DENTAL MANAGEMENT OF PATIENTS WITH HEAD AND NECK CANCER

Head and neck cancer is the fifth most common cancer worldwide. 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:

- Consult with a maxillofacial prosthodontist if there’s one in your area. If not, a visit to your local prosthodontist will suffice. They will need to do a screening and, depending on the extent of the treatment, plan for post-surgical dental and orofacial rehabilitation.

- 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.

- Any dental treatment ideally would be completed prior to radiotherapy.

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, 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 four to six month recall and regular oral cancer screenings.

REFERENCES:

1. (Goon et al., 2009)
2. (Spijkervet, Schuurhuis, Stokman, Witjes, & Vissink, 2020)
3. (Schuurhuis et al., 2011)