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Recommended Citation

Rawal, Yeshwant B., "Current Trends and Future Perspectives of Oral Pathology: Indian Scenario" (2020).

School of Dentistry Faculty Research and Publications. 510.

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Journal of Oral and Maxillofacial Pathology (JOMFP), Vol. 24, No. 1 (January-April 2020): 3-4. [DOI](#). This article is © Medknow Publications and permission has been granted for this version to appear in [e-Publications@Marquette](#). Medknow Publications does not grant permission for this article to be further copied/distributed or hosted elsewhere without express permission from Medknow Publications.

Current trends and future perspectives of Oral Pathology: Indian Scenario

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Oral and maxillofacial pathology in India is at a crossroad. While the intentions of my colleagues are honorable and spirited, the practice of pathology is facing an identity crisis. Having spent time in India and in the United States, I am able to offer my perspective. It is my understanding that although there have been changes and improvements, the mainstay of oral pathology in India is still in the academic setting with classroom instruction, relying heavily on pedantic knowledge. Some individuals with drive and resources have participated in bench, translational and clinical research. Overall, the impression and relevance of oral and maxillofacial pathology among dental students, administrators, colleagues in other specialties and unsurprisingly within our ranks is that one becomes an oral pathologist if they are not good enough to become an orthodontist, oral surgeon, endodontist, etc., or that they prefer a life relegated to academics. This is the identity crisis I am referring to. Now, let us look at the options at the crossroad. I am making a case for a variation in our role. I do not espouse that we abandon academics.

The burden of oral disease including oral precancer and cancer is very high in India. The prevalence of oral infectious diseases and tumors of oral soft tissue, bone and salivary glands is high. Morbidity and

mortality rates are high. The challenge is to go beyond our classroom comfort zones and expand the scope of oral pathology to involve clinical care, raising awareness for the need to biopsy, to submit any and every tissue removed for histopathological examination, to aggressively market a biopsy laboratory service, to provide CE courses to general dental practitioners and other specialties, to provide consultation services on clinical and radiographic findings, to provide recommendations on management and follow-up, to facilitate interspecialty discussions on patient care including tumor boards, to start ground up and maintain databases and strengthen existing disease registries, etc.

I recognize the realities on the ground including the disjointed health-care system; absence of standardized care models including health insurance and lack of standardized diagnosis and treatment codes, competing specialties such as oral medicine, oral radiology, arcane academic curricula and syllabuses insisting on topics such as "DADH," dental caries, tooth carving, oral microbiology and oral pathology "practicals" involving drawing of histopathological features of myriad of lesions. I am also aware that there is an abundance of dental schools, with some being well funded, while others not so. I also recognize the ignorance among the population and that "if it does not hurt, I don't need it treated" (think Stage III and Stage IV tumors) and therefore the reluctance to seek care, etc. There are likely more challenges than I can imagine, and I have only struck a tangential blow to the issues that you may face.

It is on the shoulders of the young oral pathologists in India to take an initiative to bring about changes that will benefit the population you serve. I also suggest a fresh look at academic syllabi and curriculum to make instruction relevant and meaningful to the modern-day practice. Brevity is required of a guest editorial. Hopefully, you get the idea.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.