

Oral and neck examination for early detection of oral cancer – a practical guide

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Précis

Unfortunately, over 60% of patients presenting with oral (mouth) cancer have either regional or distant spread. We need to detect oral cancer early and thereby improve the prognosis and save lives. Dentists are effective clinicians in the early detection of mouth cancer. An examination system for the oral cavity and neck is described.

Abstract

Cancer of the head and neck region presents a challenge since, unlike other areas of the body, the boundaries are not always easy to delineate. The functional morbidity associated with head and neck cancer and its treatment are considerable. Head and neck cancer is described as cancer of the lip, mouth, tongue, tonsil, pharynx (unspecified), salivary gland, hypopharynx, larynx and other. Oral cancer refers to cancers of the lip, tongue, gingivae, floor of the mouth, palate (hard and soft), maxilla, vestibule and retromolar area up to the anterior pillar of the fauces (tonsil).

When patients present with oral cancer, over 60% of them have regional (lymph node) and sometimes distant (metastatic) spread. The overall five-year survival rates for oral cancer average at between 50 and 80%, depending on the stage of the disease, varying from 86% for stage I to 12-16% for stage IV. The incidence of 'field cancerisation'/unstable oral epithelium is high (17%), and even after successful treatment our patients need to be monitored for dental care and further disease.

Unlike other areas in the body, the oral epithelium is readily accessible for examination and even self-examination. Dentists and dental hygienists are effective clinicians in the examination of the oral cavity for mouth cancer. An oral and neck examination must be part of every dental examination. An examination protocol is suggested here, which is similar to, but more detailed than, the standardised oral examination method recommended by the World Health Organisation, and consistent with those protocols followed by the Centres for Disease Control and Prevention and the National Institutes of Health.

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A review of the role of alcohol in the pathogenesis of oral cancer and the link between alcohol-containing mouthrinses and oral cancer

Précis

The link between alcohol-containing mouthrinses and oral cancer is investigated, concluding that limited use of alcohol-containing mouthrinses in high-risk populations would be advisable.

Abstract

This article will review the most recent literature on the effects of alcohol on the oral mucosa, and the possible mechanisms by which alcohol is thought to act as a carcinogen. The article will also consider the possible link between alcohol-containing mouthrinses and oral cancer. The authors recommend that the use of alcohol-containing mouthrinses in high-risk populations should be restricted, pending the outcome of further research.

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Performing mucosal tissue biopsies in general dental practice

Abstract

One of the roles of a dental practitioner is the identification and management of oral mucosal disease (pathology) in its many forms. A tissue biopsy is an important step in the diagnostic process for oral lesions, while the skill required to perform a biopsy should be well within the capability of most practising dentists.¹ The purpose of this article is to help dental practitioners to identify lesions suitable for biopsy in a dental practice setting, and to outline the equipment and explain the techniques used.

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Oral cancer: knowledge, practices and opinions of dentists in Ireland

Précis

A cross-sectional survey of Irish dentists assessing the knowledge of risk factors, diagnostic concepts and training needs with regard to oral cancer.

Abstract

Purpose of the study: Early detection of oral cancer improves prognosis, but the malignancy is often detected at advanced stages, when more aggressive therapies, often with poor and devastating outcomes for the patient, are needed. Oral cancer can be detected by opportunistic screening of oral mucosa without need of sophisticated equipment. Dentists are important in primary and secondary prevention of oral cancer; therefore, assessing their knowledge, opinions and practices is crucial.

Materials and methods: A questionnaire survey of dentists was conducted regarding knowledge of risk factors and diagnostic concepts of oral cancer, practices of primary and secondary prevention, and opinions of the effectiveness of formal undergraduate training for early detection and prevention of this disease. The survey explored dentists' potential training needs.

Results: Dentists appear to be generally knowledgeable regarding diagnostic concepts and risk factors. A total of 89% reported providing screening of intra- and extra-oral soft tissue to adult patients (18+) to exclude oral cancer. A total of 27% always provide tobacco use cessation counselling, and 12% provide alcohol moderation/cessation assistance. A total of 54% felt adequately trained to palpate the lymphatic nodes associated with oral cancer. Over half of dentists reported that their knowledge of and training on oral cancer was current; however, 74% reported lack of patient education materials regarding prevention and early detection of oral cancer.

Conclusions: The survey findings suggest that dentists are underutilised in the prevention and early detection of oral cancer, and one of the barriers is lack of training. Dentists' knowledge and skills must be reinforced and systematically updated by continuing professional education. Greater emphasis should be placed on the fact that dentists have a larger role to play in the prevention and detection of this malignancy at its early, curable stages.

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