
Very much	3 (30%)	2 (20%)	2 (20%)	7 (23.33%)	
Q12 . How depressed or low do you feel because of your mouth condition?					
Not at all	1 (10%)	1 (10%)	1 (10%)	3 (10%)	0.956
A little bit	1 (10%)	1 (10%)	2 (20%)	4 (13.33%)	
Somewhat	3 (30%)	5 (50%)	5 (50%)	13 (43.33%)	
Quite a bit	3 (30%)	2 (20%)	1 (10%)	6 (20%)	
Very much	2 (20%)	1 (10%)	1 (10%)	4 (13.33%)	
Q13. In general, how much is your mouth condition affecting your relationship with family and friends?					
Not at all	1 (10%)	1 (10%)	1 (10%)	3 (10%)	0.899
A little bit	3 (30%)	4 (40%)	5 (50%)	12 (40%)	
Somewhat	4 (40%)	2 (20%)	2 (20%)	8 (26.66%)	
Quite a bit	2 (20%)	2 (20%)	2 (20%)	6 (20%)	
Very much	0 (0%)	1 (10%)	0 (0%)	1 (3.33%)	
Q14. How much is your mouth condition affecting your satisfaction with life?					
Not at all	1 (10%)	1 (10%)	1 (10%)	3 (10%)	0.583
A little bit	2 (20%)	1 (10%)	4 (40%)	7 (23.33%)	
Somewhat	3 (30%)	6 (60%)	4 (40%)	13 (43.33%)	
Quite a bit	3 (30%)	1 (10%)	0 (0%)	4 (13.33%)	
Very much	1 (10%)	1 (10%)	1 (10%)	3 (10%)	
Q15. How scared are you about the possibility of your oral condition turning into cancer?					
Not at all	0 (0%)	1 (10%)	1 (10%)	2 (6.66%)	0.858
A little bit	1 (10%)	1 (10%)	2 (20%)	4 (13.33%)	
Somewhat	2 (20%)	2 (20%)	3 (30%)	7 (23.33%)	
Quite a bit	3 (30%)	4 (40%)	3 (30%)	10 (33.33%)	
Very much	4 (40%)	2 (20%)	1 (10%)	7 (23.33%)	

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Psychological and social well-being	Leukoplakia (n=10)	Oral lichen planus (n=10)	Actinic cheilitis (n=10)	Total	p-value
	N (%)	N (%)	N (%)		
Q16. How scared are you about the outcome of this condition affecting your life?					
Not at all	0 (0%)	1 (10%)	1 (10%)	2 (6.66%)	0.484
A little bit	2 (20%)	1 (10%)	4 (40%)	7 (23.33%)	
Somewhat	3 (30%)	6 (60%)	3 (30%)	12 (40%)	
Quite a bit	4 (40%)	2 (20%)	1 (10%)	7 (23.33%)	
Very much	1 (10%)	0 (00.0%)	1 (10%)	2 (6.66%)	
Q17. How embarrassing is it for you to eat foods at parties, functions, or other social gatherings?					
Not at all	0 (0%)	1 (10%)	6 (60%)	7 (23.33%)	0.086
A little bit	5 (50%)	6 (60%)	2 (20%)	13 (43.33%)	
Somewhat	3 (30%)	2 (20%)	1 (10%)	6 (20%)	
Quite a bit	1 (10%)	1 (10%)	1 (10%)	3 (10%)	
Very much	1 (10%)	0 (0%)	0 (0%)	1 (3.33%)	

*Significance level of 0.05 (Chi-square test)

The impact of treatment on daily life (tab. V) was investigated, revealing that a significant number of patients expressed satisfaction with their treatment (Q19). With the exception of 5 patients (16.66%),

the majority reported experiencing only mild or no pain following their treatment (Q18). However, 19 patients (63.33%) noted that their daily routines were disrupted by their treatment appointments (Q20).

TABLE V.
Patients' responses to the fourth subscale, *Effect of treatment on daily life*

Effect of treatment on daily life	Leukoplakia (n=10)	Oral lichen planus (n=10)	Actinic cheilitis (n=10)	Total	p-value
	N (%)	N (%)	N (%)		
Q18. How much pain do you experience with treatment of your oral condition?					
Not at all	1 (10%)	1 (10%)	3 (30%)	5 (16.66%)	0.959
A little bit	3 (30%)	3 (30%)	2 (20%)	8 (26.66%)	
Somewhat	3 (30%)	4 (40%)	3 (30%)	10 (33.33%)	
Quite a bit	2 (20%)	1 (10%)	1 (10%)	4 (13.33%)	
Very much	1 (10%)	1 (10%)	1 (10%)	3 (10%)	
Q19. How satisfied are you with the effectiveness of treatment for your mouth condition?					
Not at all	1 (10%)	1 (10%)	1 (10%)	3 (10%)	0.905
A little bit	1 (10%)	2 (20%)	1 (10%)	4 (13.33%)	
Somewhat	3 (30%)	3 (30%)	1 (10%)	7 (23.33%)	
Quite a bit	4 (40%)	3 (30%)	4 (40%)	11 (36.66%)	
Very much	1 (10%)	1 (10%)	3 (30%)	5 (16.66%)	
Q20. How much are your treatment appointments affecting your daily schedule?					
Not at all	1 (10%)	1 (10%)	1 (10%)	3 (10%)	0.808
A little bit	1 (10%)	4 (40%)	3 (30%)	8 (26.66%)	
Somewhat	6 (60%)	2 (20%)	3 (30%)	11 (36.66%)	
Quite a bit	1 (10%)	2 (20%)	2 (20%)	5 (16.66%)	
Very much	1 (10%)	1 (10%)	1 (10%)	3 (10%)	

*Significance level of 0.05 (Chi-square test)

In the present study, it was found that patients with oral lichen planus and leukoplakia had a statistically significantly lower quality of life compared to patients with actinic cheilitis ($p=0.038$) (tab. VI). Similarly, gen-

der differences were observed, with females reporting lower quality of life scores than males (fig. 1). Additionally, the analysis revealed that patients with a high school education had an adequate quality of life (fig. 2).

TABLE VI.
Patients' scores on the OPMDQoL questionnaire

Score	Leukoplakia (n=10)	Oral lichen planus (n=10)	Actinic Cheilitis (n=10)	p-value
	(mean \pm SD ¹)	(mean \pm SD ¹)	(mean \pm SD ¹)	
Difficulties with diagnosis	6.8 \pm 3.736	8.70 \pm 3.234	6.10 \pm 3.315	0.234
Physical and functional limitations	13.1 \pm 5.877	15.00 \pm 4.830	5.10 \pm 5.216	0.001*
Psychological and social well-being	16.3 \pm 6.29	14.10 \pm 6.674	12.30 \pm 6.056	0.382
Effect of treatment on daily life	6.2 \pm 1.398	5.70 \pm 2.003	6.10 \pm 0.738	0.727
Total OPMDQoL	42.40 \pm 13.705	43.50 \pm 14.002	29.60 \pm 10.069	0.038*

¹SD standard deviation; *Significance level of 0.05 (ANOVA test)

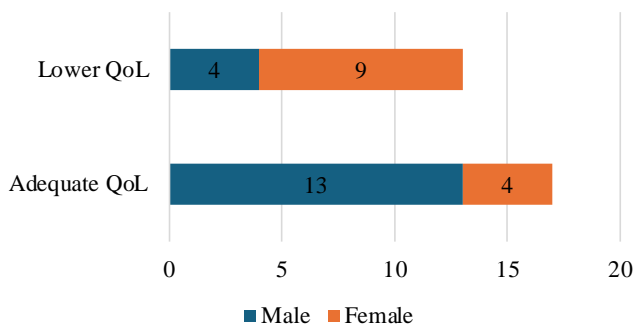


Fig. 1. OPMDQoL scores according to gender

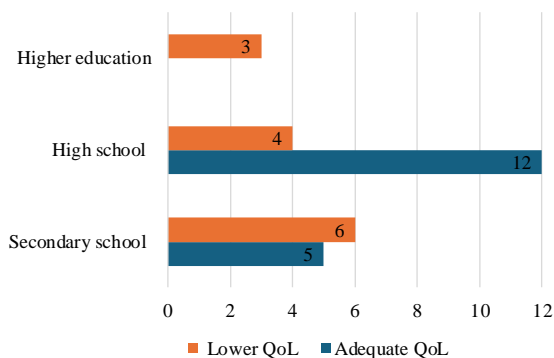


Fig. 2. OPMDQoL scores according to educational level

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DISCUSSION

In this study, we analyzed the impact of three distinct OPMDs on the quality of life. According to available literature, this is the first study using a specific tool to compare QoL between the three most common OPMDs (leukoplakia, oral lichen planus, and actinic cheilitis) in Romania. The response rate was remarkable, with all patients agreeing to participate.

According to the OPMDQoL assessment, the first subscale showed that patients with OLP faced statistically significant difficulties in obtaining a clear diagnosis compared to those with OL or AC. This difference can be attributed to the fact that actinic cheilitis is clearly related to prolonged UV radiation exposure, while the etiopathogenesis of oral lichen planus is unclear and multifactorial, involving anxiety, stress, genetic factors, and associations with various systemic diseases. The multifactorial complexity of OLP complicates the diagnosis for dentists.

Participants diagnosed with oral lichen planus or oral leukoplakia exhibited elevated levels of physical and functional limitations in comparison to those with actinic cheilitis. This disparity may be due to the multiple signs and symptoms associated with these conditions, such as pain and burning sensations in the case of OLP and impaired taste perception for patients with OL, symptoms that are not a major concern for patients diagnosed with AC.

In a study published by Tadakamadla *et al.* (8), patients diagnosed with OL reported low scores in this subscale because some were diagnosed incidentally at an early stage during regular dental check-ups. In our case, most of these lesions are unfor-

tunately ignored by patients in the early stages due to the lack of pain, leading to their presentation to the doctor only in advanced stages.

One of the remarkable aspects of this study was that all three OPMDs had similar scores for psychological and social well-being, indicating that the potentially malignant nature of the disease impacted this aspect of their lives. The majority of patients reported feeling frustrated (with 59.99% responding “quite a bit” and “very much”), experiencing some level of depression, and noting that their condition had an impact on their overall life satisfaction. Their primary worry was on the potential for the oral condition to progress into malignancy. Nevertheless, the patients did not notice any negative impact on their social interactions with family and friends, and they did not feel any discomfort when at work, parties, or other social events.

Prolonged treatments without a definitive cure are stressful for OPMD patients. However, no significant differences were observed between the three studied groups regarding the subscale effect of treatment on daily life. Similar results were reported by Kapur *et al.* (15), who compared scores from 45 patients treated surgically for OPMD. Ashshi *et al.* (16), following a 5-year study (2021-2018) at the University of Pennsylvania on a group of 100 patients (53 diagnosed with OLP), presented scores higher than those with associated epithelial dysplasia.

Female patients exhibited lower overall OPMDQ scores, indicating a reduced quality of life, a finding consistent with other studies (8,11,17,18). This result is expected, as women are more prone to anxie-

ty and depression (19).

The limitations of the present study must be acknowledged, particularly regarding the generalizability of the findings. The study sample was composed of subjects from a single teaching hospital in Romania, which may limit the applicability of the results to all OPMD patients in the country. However, the sample size was sufficient to draw valid conclusions and inferences representative of the target population under study.

CONCLUSIONS

Patients with oral lichen planus had higher values in the difficulties with diagnosis subscale than patients with oral leukoplakia and actinic cheilitis. OLP and OL greatly affect the quality of life of those affected, whereas the impact of AC was relatively minor. Patients with AC also had better scores on physical and functional limitations than those with OL and OLP. There were no differences between the three oral conditions with the potential for malignant transformation in the subscales

effect of treatment on daily life and psychological and social well-being and a large number of patients declared themselves satisfied with the treatments they received. Therefore, the OPMDQoL instrument can be considered useful in monitoring treatment response. In particular, this tool helps clinicians understand the psychological and social impact of OPMD on their patients' lives.

This information has the potential to motivate patients to quit their bad habits and follow through with treatment. They also contribute to improving treatment outcomes, patient care, oral health education and research.

CONFLICT OF INTEREST AND FUNDING

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