

**PEDICLED BUCCAL FAT PAD IN THE SURGICAL MANAGEMENT
OF ORAL SUBMUCOUS FIBROSIS**

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INTRODUCTION

Oral submucous fibrosis (OSMF) is a chronic insidious disabling condition involving oral mucosa, Oropharynx and rarely Larynx characterised by inflammation and progressive fibrosis of the Lamina propria and deeper connective tissues with concomittant muscle degeneration^{2,33}.

It has been estimated that this condition is prevalent among the population of southeast Asian Countries. Among the Indian population the prevalence rate was 0.2% to 1.2% as per an epidemiologic survey conducted a decade ago^{33,35}.

The etiology is multifactorial with no conclusive etiologic agent identified till date. Various theories supporting the etiology have been put forth by a legion of workers^{4,33,57,39}, which include genetic, Carcinogenic, Immunologic, Viral, Nutritional and Autoimmune possibilities.

Oral cavity, with its mucosal integument is the most essential structure of the stomatognathic system. The mucosa is in constant association with exogenous factors such as microorganisms, carcinogens, microtrauma, irritants, metabolic byproducts of oral microorganisms, alcohol and tobacco smoke. Apart from these, endogenous components such as genetic, hormonal and metabolic have proved to be detrimental^{3,52}.

The delicate nature of the oral mucosa makes it vulnerable to an unlimited variety of manifestations of local and systemic disorders, OSMF being one among them.

This particular condition has been reported to occur commonly in conjunction with other diseases such as Leukoplakia and lichen planus and if untreated the risk of malignant change in advanced cases is relatively