

Oral Cancer and Common Oral Lesions seen in HIV Seropositive Patients

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Program Objectives

- Recognize the oral health needs of the patient and learn how to incorporate basic oral health assessment into everyday practice.
- Review the clinical presentation of oral cancer and pre-malignant lesions.
- Recognize common oral lesions and conditions associated with HIV disease and review treatment options.
- Identify when and why to refer specific pathologies to dental care providers.

Oral Cancer Screening



*You thought
oral cancer was just
an older man's disease.
Not always.*

*Oral cancer is rising in women,
young people and non-smokers.
Testing is now painless.
Early detection saves lives.*

ADA.
American Dental Association
www.ada.org
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Oral Cancer Screening

- 30,000 new cases of Oral Cancer in the United states annually.
- Squamous Cell Carcinoma is the most common type of oral cancer.
- Five year survival rate has remained at 50% for the past 50 years.
 - Field Cancerization, multiple primary tumors
 - Advanced stage of disease at time of diagnosis
 - Early lesions are either ignored or not adequately identified by clinicians, delayed treatment

Oral Cancer Screening

- Tobacco is the most likely etiology for most oral cancers in the U.S.
- Other etiologies include:
 - Alcohol
 - Actinic Radiation
 - Prior History of Oral Cancer
 - Human Papilloma Virus (HPV)

Oral Cancer Screening

- The American Dental Association and the Oral Cancer Foundation recommend that OCS be done on every new and recall patient.
- The goal of Healthy People 2000, 2010 and 2020 where, at minimum, 20% of the population receives OCS annually has not been met.

Oral Cancer Screening

- Early detection of oral cancer:
 - Reduces patient Morbidity and Mortality.
 - Decreases likelihood of advanced or invasive tumors.
 - Improves both short term and long term prognosis.
 - Requires less aggressive treatment with fewer complications.

Oral Cancer Screening

- Screening patients for oral cancer and pre-cancerous lesions has traditionally relied upon the conventional oral exam with incandescent or LED light:
 - Intra oral
 - Extra oral
 - Visual Inspection
 - Manual Palpation
 - This is still the gold standard”.

Oral Cancer Screening

- During the intra-oral exam trained clinicians look for white (leukoplakia) and red (erythroplakia) lesions on the mucous membranes focusing attention on those areas more likely to be associated with the development of pre-malignant and cancerous lesions including the floor of the mouth, tongue and soft palate.

Oral Screening Technique

- Visual examination is the most common method used to detect visible lesions.
- Other methods have been used to augment clinical detection of oral lesions and include Toluidine blue, brush biopsy, and fluorescence staining.

Leukoplakia



Leukoplakia



Leukoplakia (Betel Nut/Quid)



Erythroplakia



Erythroplakia



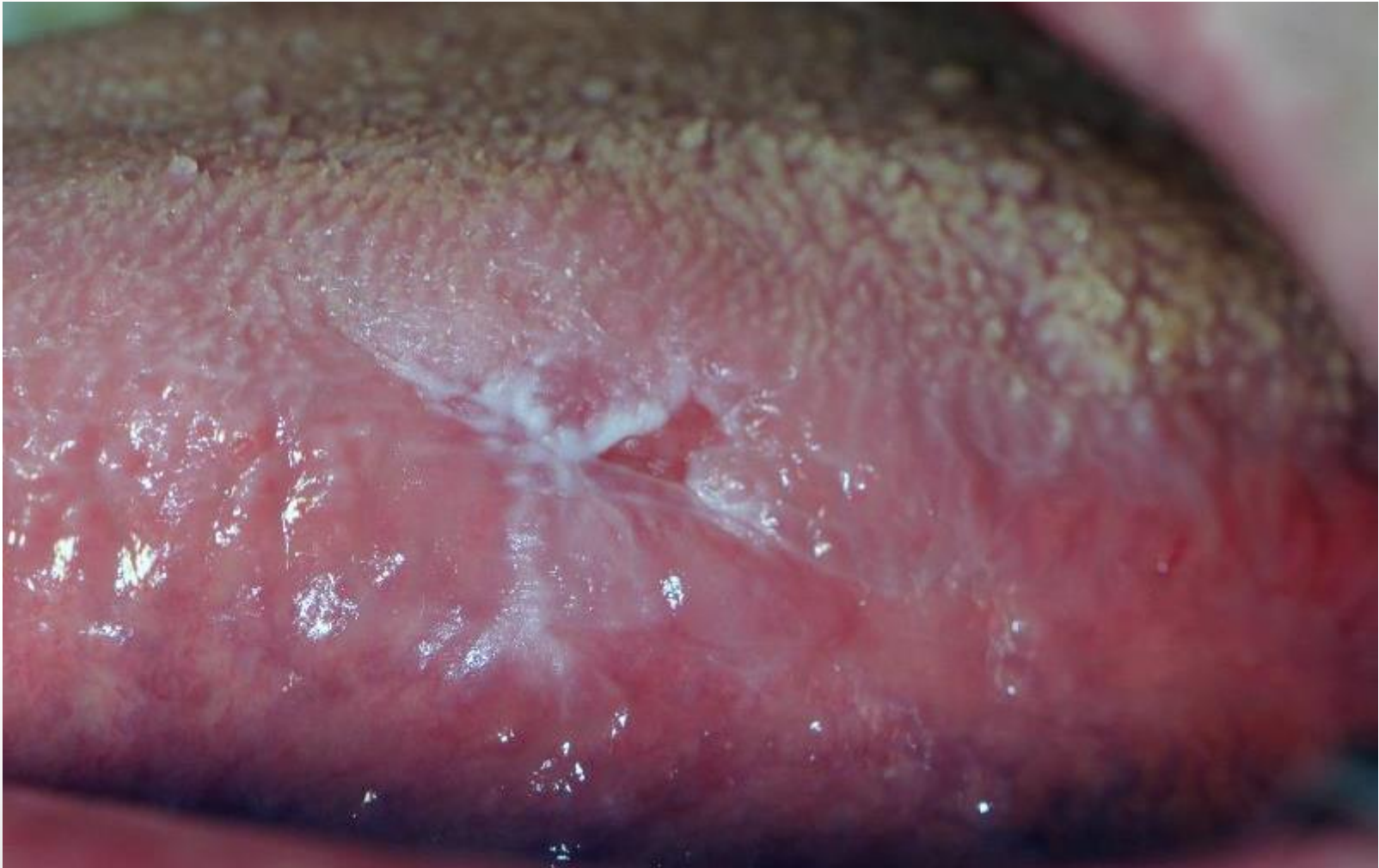
Erythroplakia



Oral Cancer



Oral Cancer



HPV Associated Oral Cancer

- Studies in the United States indicate that HPV is one of the leading causes of head and neck cancers.
- In addition, the CDC found that 20 million people in the U.S. have HPV, and 6 million people are infected every year.

HPV Associated Oral Cancer

- HPV is the most common sexually transmitted virus and infection in the US.
- There are nearly 200 different strains of HPV, most of which are harmless and not cancer causing.
- Out of all these 9 are known to cause cancers, and another 6 are suspected of causing cancers.
- In oral cancers we are primarily concerned with HPV number 16 which is also associated with cervical, anal, and penile cancers.
- <http://oralcancerfoundation.org/understanding/hpv/hpv-oral-cancer-facts/>

HPV Associated Oral Cancer

- The fastest growing segment of the oral and oropharyngeal cancer population are otherwise healthy, non-smokers in the 25-50 age range.
- When you consider both anatomical sites, HPV is driving the growth in numbers of oral cancers.
- White, non-smoking males age 35 to 55 are most at risk, 4 to 1 over females.
- In the oral/oropharyngeal environment, HPV16 manifests itself primarily in the posterior regions (the oropharynx) such as the base of the tongue, the back of the throat, the tonsils, the tonsillar crypts, and tonsillar pillars.

HPV Associated Oral Cancer

- Studies in the U.S. have found that about 7% of people have oral HPV.
- But only 1% of people have the type of oral HPV that is found in oropharyngeal cancers (HPV type 16).

HPV Associated Oral Cancer



<http://parjournal.net/article/view/1381>



<http://www.intelligentdental.com/2009/12/07/hpv-oral-cancer/>

Human Papilloma Virus

Condyloma Acuminatum

- Etiology: Several strains of HPV have been reported to cause oral lesions.
- Clinical: may appear cauliflower-like, spiked or raised with a flat surface anywhere within the oral cavity and lips.
- Often present with multiple warts, difficult to treat due to a high risk of recurrence.

Human Papilloma Virus



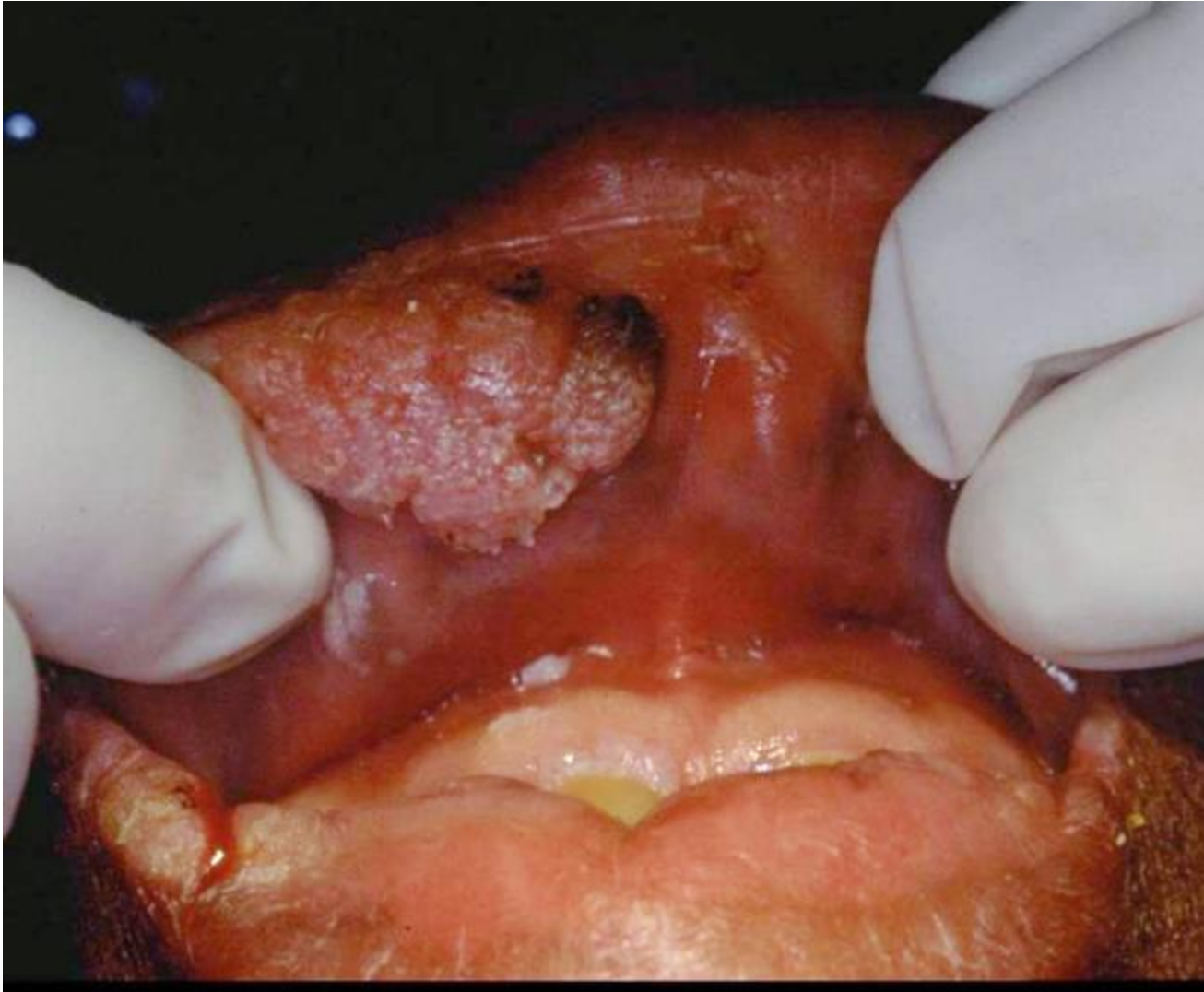
Human Papilloma Virus



Human Papilloma Virus



Human Papilloma Virus



Human Papilloma Virus



Oral Health

- Although many diseases have been associated with HIV/AIDS in the past including Kaposi's Sarcoma, NHL and Hairy Leukoplakia, the diseases which are currently the cause of major concern include the following:
 - HPV
 - Periodontal diseases including LGE
 - Candidiasis
 - Xerostomia

LGE



LGE



Candidiasis

- Acute
 - Acute Atrophic Candidiasis
 - Pseudomembranous Candidiasis
- Chronic
 - Median Rhomboid Glossitis
 - Denture Stomatitis
 - Angular Cheilitis
 - Chronic Hyperplastic Candidiasis

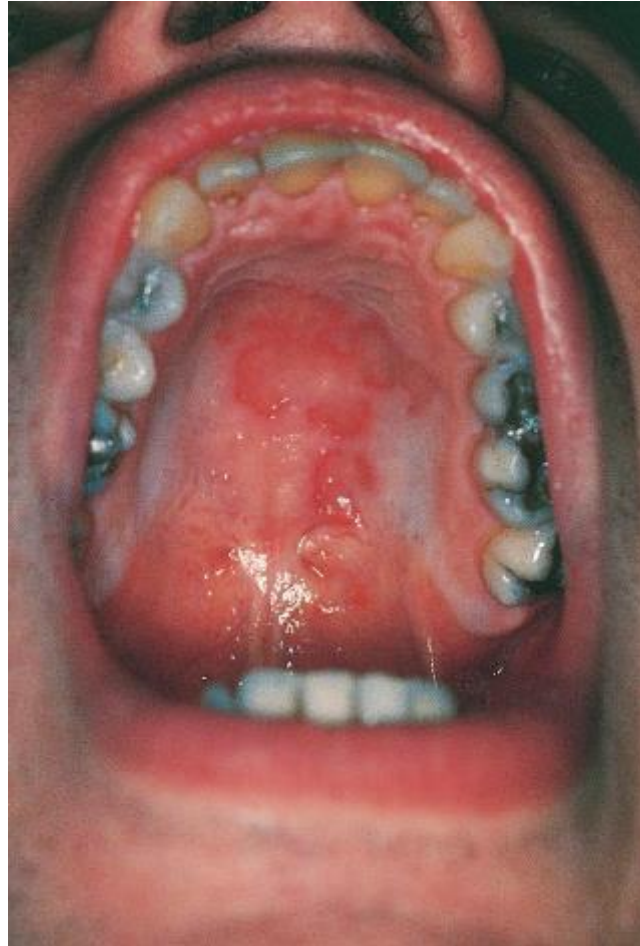
Acute Pseudomembranous Candidiasis



Acute Pseudomembranous Candidiasis



Acute Atrophic Candidiasis



Acute Atrophic Candidiasis



Angular Cheilitis



Angular Cheilitis



Chronic Erythematous Candidiasis/Denture Stomatitis



Chronic Erythematous Candidiasis/Denture Stomatitis



Xerostomia

- Inadequate saliva production.
- Objective vs. Subjective findings.
- Dental visit are necessary to prevent and treat root/coronal caries.
- Frequent recalls help avoid tooth loss.

Xerostomia

- Alcohol free fluoride rinses.
- Use salivary substitutes containing methylcellulose or a mucin base, to provide lubrication.
- Sugarless chewing gum/lozenges help to stimulate salivary flow.
- Biotene/oral balance gel may be useful.

Xerostomia



Xerostomia




Xerostomia




Weblinks


YouTube







0:09 / 11:10



Head & Neck Exams for Healthcare Providers

 AETC National Coordinating Resource Center

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Identification of Oral Anatomical Structures Often Misdiagnosed As Pathology



Resource ID: CM289

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Web Posting: 10/7/2013

This video presents the variation of normal anatomy that is often misdiagnosed as pathological and emphasizes the importance of intraoral examination that should be done in a consistent and uniform manner every time.

▼ Presenter Bio



Gwen Cohen Brown DDS is an Associate Professor in the department of Dental Hygiene at the New York City College of Technology. Dr. Brown graduated with a Doctor in Dental Surgery (D.D.S.) degree from The New York University College of Dentistry (NYUCD) followed by an Advanced Education Program in General Practice Dentistry also at NYUCD. She completed a three-year residency program in Oral and Maxillo-Facial Pathology at the New York Hospital Medical Center of Queens and a two-year sub-specialty fellowship in Oral and Maxillo-Facial Pathology at the Health Science Center S.U.N.Y. Brooklyn Downstate Medical College/Kings County Hospital Medical Facility.

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Announcements

- Upcoming Teledentistry webinar: Focus on security and regulatory aspects of implementing a teledentistry program. Follow this link to register: <http://bit.ly/2rWildM>
- New Open School Course from the Dental Quality Alliance (DQA) and the Institute for Healthcare Improvement (IHI) <http://www.ihl.org/education/IHIOpenSchool/Courses/Pages/Dental-Quality-Alliance-DQA.aspx>
- Next meeting July 28th topic: TBD
- Suggestions for future agenda items?