INCIDENCE AND SURVIVAL

Oral cancer accounts for roughly 30,000 new cases annually in the United States, with about 8,000 people being diagnosed with oral cancer each year and about 10,800 will die from the disease. This represents less than 4 percent of all cancers diagnosed annually in the United States. Approximately 1,000 people will die from oral cancer each year; however, this number is on the rise. On average, 90 percent of those with the disease will survive more than 5 years.

THE IMPORTANCE OF EARLY DETECTION

It is important to find oral cancer early if it can be treated successfully. The American Cancer Society recommends that all people over the age of 40 undergo a thorough oral examination annually. Early detection of oral cancer in an older individual may also indicate other health conditions, such as diabetes or heart disease.

WARNING SIGNS

Lesions that might signal oral cancer

Two lesions that could be precursors to cancer are leukoplakia (white lesions) and erythroplakia (red lesions). In patients over the age of 40, and smokers and those with a history of alcohol use or tobacco use, lesions that might indicate the beginnings of oral cancer are more likely to be seen.

RISK FACTORS

Tobacco & Alcohol Use

Tobacco use (cigarettes, pipe, cigars, and smokeless tobacco) is a risk factor for oral cancer. Heavy alcohol use also increases the risk of developing the disease. The risk in young people (40 years or younger) is higher for those who only use tobacco or only alcohol.

INCIDENCE AND SURVIVAL

Oral cancer is often first detected at an advanced stage, but early detection of oral cancer is often possible. Tissue lesions that might signal oral cancer can be treated more successfully.

THE EXAMINATION

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

THE EXAMINATION

I. The Extraoral Examination

◆ FACE: (Figure 1)

II. Perioral and Intraoral Soft Tissue

◆ LABIAL MUCOSA: (Figures 5 and 6)

◆ LIPS: (Figure 2)

◆ GLANDS: (Figures 13–15)

◆ TONGUE: (Figures 8–11)

◆ FLOOR OF MOUTH: (Figure 12)

◆ TONSILS: (Figures 8–11)

◆ FLOORS OF MOUTH: (Figure 12)

◆ PALATE: (Figures 13–15)

THE EXAMINATION

Lesions that might signal oral cancer

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

Clinically, a leukoplakia on left buccal mucosa. Histologically, 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.

Oropharynx: (Figure 14)

WHAT YOU CAN DO

A regular dental check-up is an excellent opportunity for a dental and oral examination. Clinicians should be particularly vigilant in checking those who use tobacco or excessive amounts of alcohol.

◆ EXAMINE your patients using the hand and neck examination described here.

◆ OBTAIN A HISTORY of their alcohol and tobacco use.

◆ ASK your patients about the HPV vaccine for vaccination of their children (depending on their age) and themselves and their children (depending on their age).

◆ TALK to your patients about the HPV vaccine for vaccination of their children (depending on their age) and themselves if they use tobacco, alcohol, or excessive amounts.

◆ FOLLOW UP to ensure a definitive diagnosis is obtained in any possible dysplasia.

THE EXAMINATION

Lesions that might signal oral cancer

The examination is conducted with the patient seated. Any intraoral lesions are removed before starting. The extraoral and perioral tissues are examined first, followed by the intraoral tissues.
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 EXTRAOORAL 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 ridge (process) 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 maxillary posterior gingiva and alveolar ridge 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 abnormalities of mobility or positioning.

◆ FLOOR OF MOUTH: (Figure 9) With the aid of mouth mirrors, inspect the right and left lateral margins of the tongue.

◆ PALATE: (Figures 10 and 11) 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.

◆ FLOOR OF MOUTH: (Figure 12) Examine the tongue to detect growths.

◆ FLOOR OF MOUTH: (Figure 13) Then examine the ventral surface of the tongue to detect growths.

◆ FLOOR OF MOUTH: (Figure 14) With the tongue still elevated, inspect the floor of the mouth for changes in color, texture, swellings, or other surface abnormalities.

◆ PALATE: (Figures 12 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.

◆ PALATE: (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.