Figure 1: Clinical photograph demonstrating palatal changes with thickening, yellow discolouration, umbilication and fissuring secondary to reverse smoking.

Table 1: Regional examples of reverse smoking terminology.

Terminology (English transliteration)	Language	Country or region	Example reference
Aḍḍa pōgā / *adda chutta* (“reverse smoking”)	Telugu	India (Andhra Pradesh)	Bharath, et al. J Oral Maxillofac Pathol. 2015;19(2):182-187.
Candela pa den (“the fire within”)	Papiamentu (Portuguese Creole)	Dutch Caribbean (Aruba, Bonaire, Curaçao)	Schoenfeld & Holzberger. Arch Dermatol. 1963;90(1):89-90.
Hábito de fumar (*cigarro-/ cigarillo*) *invertido/invertida* (“habit of smoking (cigars/ cigarettes) inverted”)	Spanish	Columbia Ecuador	Ardila Medina et al. Revista Archivo Médico de Camagüey 2013. 17(3): 405-415. Quiñonez & López-Ulloa. Acta Odontológica Colombiana 2019. 9(2):102–110.
Fogu a intru (“the fire within”)	Sardinian	Italy	Racugno. Radiobiol. Radioter. Fis. Med 1958;13:221.
Fumar con la candela pa’ dentro (“smoking with the candle inside”)	Spanish	Venezuela	Ludmagally & Sijas Brunicardi. Acta odontológica venezolana 1991; 29(2):60-4.
Pagsigarilyo ng pabaliktad (“smoking backwards”)	Kapampangan	Phillipines	This study

Table 2: Clinical and histologic findings in nicotinic stomatitis versus palatal keratosis associated with reverse smoking (PKARS).

	Nicotinic stomatitis	**Palatal keratosis associated with reverse smoking**
Clinical features	Hyperpigmentation	Hyperpigmentation and/or hypopigmentation
	Mild erythema and whitening of palatal mucosa	Marked erythema and diffuse whitening of palatal mucosa Atrophy sometimes present
	Mucosal thickening with blanching	Prominent fissuring and nodularity Yellow-brown staining of mucosa
	Erythematous minor salivary duct openings ("red dots") surrounded by keratotic rings	Papillary excrescences (1–3mm) or umbilications of duct opening
	Extrinsic staining of teeth	Extrinsic staining of teeth
		White/red plaque changes
		Frank ulceration
Histologic features	Increased melanin in basal layer of epithelium	Increased melanin in basal layer of epithelium or depigmented basal layer of epithelium
	Mild chronic inflammation, lymphatic dilatation, thickening of blood vessels	Often rete ridges absent and varying degree of inflammation in connective tissue
	Hyperorthokeratosis, parakeratosis and acanthosis	Hyperorthokeratosis > parakeratosis
	Squamous metaplasia/hyperplasia of excretory ducts and keratin plugging	Increased hyperplasia and hypertrophy of ductal epithelium; cystic dilatation and acinar atrophy
	Epithelial hyperplasia	Epithelial dysplasia or carcinoma
	Spongiosis and thinning of epithelium	Presence of koilocytes
		Eosinophilic bodies in basal layer of epithelium or beneath epithelium, similar to Civatte bodies