

38 **leukoplakia** Leukoplakia is a descriptive term that should be launched only after
39 excluding other possible causes. The cause of the episode is not known but the risk
40 factors include smoking chewing tobacco, excessive drinking alcohol, viruses and
41 chronic irritation and the use of nuts [9, 3]. It is a pre-cancerous lesion where tissue
42 biopsy generally shows an increase in correlations with or without abnormal cells [5, 3]
43 and is mixed with lichen planus-, hyperkeratosis, and white candidiasis [3].

44 Treatment recommendations depend on the clinical appearance and histological
45 examination of the lesion. When abnormal cells are present, simple surgical removal is
46 one possible solution. In other cases, monitoring for periods of three to six months may
47 be sufficient. [3] People are advised to stop smoking and reduce alcohol intake- [3]. In
48 half the cases, Whenwhen smoking continues, 66% of cases Increase thick and white. [5]
49 These cases are more common with age and usually do not occur until after 30- [3]. Rates
50 may be as high as 8% in men over the age of 70. Several studies have been conducted on
51 their prevalence and risk factors in several studies in different communities to determine
52 the risk rate, which increases the predictability and ease of treatment

53

54 **materials Materials and methods**

55 The sample consists of 500 patients who visited the Department of Oral Medicine at the
56 Faculty of Dentistry at Tishreen University, who are over 16 years of age. The number of
57 males is 348 and females 152, and 14 cases have been diagnosed as leukoplakia. The
58 number of smokers 279 and non-smokers 221. The number of who drink alcohol was 117
59 and non-alcoholic 383. The number of people with systemic diseases 101 and the number
60 of non-infected 399. The average ages were 52 years, while the age of those infected was
61 between 49-62 years. A research form was designed in which the researcher recorded the
62 patient's personal information (age and gender), Smoking-smoking (intensity, duration),
63 Drinking-drinking Alcohol-alcohol (Quantity, Frequency, Durationand Duration). The
64 existence of general diseases through the use of indirect and directed questions. WHO
65 standards for clinical diagnosis to leukoplakia were adopted. The statistical SPSS
66 program was used to analyze the results.

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75 | **3. Results:**

76 | **3.1 Prevalence leukoplakia of the sample:**

77 | Table 1: (3.1) Some descriptive statistics for the rate of leukoplakia

Statistics	
leukoplakia	
N	Valid 500
Mean	.028
Std. Deviation	.165
Sum	14

79 | Table (3.1) Some descriptive statistics for the rate of leukoplakia

80 | The previous Table 1 shows some metadata for the variable variable. The sample in
81 | question was 500. The number of individuals who had leukoplakia 14 was 2.8% and a
82 | standard deviation 0.16.

83 | **3.2 Relationship between leukoplakia and age:**

84 | The average ages were 52 years, while the age of those infected was between 49 to 62.
85 | To test whether there was a relationship between leukoplakia and the age, we used the
86 | Point Biserial Correlation Coefficient was used in, which is expressed in Pearson
87 | Correlation as shown in Table 2, next one.

88 | Table 2: (3.2) Correlation is significant at the 0.05 level (2-tailed).

		Correlations	
		leukoplakia	age
leukoplakia	Pearson Correlation	1	.115*
	Sig. (2-tailed)		.010
	N	500	500
age	Pearson Correlation	.115*	1
	Sig. (2-tailed)	.010	
	N	500	500

90 | Table (3.2) Correlation is significant at the 0.05 level (2-tailed).

91 | Note from the table that the correlation coefficient value is 0.115. The correlation is
92 | linear in the sense that the longer the age, the greater the probability of a coating.

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Although this coefficient is relatively small, the correlation is significant or significant at the significance level of 0.05 (Sig = 0.01 < 0.05).

3.3 Relationship between leukoplakia and sex:

The number of males who do not have a diploma is 334 and the number of females is 152. However, it should be noted that those who have a class are male only. To study the relationship between sex and class, a correlation coefficient can be used as shown in Table 3.

* Crosstabulation sex

Table 3 (3.3): Some descriptive statistics on the rate of sex-related relationship.

		Count		Total
		male	female	
leukoplakia	Non-leukoplakia	334	152	486
	leukoplakia	14	0	14
Total		348	152	500

Table (3.3) Some descriptive statistics on the rate of sex related relationship.

Table (3.4): Relationship between leukoplakia and sex using Phi coefficient.

Symmetric Measures		Approximate Significance
	Value	
Phi	.112	.012
N of Valid Cases	500	

Table (3.4) Relationship between leukoplakia and sex using Phi coefficient.

Note from the above table that the value of the Fay correlation coefficient is 0.112, ie the correlation is positive or negative, which is a significant correlation (Sig = 0.012 < 0.05).

3.4 The relationship between leukoplakia and smoking:

Leukoplakia was distributed as follows:

There are two non-smokers and twelve smokers. To study the relationship between smoking and class, a correlation coefficient was used as shown in Table 5.

* Smoking Crosstabulation

115 Table (3.5): 5: The relationship between leukoplakia and smoking.

		Total		smokers
		Non-smokers		
Leukoplakia	Non-leukoplakia	219	267	486
	leukoplakia	2	12	14
Total		221	279	500

117 Table (3.5): The relationship between leukoplakia and smoking

118 Table (3.6): The relationship between leukoplakia and smoking using the laboratory

119 Fay.

120 **Symmetric Measures**

	Value	Approximate Significance
Phi	.154	.008
Cramer's V	.154	.008
N of Valid Cases	500	

121 Note from the above table that the value of the coefficient of Fay correlation is 0.154, ie
122 the correlation is positive or negative, which is a significant correlation (Sig = 0.008
123 <0.05). In the sense that those who are increasing their smoking are more likely to have a
124 class.125 **3.5 The relationship between leukoplakia and drinking alcohol**126 Six people in the sample do not drink alcohol and eight drink . To study the relationship
127 between drinking alcohol and leukoplakia can be used Chi-Square test.
128 * Alcohol consumption Crosstabulation131 Table (3.7): Relation between drinking alcohol and leukoplakia

		Total		
		Non-alcoholic		
leukoplaki	Non-	377	109	486
	leukoplakia	6	8	14
Total		383	117	500

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Table (3.7) Relation between drinking alcohol and leukoplakia

133

Table (3.8) Relation between drinking alcohol and leukoplakia using Chi-Square Test

Chi-Square Tests		
	Value	df
		Asymptotic Significance (2-sided)
Pearson Chi-Square	14.890 ^a	2
Likelihood Ratio	9.971	2
Linear-by-Linear Association	13.800	1
N of Valid Cases	500	

Table (3.8) Relation between drinking alcohol and leukoplakia using Chi-Square Test

135 From the table above, the value of the Chi-Square test index is 14.89 and the test is
136 significant at the significance level of 0.05 ($\text{Sig} = 0.001 < 0.05$). That is, there is a link
137 between drinking alcohol and leukoplakia.

138 **3.6 The relationship between leukoplakia and systemic diseases:**

140
141 The distribution leukoplakia among sample is as follows: Thirteen people are without
142 systemic diseases and only one is with. To study the relationship between leukoplakia
143 and systemic diseases, the correlation coefficients can be used coefficient of Phi

Crosstabulation

Table?

Count

		Systemic diseases		Total
		without	with	
leukoplaki a	Non- leukoplakia	386	100	486
	leukoplakia	13	1	14
Total		399	101	500

(3.9)

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Table?

Symmetric Measures

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	Value	Approximate Significance
Phi	-.055	.220
N of Valid Cases	500	

(3-10)

Note from the above table that the value of the coefficient of Phi correlation is equal to 0.055, ie, the correlation is weak and is insignificant at the level of 0.05 (Sig = 0.22> 0.05). It is not clear that those who have leukoplakia have a disease.

4.Discussion:

The prevalence of our study was 2.8% while the prevalence was 0.9% in a study by Reichart et al—[10]. While a high proportion was observed in Zhang et al. 9.18% [11] and 9.3% in a study conducted by Kumars et al [12] among the tribal population of Kundam province. In a study by Granero et al [13] in Mallorca it was 5.1% and It was 22% at Patil s et al [14].

The difference between prevalence rates in different studies is explained by a number of factors, including: sample size, the nature of the studied society, common habits (smoking and drinking alcohol) and the age of the studied sample, where we see a significant increase in prevalence in studies conducted on older persons- [14]. The nature and climate of the region may also play a role— [12]. We found in our study that there was a positive correlation between the prevalence of the leukoplakia and the increase in age. Reichart et al. [15] agreed with us because he studied the German olders to a similar result while R Chandran et al. [16] Kassab et al [17] disagreed with us in a study conducted at the Lebanese University found no difference in the distribution of oral lesions among age groups. Several studies [15] [10] have found a positive correlation between age and leukoplakia. This may be explained by histological changes that occur with increase in age, as well as by prolonged use of oral habits (smoking, drinking alcohol).

In our study, we found that only males were affected by leukoplakia, indicating their association with sex. PA Reichart et al. [10] agreed that males are more affected than females 1.6% to 0.2%

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177 A study conducted in Budapest by J.Banoczy et al. [10] Where the ratio of males to
178 females was 3.2% to 1% and It also reached the same conclusion Sujathyconclusion
179 Sujathy, et al.[19] and Patil S et al. [14] In a study carried out by Cebeci Ar et al. in
180 Ankara [52], the number of men was four times greater than that of women. These results
181 may explain the different oral habits of the sexes (smoking and drinking alcohol) and
182 may be the cause of occupational stress [21] and sex there are no studies to prove a direct
183 relationship.

184 We found a positive correlation between prevalence of leukoplakia and smoking and this
185 is consistent with many studies Femopase Fl et al. [22] Gary et al.[23] Saraswathi et al.
186 [24] Zhang et al. [11] and Mathewall et al [25].The agreement between studies on the
187 presence of such a relationship may explain the effect of nicotine on the oral mucous and
188 the changes it causes in mucous membranes. We found that there was a positive correlation between drinkink alcohol and leukoplakia,
189 and we agreed with that, Zhang et al. [11], Saraswathi et al [26], and Sujathd et
190 al.[19] and Rooban et al.[27]

191 While Cebeci Ar et al. [20] did not find a relationship between drinking alcohol and the
192 risk of developing oral lesions. Explanation of the effect of drinking alcohol on the oral
193 mucous where the excessive use of high alcohol, which contains (more than 25%) to the
194 presence of gray board [28].

195 In our study, there was no relationship between the prevalence of leukoplakia and the
196 presence of systemic diseases-. Agreed with us Cebeci Ar et al. [20] This may be due to
197 the low age of the sample and the nature of the studied society while Reichart et al. [15]
198 disagreed with us This may be because he studied German elders with a high proportion
199 of systemic diseases as a result of age.

200 201 Conclusions*

202 The prevalence and distribution of oral leukoplakia were influenced by a range of factors
203 (smoking, drinking alcohol, sex and age), but no association was found with systemic
204 disease, which should prompt dentists to examine the oral mucous in the most high risk
205 factor groups for early detection of pre-cancerous lesions .

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