

study is though probably hampered by a low incidence of oral cancer and thereby by the need for following a substantial number of snus users for many years to attain a sufficiently high statistical power.

In conclusion: What is the scientific value of article A? Why publish the Editorial article B (with several other 'weaknesses' than the one we have focused on) with its uncritical mentioning of article A and on the same time depreciation of Swedish case-control studies?

Finally: Of course, the editorial staff of *Oral Diseases* has the right to make the journal a forum for political debate accepting any articles irrespective of their scientific value or quality – but then, this should be better defined and expressed in the scope of the journal.

Declaration of interest: Professor Axéll was a consultant to the Swedish Tobacco Company and a member of their Medical Research Council in the 1980s.

Tony Axéll
Professor

Maxillofacial Unit, Halmstad Hospital
Halmstad, Sweden
E-mail: tony.axell@lthalland.se

Author A reply

Over the last decades in Sweden there has been a marked decline in smoking habits. Less than 20% of the population are now regular smokers. Many ex-smokers keep their longing for nicotine at bay by switching to the commonly used moist oral snuff that has long traditions in this country. The important question is whether this form of tobacco product is so harmless that health professionals even could recommend it as a safe way to quit smoking.

When moist snuff is used on a daily basis it induces local changes in the oral mucosa and the concern is that these focal lesions may over time transform into cancers. Although large epidemiological studies failed to correlate the use of Swedish snus (snuff) and the incidence of cancer in our country [*Cancer* 1998; **82**(7): 1367–1375, *Int J Cancer* 1998; **77**(3): 341–346], this does not rule out the risk for cancer in individual cases.

Our report describes a case where many years of snuff taking appeared to have caused a small cancer

References

- Axéll T, Mörnstad H, Sundström B (1978). Snusning och munhålcancer – en retrospektiv studie (in Swedish). *Läkartidningen* **75**: 2224–2226.
- Bagan JV, Murillo J, Poveda R, Gavalda C, Jimenez Y, Scully C (2004). Proliferative verrucoid leukoplakia: unusual locations of oral squamous cell carcinomas, an field cancerization as shown by the appearance of multiple OSCCs. *Oral Oncol* **40**: 440–443.
- Roosaar A, Axéll T, Nyrén O (2002). *A 20-year follow-up on oral mucosal reactions to Swedish snuff. A clinical and epidemiological study*. Abstract. 6th Biannual Congress of European Association of Oral Medicine Lisbon: Portugal.
- Warnakulasuriya S (2004). Smokeless tobacco and oral cancer. Editorial. *Oral Diseases* **10**: 1–4.
- Zatterstrom UK, Svensson M, Sand L, Nordgren H, Hirsch LM (2004). Oral cancer after using Swedish snus (smokeless tobacco) for 70 years – a case report. *Oral Diseases* **10**: 50–53.

in the gingiva at the precise spot under the upper lip where Swedish snus had been placed for 70 years. We find it relevant to speculate that this may represent a snuff-induced lesion that had undergone malignant transformation. With the case report we want to draw attention to the fact that although using snuff is not as bad as smoking cigarettes, it is not totally harmless.

Declaration of interest: No conflicts asserted.

Ulf K. Zatterstrom

Department of Surgical Sciences,
ORL/Head and Neck Surgery
University Hospital
Uppsala, Sweden

Copyright of Oral Diseases is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.