According to the Mouth Cancer Foundation, cancer can occur in any part of the mouth, tongue, lips, throat, salivary glands, pharynx, larynx, sinuses, and other sites located in the head and neck area. These mouth cancers have a higher proportion of deaths per number of cases than breast cancer, cervical cancer or skin melanoma.

The treatment of cancers of head, neck and mouth can create a range of difficulties in oral hygiene care. Maintaining as healthy a dentition as possible during and post-surgical, radio and chemotherapy treatment can be challenging for the dentist and the patient.

Oral cancer itself is relatively rare comprising just 1.7 per cent of all cancers diagnosed in the UK each year. There is no substitute for early detection and prevention by the whole dental-health team and part of this is identifying at risk groups by focusing on at risk factors including age, gender, smoking and alcohol use, diet, exposure to sunlight. HPV (Human Papillomavirus), oral cleanliness, and prior history are also beneficial; however definitive causes of oral cancer have yet to be identified.

Before treatment begins
Ideally, before a patient commences cancer treatment, time permitting, the mouth needs to be at optimal possible health: restorative and hygiene treatments should be completed and an exemplary oral hygiene routine instigated. This reduces the frequency and duration of complications of oral cancer treatment.

This hygiene routine should encompass a three-step process of:
1. Mechanical plaque removal with a soft toothbrush. Where there is soreness and irritation present and brushing causes discomfort an ultra soft brush should be used. Brushing in conjunction with a dentifrice such as GUM Paroex Dentifrice Gel optimizes plaque removal and promotes healthier gums. This gel contains Vitamin E an antioxidant, D-Panthenol a pro-vitamin B5, and chlorhexidine 0.12 per cent an oral antiseptic agent.
2. Interdental cleaning using soft floss or soft toothpicks to reduce the plaque between the teeth and below the gum line. Alternatively, for those who find floss awkward to use, soft toothpicks are a good alternative, finely tapered for small spaces.
3. For optimal health, these two steps should be followed by the use of a mouth rinse, either saline (salt water) or a preferred proprietary brand. Where there is the presence of inflammation such as gingivitis and periodontitis the use of a chlorhexidine digluconate mouthwash is indicated prior to treatment. It is recommended that the use of mouth rinses containing chlorhexidine digluconate are used for a limited period of time as they can cause unwanted side effects such as dry mouth and loss of taste. These are side effects that are often already present during and after cancer therapy and prolonged use of a chlorhexidine digluconate mouthwash will only exacerbate these problems.

Benefit of probiotics
In conjunction with these three steps I would strongly rec
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². Handbook of Local Anaesthetic, Stanley F. Malamed
³. Adaptor supplied when necessary

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Interactions: With sulphonamides e.g. cotrimoxazole. Vasopressor properties of Octapressin should be considered. Observe caution when concomitantly use with other amide-type local anaesthetics. PHARMACOLOGICAL PRECAUTIONS: Store below 25ºC. PACKAGE QUANTITIES: Box of 100 cartridges. LEGAL CATEGORY: POM
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For better dentistry
ommended that all patients use a probiotic prior to oral cancer therapy, as well as during and for a considerable period post-treatment. A probiotic adapted to living in the whole digestive tract, including the oral cavity and that can competitively exclude pathogenic organisms and stimulate the immune system, such as GUM PerioBalance, is recommended. It is the first and only probiotic lozenges specifically patented for oral care and endorsed by the dental health foundation. Clinical trials have found that it is side-effect free and can be safely used in all categories of patients from those who have compromised immune systems to pregnant women and children. This lozenge which is sucked once a day, must be used at a different time from when other chemical treatments are used or food taken, so is best taken mid-morning or afternoon.

Probiotics are easy to use and can be used even in extremely sore and dry mouths were normal mechanical removal of plaque can be limited by pain.

Reducing inflammation

PerioBalance has been found to reduce the inflammation of gingivitis stabilise periodontitis and reduce cariogenic activity. It binds to the mucosal epithelium producing a more beneficial biofilm as well as producing inhibitors to pathogenic growth, thus preventing or limiting the undesirable effects of pathogens and stimulating the immune system. Where the natural healthy bioflora of the mouth has been altered by oral cancer therapy a probiotic will seek to rectify any imbalance produced by restoring the healthy microflora balance.

Providing supporting reinforcement

Specific problems that occur after and during radiation/chemotherapy to head and neck region require supportive reinforcement of oral hygiene and amelioration of problems consequent to therapy. These problems include mucositis, stomatitis, xerostomia, opportunistic infections particularly opportunistic infections of the mouth surfaces and hypersensitivity, the use of a non-alcohol, high fluoride mouthwash and a high-fluoride toothpaste or prescription high fluoride toothpaste is indicated. Some chlorhexidine mouthwashes contain alcohol, which can make them uncomfortable to use post-treatment as they can exacerbate some undesirable complications of cancer therapy; whereas the prolonged use of a probiotic is essential to combat all post treatment complications particularly opportunistic infections.

Dr Vinod Joshi, Founder and Chief Executive of the Mouth Cancer Foundation says, ‘Following chemotherapy and radiotherapy, the mouth tissues can get very sore and sensitive to normal tooth pastes and mouthwashes. The protection of the normal bacteria found in a normal healthy mouth is also lost. GUM’s Delicate Post Surgery Toothbrush, Paroex Dentifrice Gel and PerioBalance probiotic should be helpful in the care of the mouth following cancer.’

References

1 Cancer Research UK
7 Weinman et al. (2005) Pediatrics 115: 5-9

Dr Fran Du Corbier qualified from Sheffield University and has spent 20 years in dentistry. She continued her education pathway with a BSc at Sussex University followed by a research doctorate in cancer research. Information about mouth cancer can be found at www.mouthcancerfoundation.org.

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In a recent survey carried out by a leading UK dental charity, 79 per cent of the people said their dentist had never checked them for mouth cancer and 87 per cent said their dentist had never spoken to them about it. Dr Nigel Carter (Dental Tribune UK June 25 to 29) chief executive of the British Dental Health Foundation (BDHF) says: ‘The problem here appears to be twofold. Firstly, not enough dentists are carrying out the checks and secondly those who carry them out are failing to communicate this with their patients.’

Higher survival rates

Most people are surprised to learn that in the UK, according to Cancer Research UK, over 4,770 new cases of mouth cancer are diagnosed annually and that early treatment as a result of earlier detection can improve patient survival rates from 50 per cent to nearly 90 per cent.

Mouth cancer is far too often discovered in late stage development. This is the primary reason for the consistently high death rate. Five people each day die of mouth cancer in the UK. Mouth cancer treatment often results in severe disfigurement, and can seriously compromise the quality of life for sufferers. Early detection and diagnosis can make a tremendous difference in life expectancy; mouth cancer is 90 per cent curable when found in its early stages. Unfortunately, 70 per cent of mouth cancers are diagnosed in the late stages, III and IV, leading to a five-year survival rate of 57 per cent. Routine check-ups are, therefore vital.

New screening test

Vizilite Plus is a new oral screening test that works in conjunction to the standard one. Vizilite Plus is an important new medical device that provides dentists and hygienists with an easy-to-use, low cost, disposable and accurate mouth cancer-screening tool.

Vizilite Plus is the perfect practice builder. It provides peace of mind to your patients and offers the practice a new optional chargeable service.

How Vizilite Plus works

Vizilite Plus with T Blue is an oral lesion identification and marking system that is used as an adjunct to the conventional head, neck and soft tissue examination. It comprises a chemiluminescent light source (ViziLite) to improve the identification of lesions (even those under the mucosal membrane) and a blue phenothiazine dye to mark those lesions identified by Vizilite Plus. Vizilite Plus with TBlue is designed for use in a patient population at increased risk for mouth cancer.

Vizilite Plus oral-screening protocol

It is recommended that Vizilite Plus be offered annually to all new and re-care adult patients following the standard head, neck and soft tissue exam. Patients with a history of mouth cancer or cancer of the aerodigestive tract should receive at least semi-annual Vizilite Plus exams.

Where to get Vizilite Plus

Panadent is pleased to provide a pack of 40 Vizilite Plus chemiluminescent light devices packed in convenient four packs of 10. Each treatment works out at approximately £15 (including VAT) per patient, per screen. The introductory price for pack of 40 Vizilite is £450 plus VAT. A pack of 10 Vizilite costs £125 plus VAT.

Panadent has a dedicated support team to advise and help with every matter concerning Vizilite Plus. Patient consent forms and patient leaflets are also available. For more details, call Panadent on 01689 881788, or email info@panadentltd.co.uk.