

# Oral Manifestations of Cancer Therapies: Advice for the Medical Team

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## ABSTRACT

Cancer therapies often affect many portions of the body through the course of treatment. Chemotherapy and radiation treatments within the head and neck can profoundly affect the oral cavity. Oral complications of these therapies include oral mucositis, xerostomia, and dental caries, among others. Clinical management of these conditions includes preventive care as well as palliative care. Insightful recommendations will be discussed to increase clinician confidence when caring for oncology patients. Interprofessional collaboration can increase knowledge as well as treatment outcomes for this patient population.

**Keywords:** oncology, oral candidiasis, oral mucositis, oral xerostomia, palliative care, radiation caries

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Oral complications from systemic disease and medical treatments may be traditionally addressed by dental providers, but nurse practitioners should be prepared to diagnose and respond to these conditions. Oncology nurse practitioners as well as those in primary care are in a unique position to identify oral complications from cancer therapy and provide simple, evidence-based treatments for the patient. Oral complications from cancer treatments may go unnoticed unless oral assessment is included as a standard protocol. In this article, a variety of treatment options are addressed after a brief review of the oral complications from cancer treatment. The recommendations provided in this article are from the expert viewpoint of dental hygienists, with practical application for health care providers.

## PREVENTION OF ORAL COMPLICATIONS FROM CANCER THERAPIES

Although it may be common knowledge that oral complications can develop during and after cancer treatment, implementing prevention techniques before cancer treatments begin can result in improved outcomes for the patient. At least 2 weeks before initiating cancer therapy, it is imperative that the patient undergoes a thorough periodontal and dental assessment to identify any preexisting oral concerns such as gingival infection, dental disease, or any fractured teeth that could potentially contribute to

oral complications once the oncology treatment has begun.<sup>1</sup>

Additionally, cryotherapy can be implemented with ice chips or ice water that is held in the patient's mouth during the chemotherapy session to reduce the incidence of developing oral mucositis.<sup>2</sup> This causes vasoconstriction and decreases the oral mucous membranes' exposure to the toxic medications.<sup>2</sup> Another technique for the prevention of oral mucositis is the use of low-level laser therapy.<sup>2</sup> Low-level laser therapy can also be used to treat oral mucositis once it develops.<sup>2</sup>

## MANAGEMENT OF ORAL COMPLICATIONS FROM CANCER THERAPIES

A reference of the oral complications of cancer therapies along with recommended strategies to provide relief for symptoms can be found in the [Table](#). Several of these components can be added to the daily regimen of oncology patients. Medical professionals can share their knowledge of these products and techniques to increase patient compliance.

Once treatment has begun, the patient should be instructed to brush after eating. The toothbrush should ideally have extra-soft bristles to increase gingival comfort. These toothbrushes might be labeled as postoperative or sensitive brushes. Hospitalized patients may require assistance with brushing at this time because medical equipment attached to

**Table. Management of the Oral Side Effects from Cancer Therapies<sup>2,3,5-7</sup>**

Oral Complication	Description	Derived from		Management	Products
		Chemotherapy	Radiation Therapy		
Oral mucositis	Tissue irritation from damage to basal cells of oral epithelium; begins approximately 10 days after treatment initiation; tissue may appear edematous and erythematous with painful ulcers	X	X	Cryotherapy during chemotherapy sessions and low-level laser therapy; rinsing with solution made from 1/4 tsp baking soda, 1/4 tsp salt, and 16 oz warm water 1-3 times daily for 7 days; extra-soft brush; avoid mouthrinse containing alcohol; bland diet avoiding foods with sharp edges, liquid meal replacement	Rx: alcohol-free antimicrobial mouthrinse, such as GUM 0.12% chlorhexidine gluconate (Sunstar); 0.15% benzydamine hydrochloride rinse OTC antimicrobial mouthrinse: Listerine Zero, Crest Pro-Health OTC anesthetic mouthrinse: mix equal parts of alcohol-free liquid diphenhydramine and liquid antacid and swish for 30 seconds and expectorate every 90 minutes; UlcerEase (Del Ray Dermatologicals, Johnson City, TN); Rincinol
Xerostomia	Dry mouth resulting from reduced or absent salivary flow; increased risk for caries, periodontal disease, and <i>Candida</i> –related infections; affects eating and speech	Temporary effect	Permanent effect if radiation is focused on the head and neck region	Frequent sips of water; saliva substitutes; avoid dental products containing sodium laurel sulfate; sleeping with a humidifier in the room; chewing 3-8 pieces per day of sugar-free gum containing xylitol; fluoride rinses/gels; avoid sugar, tobacco, alcohol, and foods that are spicy and salty	Rx: Caphosol rinse (Jazz Pharmaceuticals, Palo Alto, CA); 1.1% sodium fluoride gel, such as PreviDent 5000 (Colgate-Palmolive, Morristown, NJ); pilocarpine for increased salivary flow OTC saliva substitutes and lubricants: Biotene products (GlaxoSmithKline), such as moisturizing gel, mouthrinse, toothpaste, gum; OraMoist patch (Quantum Health); Oasis mouthrinse (Gebauer Consumer Healthcare, Cleveland, OH)
Candidiasis	Fungal infection	X	X	Disinfect acrylic appliances with 1 part bleach and 9 parts water for 10 minutes; disinfect appliances with metal in 0.12% chlorhexidine gluconate rinse for 10 minutes	Rx: nystatin and fluconazole
Dysgeusia	Change in taste	X	May be permanent	Resolves after treatment	

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