INCIDENCE AND SURVIVAL

Oral or pharyngeal cancer will be diagnosed in an estimated 30,000 Americans this year, and will cause approximately 8,000 deaths. On average, only half of those with the disease will survive more than five years.

THE IMPORTANCE OF EARLY DETECTION

Early Detection Saves Lives

Early detection and timely treatment of oral cancers can dramatically reduce the number of deaths. If the above problems persist for more than two weeks, they should be particularly vigilant in checking those parts of the body.

WARNING SIGNS

Lesions that might signal oral cancer

Two lesions that could be precursors to cancer are hyperkeratosis (white lesions) and erythroplakia (red lesions). Although less common than hyperkeratosis, erythroplakia and lesions with erythroplakic components have a much greater potential for becoming cancerous, especially if they harbor areas in the two-week time frame that have not resolved. A second opinion should be considered for biopsy to obtain a definite diagnosis.

RISK FACTORS

Smoke/Alcohol Use

Tobacco and excessive alcohol use increase the risk of oral cancer. Using both tobacco and alcohol poses a much greater risk than using either substance alone.

What You Can Do

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

THE EXAMINATION

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

FIGURE 1—Face

The extraoral examination

Examination should be performed in a well-lit room, a dental mouth mirror, two 2 x 2 gauze squares, lighting, a dental mouth mirror, two 2 x 2 gauze squares, and gloves; it should take no longer than 5 minutes.

FOLLOW-UP

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

THE EXAM

The examination is abstracted from the standardized oral examination method recommended by the World Health Organization. The method is consistent with those followed by the California Tumor Board and the National Institutes of Health. It requires adequate lighting, a dental mouth mirror, two 2 x 2 gauze squares, and gloves; it should take no longer than 5 minutes.

ORAL LESIONS

Suspicious for Oral Cancer

Homogeneous 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.

Erythroleukoplakia in left commissure and buccal mucosa. Biopsy showed mild epithelial dysplasia and presence of candida infection. A 3.5 week course of anti-fungal treatment may turn this type of lesion into a homogenous leukoplakia.
EXAM REVIEW

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

I. THE EXTRAORAL EXAMINATION

◆ FACE:
(Figure 1)
The extraoral assessment includes an inspection of the face, head, and neck. The face, ears, and neck are observed, noting any asymmetry or changes on the skin such as crusts, fissuring, growths, and/or color change. The regional lymph node areas are bilaterally palpated to detect any enlarged nodes, and if detected, their mobility and consistency. A recommended order of examination includes the preauricular, submandibular, anterior cervical, posterior auricular, and posterior cervical regions.

II. PERIORAL AND INTRAORAL SOFT TISSUE EXAMINATION

The perioral and intraoral examination procedure follows a seven-step systematic assessment of the lips; labial mucosa and sulcus; commissures, buccal mucosa, and sulcus; gingiva and alveolar ridge; tongue; floor of the mouth; and hard and soft palate.

◆ LIPS:
(Figure 2)
Begin examination by observing the lips with the patient's mouth both closed and open. Note the color, texture and any surface abnormalities of the upper and lower vermilion borders.

◆ LABIAL MUCOSA:
(Figures 3 and 4)
With the patient's mouth partially open, visually examine the labial mucosa and sulcus of the maxillary vestibule and frenum and the mandibular vestibule. Observe the color, texture, and any swelling or other abnormalities of the vestibular mucosa and gingiva.

◆ BUCCAL MUCOSA:
(Figures 5 and 6)
Retract the buccal mucosa. Examine first the right then the left buccal mucosa extending from the labial commissure and back to the anterior tonsillar pillar. Note any change in pigmentation, color, texture, mobility and other abnormalities of the mucosa, making sure that the commissures are examined carefully and are not covered by the retractors during the retraction of the cheek.

◆ GINGIVA:
(Figure 7)
First, examine the buccal and labial aspects of the gingiva and alveolar ridges (processes) by starting with the right maxillary posterior gingiva and alveolar ridge and then move around the arch to the left posterior area. Drop to the left mandibular posterior gingiva and move around the arch to the right posterior area. Second, examine the palatal and lingual aspects as had been done on the facial side, from right to left on the palatal (maxilla) and left to right on the lingual (mandible).

◆ TONGUE:
(Figure 8)
With the patient's tongue at rest, and mouth partially open, inspect the dorsum of the tongue for any swelling, ulceration, coating or variation in size, color, or texture. Also note any change in the pattern of the papillae covering the surface of the tongue and examine the tip of the tongue. The patient should then protrude the tongue, and the examiner should note any abnormality of mobility or positioning.
(Figure 9)
With the aid of mouth mirrors, inspect the right and left lateral margins of the tongue.
(Figure 10)
Grasping the tip of the tongue with a piece of gauze will assist full protrusion and will aid examination of the more posterior aspects of the tongue's lateral borders.
(Figure 11)
Then examine the ventral surface. Palpate the tongue to detect growths.

◆ FLOOR:
(Figure 12)
With the tongue still elevated, inspect the floor of the mouth for changes in color, texture, swellings, or other surface abnormalities.

◆ PALATE:
(Figures 13 and 14)
With the mouth wide open and the patient's head tilted back, gently depress the base of the tongue with a mouth mirror. First inspect the hard and then the soft palate.
(Figure 14)
Examine all soft palate and oropharyngeal tissues.
(Figure 15)
Bimanually palpate the floor of the mouth for any abnormalities. All mucosal or facial tissues that seem to be abnormal should be palpated.