Clinical Paper
Clinical Pathology

Dentists' knowledge and opinions about oral mucosal lesions

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Abstract. This study aims to identify, compare and analyse the knowledge and opinions of dentists regarding oral mucosal lesions and evaluate the differences between the attitudes of dentists by practice settings. 300 dentists were enrolled in the study. Three groups were formed. The first group included general dental practitioners working in private dental offices; the second group were dentists practising in dental polyclinics; the third group was composed of dentists employed at universities in Istanbul, working in departments except for the department of oral surgery and medicine. A 17-item self constructed questionnaire investigating demographic attributes, dental practice characteristics, oral mucosal lesions (OML) knowledge and respondents' opinions was completed and all questions were asked by the same author. 85% of the dentists admitted difficulties in diagnosing OML. 62% failed to update their knowledge from the literature, 93% did not undertake biopsies or consult other practitioners. Dentists practising at universities attempted to treat fewer patients with OML (p = 0.0001). The results of this questionnaire conclude that most dentists experience difficulties in diagnosing some OML.

The management of oral mucosal disease necessitates establishing the correct diagnosis from a range of presenting lesions. Practitioners have to posses adequate knowledge about the likely differential diagnoses. Many studies suggest dentists fail to detect oral mucosal lesions (OML), especially oral cancer, because of their indifferent attitudes to, and knowledge about, them[1,4,11]. The present study aims to identify, compare and analyse the knowledge and opinions of dentists regarding oral mucosal lesions and evaluate the differences between the attitudes of dentists by practice settings.

Material and methods

A self-constructed questionnaire (Fig. 1), including 17 questions, was piloted with three specialists, to improve the design and remove any ambiguity. For reliability analysis, the form was re-applied to 30 dentists, 15 days later. Reliability was estimated according to the test–retest method: In this method, reliability is estimated using item scores of the entire test as the Pearson product–moment correlation coefficient between the same measure before and after. In the test–retest method, Contenjan's coefficient (CC), the kappa coefficient and intraclass correlation coefficient (ICC) was calculated for correlations between the items. The validity of the form was measured by face and content validity. Reliability coefficients, CC, ICC, kappa and Pearson product–moment correlation were ranged between 0.82–0.99, respectively (p < 0.001). The difference between the total scores, before and after, was not statistically significant (p > 0.05). The statistical significance was accepted as p < 0.05 and two tailed.

The questionnaire was administered by one of the authors to the dentists face to face. All questionnaires were completed

DATE:

Dentists Practising in Istanbul and Their Knowledge and Opinions About Oral Mucosal Lesions
Questionnaire for Dentists
No:

- **NAME-SURNAME:**
- **DATE OF BIRTH:**
- **SETTING:** □DENTAL OFFICE □DENTAL CLINIC □UNIVERSITY
- **TIME OF GRADUATION:**
- **GRADUATED FROM:**
- **DURATION OF WORK:**
- **AVERAGE NUMBER OF PATIENT PER WEEK:**
- **DO YOU HAVE CURRENT KNOWLEDGE ON THE TOPIC FROM LITERATURE AND BOOKS?** □YES □ NO
  IF NO WHY?
  ► DIFFICULTY IN REACHING LITERATURES
  ►HAVE NO INTEREST
  ►FINANCIAL PROBLEMS
  ►HAVE NO IDEA ABOUT HOW TO REACH THE LITERATURE
  ►HAVE NO TIME
  ►OTHER..............
- **DO YOU EXAMINE PATIENTS WITH ORAL MUCOSAL LESIONS?** □YES □ NO
  IF NO WHY?
  ►HAVE NO INTEREST
  ►HAVE NOT ENOUGH KNOWLEDGE
  ►OTHER.............
- **DO YOU EXPERIENCE ANY DIFFICULTIES IN THE DIAGNOSING OF ORAL MUCOSAL LESIONS?** □YES
  □NO
  IF YES WHY?
  ►INSUFFICIENT EDUCATION AT UNIVERSITY
  ►INSUFFICIENT POST-GRADUATE EDUCATION
  ►INSUFFICIENT PATIENT PROFILE
  ►INSUFFICIENT LITERATURE
- **DO YOU HAVE KNOWLEDGE ABOUT BIOPSY TECHNIQUES?** □YES □ NO
- **DO YOU TAKE BIOPSY?** □YES □ NO
- **IN WHICH CONDITIONS DO YOU STORE TISSUE SAMPLES ?**
  □FORMALIN □FORMALDEHIDE □SERUM PHSIOLOGIC
- **WHICH PATHOLOGY LABORATUARY DO YOU PREFER FOR HISTOPATHOLOGIC EXAMINATION?**
  □PRIVATE □UNIVERSITY
- **DO YOU ATTEMPT TO TREAT ORAL MUCOSAL LESIONS?** □YES □ NO
  IF NO WHY?
  ►HAVE NO INTEREST
  ►INSUFFICIENT KNOWLEDGE
  ►OTHER
- **WHICH MEDICATION DO YOU CHOOSE FOR THE MANAGEMENT OF ORAL APHTOUS ULCERS?**
- **WITH WHICH DEPARTMENT DO YOU COLLABORATE IN THE MANAGEMENT OF ORAL MUCOSAL LESIONS?**
  (EXCEPT OF DEPARTMENT OF ORAL SURGERY AND DISEASE)
  □DERMATOLOGY □INTERNAL MEDICINE □GENERAL SURGERY □PLASTIC SURGERY □ OPHTALMATOLOGY
- **CHOOSE AND SCORE THE FOLLOWING ORAL MUCOSAL LESIONS WHICH YOU HAVE DIFFICULTY IN DIAGNOSIS? (0=NO DIFFICULTY; 1=LITTLE; 10=MOST)**
  ►ORAL APHTHOUS ULCER
  ►STOMATITIS
  ►ALLERGIC REACTIONS
  ►FUNGAL INFECTIONS
  ►ORAL LICHEN PLANUS
  ►PEMHIGUS
  ►PEMHIGOID
  ►TRAVMATIC LESIONS
  ►CARCINOMAS
  ►ORAL MANIFESTATIONS OF SYSTEMIC DISEASE
  ►OTHER

Fig. 1. Questionnaire.

over a 13 week period. Practising dentists were stratified on the basis of practice location into three groups. The first group consisted of general dental practioners working in private dental offices. The second group included general dental practitioners practising in dental polyclinics, in which there were three or more dental units. The third group were dentists employed at universities in Istanbul, practising as postgraduate students or residents in various departments, with the exception of the department of oral surgery and medicine. All practising dentists had been trained how to deal with OML during their education. It was assumed that recognation of OML would be 90%. Sample size was calculated for each group as 95, with a two-sided significance level at 0.05, sampling error was 0.10 and the power was 90%. The adjusted sample size was calculated as 100 for reject to reply frequency which is 0.05 for the questionnaire. 100 practising dentists from each group were selected using a simple random sampling method. The authors purchased a list of 200 randomly selected practitioners from