

DENTAL MANAGEMENT OF PATIENTS WITH HEAD AND NECK CANCER

Overall, the lifetime risk of developing oral cavity and oropharyngeal cancer is about 1 in 59 for men and 1 in 139 for women¹. As a general dentist you may be the first health care provider your patient sees after a cancer diagnosis. Here's a helpful guide for managing these patients before, during, and after their treatment:

BEFORE TREATMENT:

- Refer your patient to a maxillofacial prosthodontist, or a local prosthodontist if there is not a maxillofacial prosthodontist in your area, for consultation and evaluation. They will need to do a screening and, depending on the extent of the treatment, plan for post-surgical dental and orofacial rehabilitation.² In some cases, prostheses might need to be fabricated to optimize peri-operative care.
- A pre-radiation dental screening aims to locate and eliminate oral foci of infection, such as unrestorable caries, periodontal disease with pockets ≥ 6 mm, periapical problems and (partially) impacted teeth.²
- Any dental treatment ideally would be completed prior to radiotherapy.³

DURING TREATMENT:

- If a patient is undergoing chemotherapy or radiation treatments, there are certain side effects to be on the lookout for, including mucositis, xerostomia, high caries rate, osteoradionecrosis, trismus, oral candidiasis, or altered taste buds.
- Effective ways to manage these side effects depend on the presentation, but diagnosis should be made and if you are not experienced in managing these conditions, a maxillofacial prosthodontist can be a great resource.

AFTER TREATMENT:

- If the patient is dentate or partially edentulous, establish a CAMBRA protocol according to risk and condition post treatment, to support long term dental health maintenance.
- If the patient is partially or completely edentulous, reevaluate condition and finalize a restorative treatment plan. If the rehabilitation involves maxillary obturators or other types of removable prosthesis, discuss with the maxillofacial prosthodontist the need of survey crowns or other foundational work.
- For all patients, institute a three to six month recall to assess the patient's risk and perform regular oral cancer screenings.

REFERENCES:

1. <https://www.cancer.org/content/dam/CRC/PDF/Public/8763.00.pdf>
2. (Spijkervet, Schuurhuis, Stokman, Witjes, & Vissink, 2020)
3. (Schuurhuis et al., 2011)

