Report of gutkha (smokeless tobacco) use in children aged 10–12 years

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DESCRIPTION

Tobacco is a risk factor for six of the eight leading causes of deaths in the world and kills up to one-half of its users.¹ Tobacco use can result in a number of oral diseases. Oral cancer,² periodontitis^{3–4} compromised wound healing, a reduction in the ability to smell and taste, smoker's palate and melanosis, coated tongue, staining of teeth and restorations, implant failure and leukoplakia^{5–6} are all seen in tobacco users. Smokeless tobacco is a risk factor for periodontal conditions^{7–8} and oral cancer.⁹

India is the second largest consumer of tobacco products and the third largest producer of tobacco in the world. The estimated number of tobacco users in India was 274.9 million. Of these, 163.7 million use only smokeless tobacco, 68.9 million are smokers and 42.3 million use both forms of tobacco.¹⁰ The prevalence of smokeless tobacco use has increased from 24% in 1995 to 33% in 2009.¹⁰ Smokeless tobacco use is seen in 13.4% of boys who are high school students and 2.3% of women.^{11–12} Smokeless tobacco contains arecanut which may be raw, baked or boiled, lime obtained from limestone or seashells and may also include aniseed, catechu, cardamom, cinnamon, coconut, cloves, sugar and tobacco.¹³

We present two case reports on use of smokeless tobacco in children.

Case 1

A 12-year-old-boy presented with a chief complaint of discoloured teeth. The patient revealed a history of gutkha (smokeless tobacco) intake twice a day since 3 years (approximately started at the age of 9 years). Upon interviewing; the child reported intake of gutkha, which is a preparation of crushed areca nut (also called betel nut), tobacco, catechu, paraffin, slaked lime and sweet or savoury flavourings. It is a powdery, granular, light brownish to white substance. Within moments of consumption, gutkha begins to dissolve and turn deep red in colour hence causing stains on teeth. The patient learnt this habit of gutkha intake from his friends in his school. He complained of symptoms such as

Figure 1 Labial surfaces of anterior teeth.

Figure 2 Occlusal surfaces of maxillary teeth.

irritation and a burning sensation in the mouth upon consumption of food and of bad breath. Upon examination, the teeth showed generalised fluorosis with stains (figures 1–3). No soft tissue changes were observed. The treatment plan consisted of oral prophylaxis (scaling and polishing of teeth) and counselling to stop the tobacco consumption. Thorough oral prophylaxis was performed and oral hygiene instructions were given.

The patient was advised for a regular follow-up every 3 months.

Case 2

An 11-year-old boy presented with a complaint of discoloured teeth. He had a history of intake of gutkha once a day since 2 years (approximately started at the age of 9 years). He learnt this habit of tobacco intake by observing his father, a farmer

Figure 3 Occlusal surfaces of mandibular teeth.

To cite: Mallikarjuna R, Gangwal RR, Shanthraj SL, et al. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2012-008319

Figure 4 Labial surfaces of anterior teeth.

who consumed gutkha four times a day for 5 years. On intraoral examination, stains were present on labial and occlusal surfaces of the teeth (figures 4–6). The patient also had bad breath and revealed no other symptoms. No soft tissue changes were observed. The treatment plan consisted of oral prophylaxis along with counselling for cessation of the habit. Thorough oral prophylaxis was performed and oral hygiene instructions were given.

The patient was advised for a follow-up every 3 months.

Learning points

- ▶ Educate children, parents and guardians on the serious health consequences of tobacco use and its exposure at home.
- ▶ Instruct parents and guardians to serve as role models by not using tobacco and urging other members who use tobacco; to stop.
- ▶ Routinely examine patients for oral signs and changes associated with tobacco use.
- ▶ Dentists should work with school authorities to educate about the ill-effects of gutkha and other forms of tobacco.

Figure 5 Occlusal surfaces of maxillary teeth.

Figure 6 Occlusal surfaces of mandibular teeth.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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