Anatomical variants

Patients sometimes become concerned after noticing various anatomical variants in the mouth.

Tori and exostoses are bony lumps that appear during tooth development and are especially common in Mongoloid and Negroid races. Torus mandibularis consists of bilateral, asymptomatic, benign bony lumps lingual to the lower premolars. Also common is torus palatinus, a slow growing, asymptomatic, benign bony lump in the midline of the palate. These lumps are usually left alone but are occasionally excised or reduced if they cause severe difficulties with dentures.

Sebaceous glands may be seen as creamy-yellow dots (Fordyce spots) along the border between the lip vermilion and the oral mucosa. Probably 50-80% of the population have them, but they are not usually clinically evident until after the age of 3 years, and they increase during puberty and then again in later adult life. They are totally benign, although occasional patients or physicians become concerned about them or misdiagnose them as, for example, thrush or lichen planus. No treatment is indicated other than reassurance.

Foliate papillae—The size and shape of the foliate papillae on the posterolateral margins of the tongue are variable. These papillae occasionally swell if irritated mechanically or if there is an upper respiratory infection. Located at a site with a high predilection for lingual cancer, they may give rise to anxiety about cancer.

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Torus palatinus, with large central torus on palate

Fordyce's spots—sebaceous glands close to vermilion border between lip and buccal mucosa

Further reading

- Scully C, Flint S, Porter SR. *Oral diseases*. London: Martin Dunitz, 1996
- Scully C, Welbury RA. *Colour atlas of oral diseases in children and adolescents*. London: Mosby Wolfe, 1994

A message from Holland

Eleven years ago a lively 85 year old man came to my surgery. He had been a famous violinist and concert leader for most of his professional life and still enjoyed playing music. He asked me if I would "help" him should he find himself the victim of a serious illness. In the Netherlands this really means, "What is your view on euthanasia, Doc?" I replied that given such circumstances I would be prepared to help him.

During the next few years I visited him several times, and then at the age of 95 and still in possession of his mental capacities he was diagnosed with prostate cancer and metastases in the lumbar spine causing a spastic paraparesis. My patient was treated with radiation, but this failed to prevent the growth of the tumour. Doubly incontinent—he was catheterised and wore a continence pad as precaution—this elderly and proud man had to be assisted in most activities of daily living. The pain was hardly relieved by treatment with morphine.

He found his total dependence on others intolerable and requested euthanasia. After a wonderful life, he wished to die with dignity. Fully supported by his wife, he repeated his request several times and also set out his wishes and reasoning in a letter. In his eyes he was experiencing intolerable suffering with no hope of relief and the sole prospect of losing his dignity. His request was consistent, voluntary, and documented. Thus all Dutch criteria for euthanasia were met and I had no fear of prosecution.^{1,2} All that I needed was a second opinion from an uninvolved colleague. Yet, I had grave doubts. Had I really tried all aspects of palliative care? In my opinion his life was more than worth living: he still composed music and received visitors every

day. With the utmost difficulty I was able to postpone the decision by convincing him of the importance of a family discussion at which I would be present.

On the dreaded day I approached with lead in my boots. I knew that I was not ready to perform euthanasia; this man was not in a terminal phase and was still involved in many aspects of life. However, I was nervous of his reaction. I had the nagging thought that I was going back on a promise made 10 years earlier.

His daughter opened the door and with a smile on her face exclaimed, "Dad has decided to live." I was offered a glass of champagne (a few bottles had already been cracked) and we all toasted life. I asked the maestro what had made him have such a sudden change of heart. He told me that his 93 year old sister had visited him the day before and had had a few words. "John," she said, "I hear you are considering euthanasia. Mother would never have approved." As if by magic, he changed his mind. I realised that despite my best moral efforts I had not been able to sound the right chord. A few words from his mother, already 50 years in eternity, sufficed to reach his soul. Half a year later he died peacefully, a natural death, with dignity.

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- 1 Van der Maas PJ, vander Wal G, Haverkate I, de Graaf CLM, Kester JGC, Onwuteaka-Philipsen BD, et al. Euthanasia, physician-assisted suicide, and other medical practices involving the end of life in the Netherlands, 1990-1995. *New Engl J Med* 1996;335:1699-705.
- 2 Sheldon T. Dutch doctors tighten euthanasia guidelines. *BMJ* 1995;311:708.