

Oral Health Protocol for Head and Neck Cancer Survivors

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Editorial

Cancer is one of the major menaces to public health in both developed and developing countries accounting for the second most common cause of death. World Health Report 2004 reveals that cancer accounted for 7.1 million deaths in 2003

Table 1: Oral complications of head and neck cancer therapy and management.

Complications	Symptoms and Management
Acute	
Mucosal	Mucositis: Continuous follow up and evaluation by dental professionals, healing promotion by administering proinflammatory cytokines, prevention of trauma to the mucosa by using soft brushes Pain: Administration of analgesics based on the pain severity, Dysphagia: Induce salivation, artificial saliva
Saliva changes	Viscosity: Mucolytic agents Volume: administering Sialogogues causing Serous secretions
Neurosensory	Neuropathic pain: Local topical analgesics, Systemic anticonvulsant and anti-depression drugs
Infection	
Dental/periodontal	Acute exacerbation of chronic infection: evaluation and elimination of the risk factors before commencement of the cancer therapy Candida: local and systemic antifungal drugs based on the severity of the infection
Mucosal	Herpes: antiviral drugs
Chronic	
Mucosal pain	Atrophy: Attention to hyposalivation, mucosal infection and mucositis Neuropathy: Systemic anticonvulsant and anti-depression drugs, severe conditions opioid analgesics
Saliva	Viscosity: Mucolytic agents, hydrogen peroxide mouth rinse Hyposalivation: Sialogogues
Neurosensory	Taste alteration, taste loss: manage oral infection, oral hygiene, xerostomia and zinc supplementation Halitosis: Maintenance of oral hygiene
Infection	
Mucosal	Trismus: Active and passive exercise following surgical procedure Pain: Administration of analgesics based on the pain severity Halitosis: Maintenance of oral hygiene

Dental	Demineralization, caries: fluoride tooth pastes, topical calcium phosphate, fluoride, xylitol, chlorhexidine gluconate rinse and gums or wafers
Periodontal	Advanced attachment loss, mobility: identify and address the risk factors prior to the cancer therapy
Necrosis	Osteoradionecrosis: Antibiotics, surgery including sequestrectomy, hyperbaric oxygen, ozone therapy

and it is estimated to increase by 50% in the next 20 years. Oral cancer is the third most common cancer in south-central Asia. The incidence of this disease in India is 12.6 per 100000 populations. Cancer risk factors include ageing, tobacco, unhealthy diet, physical inactivity and infections. [1] 90% of the oral cancers are due to use of tobacco, excessive consumption of alcohol and areca nut. [1,2]

Treatment options based on stages of the cancer and therapies given to treat include surgery with or without neck dissection, radiotherapy, chemotherapy or combination of the treatments. [3,4]

Head and Neck Cancer (HNC) survival has improved in recent decades with advances in treatment. HNC survivor's growth is continuous and alarming the challenges in management of complex medical, oral/dental and psychosocial needs of them. [5] Complications of head and neck cancer and their management is explained in the Table 1. [6-8]

Sound knowledge about the oral complication and their management of head and neck cancer treatment will help the dentists to provide best appropriate oral and dental care helping to lead good quality of life.

Conflict of Interest

All authors disclose that there was no conflict of interest.

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