FACT SHEET: TOBACCO AND GASTROINTESTINAL SYSTEM

Tobacco and Oral Diseases:

- The oral effects of smoking range from harmless stains of teeth and dental restorations to serious diseases such as oral cancer.[1]
- The plausible mechanism for smoking leading to cancer is that carcinogens in tobacco smoke can induce changes in DNA through tumor suppressor gene coding for the protein p53.[1]
- Smoking and excessive alcohol intake synergistically increase the risk of developing oral cancer.[1]
- The majority of oral cancers, constituting 2–3% of all cancers worldwide, are squamous cell carcinomas developing from the mucosal surface epithelium.[1]
- Oral leukoplakia, the most common premalignant lesion in the mouth, and periodontitis are far more common in smokers than in non-smokers.[1]
- Implant failures attributable to smoking seem to be more common in the maxilla than in the mandible.[1]
- A consistent finding in smokers is an increased concentration of thiocyanate in saliva.[1]
- Smoking is associated with higher incidence of dental caries. Maternal smoking is associated with the occurrence of caries in preschool children.[1]
- Smoking causes discoloration of teeth, dental restorations, and dentures, affecting the aesthetic appearance of the mouth.[1]
- Smoking is a common cause of halitosis, and it affects the acuity of smell and taste.[1]

Tobacco and Non-malignant GI Diseases

- Smoking stimulates basal acid output and pepsinogen secretion.[2]
- Smoking significantly decreases total mucous neck cell population and neck-cell mucus volume and increases bile salt reflux rate and gastric bile salt concentration, thereby increasing duodenogastric reflux.[2]
- Smoking not only induces ulceration but also potentiates ulceration caused by H. pylori, alcohol, and nonsteroidal anti-inflammatory drugs.[2]
- Smoking decreases prostaglandin generation in the gastric mucosa of smokers, thereby making the mucosa susceptible to ulceration.[2]
- Smoking or smoke extract impairs both spontaneous and drug-induced healing of ulcer.[2]
- Smoking weakens the lower oesophageal sphincter, which allows stomach acid to flow into the esophagus.[3]
- Smoking harms the liver's ability to process drugs, alcohol, and other toxins and worsens liver disease caused by drinking too much alcohol.[3]
- Among people with Crohn's disease, smoking is linked with a higher rate of relapse, repeat surgery, and the need for drug therapy.[3]

- Smoking may increase the risk of developing gallstones.[3]

REFERENCES FOR THE FACT SHEET:

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