



LETTER TO THE EDITOR

## Oral squamous cell carcinoma and ‘chewing betel quid’

Dear Editor,

I read the recent report on oral squamous cell carcinoma in Vietnam with a great interest (1). Priebe *et al.* concluded that ‘High frequency of risk habits in both genders was reported in OSCC Vietnamese patients’ and ‘A lower prevalence of later staging in Vietnam was observed in this study than in earlier studies’ (1). Indeed, the findings in this report are the classic pattern in developing countries with recent industrialization in Southeast Asia. A very classical and specific risk for the local people in this area is ‘chewing betel quid’. Indeed, this behaviour as well as tobacco smoking and alcohol drinking are identified as major risk factors for many head and neck cancers (2). The remained question is on the present epidemiological data on chewing betel quid. Many people who have this behaviour might disguise this practice (on frequency and amount of betel quid). Some new biomarkers are proposed for measuring the exposure to this carcinogen. The good examples are blood betel quid alkaloids and urinary 8-hydroxydeoxyguanosine (3).

### References

- 1 Priebe SL, Aleksejūniene J, Zed C *et al.* Oral squamous cell carcinoma and cultural oral risk habits in Vietnam. *Int J Dent Hyg* 2010; **8**: 159–168.
- 2 Chen YJ, Chang JT, Liao CT *et al.* Head and neck cancer in the betel quid chewing area: recent advances in molecular carcinogenesis. *Cancer Sci* 2008; **99**: 1507–1514.
- 3 Wu IC, Chen PH, Wang CJ *et al.* Quantification of blood betel quid alkaloids and urinary 8-hydroxydeoxyguanosine in humans and their association with betel chewing habits. *Anal Toxicol* 2010; **34**: 325–331.

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*The authors declare that they have no conflict of interests.*

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