DETECTING ORAL CANCER
A Guide for Health Care Professionals

THE EXAMINATION

The examination is conducted with the patient seated. Any intraoral prostheses are removed before starting. The extraoral and perioral tissues are examined first, followed by the intraoral tissues.

I. The Extraoral Examination

◆ EXAMINE: (Figures 1–4)

II. Perioral and Intraoral Soft Tissue Examination

◆ EXAMINE: (Figures 5–11)

■ Buccal mucosa: (Figure 6)
■ Labial mucosa: (Figure 4)
■ Tongue: (Figures 8–10)
■ Floor: (Figure 12)
■ Palate: (Figures 13–15)
■ Gingiva: (Figure 7)

III. The Extraoral Examination

◆ EXAMINE: (Figure 1)

IV. Oral Lesions Suspicious for Oral Cancer

◆ ERYTHROLEUKOPLAKIA: (Figures 14–15)

WHAT YOU CAN DO

A thorough head and neck examination should be a routine part of each patient's dental visit. Clinicians should be particularly vigilant in checking those people who use tobacco or excessive amounts of alcohol.

EXAMINE your patients using the head and neck examination described here.

TAKE A HISTORY of their alcohol and tobacco use and inquire about the association between tobacco use, alcohol use, and oral cancer.

FOLLOW UP to make sure a definitive diagnosis is obtained on any possible premonitory symptoms of oral cancer.

THE EXAM

This exam is abstracted from the standardized oral examination method recommended by the World Health Organization. The method is consistent with those listed in the Centers for Disease Control and Prevention's Early Detection of Oral Cancer: A Guide for Health Care Professionals. The head and neck examination includes:.

1. Lighting, a dental mouth mirror, two 2 x 2 gauze squares, and the National Institutes of Health. It requires adequate lighting, a dental mouth mirror, two 2 x 2 gauze squares, and the National Institutes of Health.

2. Erythroplakia in left commissure and presence of candida infection.

3. Oral cancer is typically a disease of older people usually classified in the tongue or other areas of the oral cavity. However, the biopsy showed early squamous cell carcinoma. The lesion is suspicious because of the presence of nodules.

ORAL LESIONS Suspicious for Oral Cancer

Homogenous leukoplakia in the floor of the mouth in a smoker. Biopsy showed hyperkeratosis.

Clinically, a leukoplakia on left buccal mucosa. However, the biopsy showed early squamous cell carcinoma. The lesion is suspicious because of the presence of nodules.

Nodular leukoplakia in right commissure. Biopsy showed severe epithelial dysplasia.

Erythroplakia in left commissure and buccal mucosa. Biopsy showed mild epithelial dysplasia and presence of candida infection.

A 2-3 week course of anti-fungal treatment may turn this type of lesion into a homogenous leukoplakia.

Lesions that might signal oral cancer:

- A lump or thickening in the oral cavity
- A sore that does not resolve itself in two weeks
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
- Changes in the mouth that might signal the beginnings of cancer often can be seen and felt easily
- Soft tissues, soreness or a feeling that something is caught in the mouth
- A lump or thickening in the oral cavity
- A sore that does not resolve itself in two weeks

EARLY DETECTION

Early Detection Saves Lives

口 INCIDENCE AND SURVIVAL

Oral cavity cancer will be diagnosed in an estimated 40,000 Americans this year, and will cause approximately 8,000 deaths. On average, only half of those with the disease will live another five years.

The five-year survival rate for those with localized disease at diagnosis is 76 percent compared with only 19 percent for those whose cancer has spread to other parts of the body.

The disease will survive more than five years.

With early detection and timely treatment, death from oral cancer could be dramatically reduced.

Although less common than leukoplakia, erythroplakia may be a more serious threat. Biopsy showed early squamous cell carcinoma. The lesion is suspicious because of the presence of nodules.

HOMERISHENG/CHEN

Possible signs/symptoms of oral cancer that your patients may report:

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Smokers and those who chew tobacco or excessive amounts of alcohol are at a higher risk for developing oral cancer. Using both tobacco and alcohol poses a much greater risk than using either substance alone.

WARNING SIGNS

Lesions that might signal cancer

Two lesions that could be precursors to cancer are hyperkeratosis and erythroplakia.

Hyperkeratosis is a very thin, whitish lesion that may appear normal. Although less common than leukoplakia, hyperkeratosis is a much greater threat. Any white or red lesion that does not resolve itself in two weeks should be reevaluated and considered for biopsy to obtain a definitive diagnosis.

Other possible precursors of oral cancer

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