

Oral Cancer

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Locations

- Lip, mouth, oropharynx
- Tongue, floor of mouth, buccal mucosa, palate, alveolus, pharynx

- 90% are squamous cell carcinoma
- 10% melanoma, adenocarcinoma (usually salivary gland), sarcoma, lymphoma

Incidence

- 530 new cases annually in Scotland
- Incidence rates
 - Males 14/100000
 - Females 7/100000
- Higher incidence than rest of the UK
- Incidence has increased over the past 20 years
- 5 year survival rate is about 50%

Incidence

- Incidence increases with age
- 85% of new cases are in over 50s
- However there is a recent increase in incidence among younger age groups
- There is also an increase in cases among females
- So don't discount symptoms because the patient is younger or female

Risk factors

- Smoking
- Alcohol-high levels of consumption
- Smoking and alcohol act synergistically in the development of oral cancer
- If do both 44x greater risk compared with non-smokers and occasional drinkers
- Alcohol may facilitate the passage of carcinogens across the oral mucosa

Risk factors –lip carcinoma

- Sunlight-UV exposure
- Usually long term exposure-outdoor workers etc
- Important to wear sunscreen on lips and face at all times

Intra-oral SCC other risk factors

- Viral infections eg HPV
- Fungal infections –hyperplastic candidiasis
- Diet and nutrition
 - Low iron, folate, B12-make the oral mucosa thinner, often seen in drinkers
- Physical-heat, mechanical trauma
- Immune deficiency
- Genetic
- Potentially malignant lesions

Oral SCC in younger people

- 6-7% cases in people <45 years
- The incidence in this age group has increased significantly in recent years
- Higher proportion have never smoked or consumed excess alcohol
- No consensus yet as to whether this is a distinct disease entity

Oral SCC in younger people-factors under investigation

- Alcohol and tobacco
- Betel quid chewing
- Immune factors
- Viral infections eg EBV HPV
- Protective function of diet
- Genetic and familial factors
- Occupation

Presentation

- Most cancers arise from normal tissue
- Some arise from potentially malignant lesions
 - Morphologically altered tissue in which cancer is more likely to occur
- Some arise from potentially malignant conditions

Potentially malignant lesions

- Leukoplakia-white patches
- Erythroplakia-red patches
- Speckled lesions –mixed red and white patches

Leukoplakia



Leukoplakia



Erythroplakia



Speckled leukoplakia



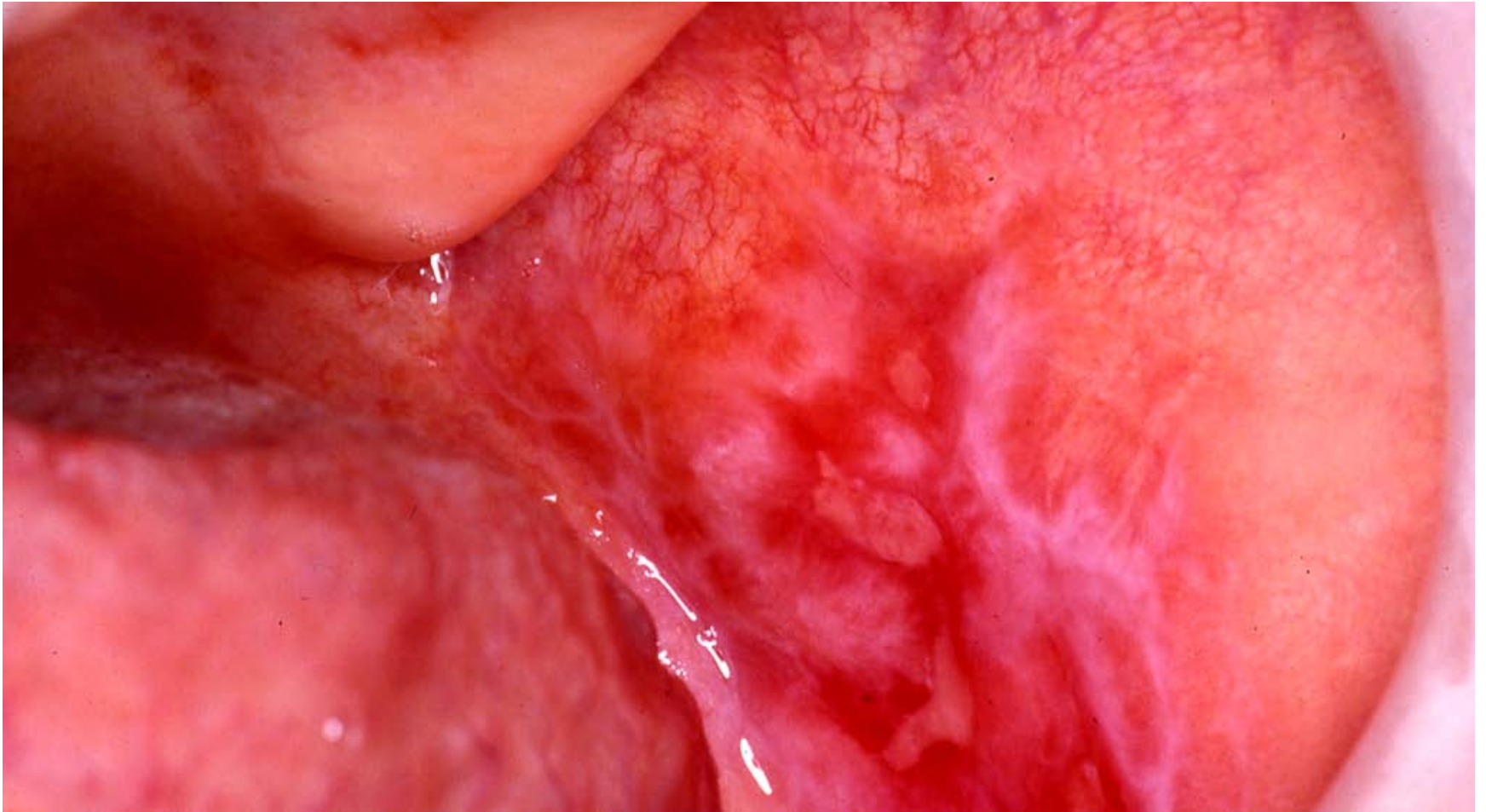
One not to worry about-Fordyce's spots



Potentially malignant conditions

- Lichen planus
- Chronic hyperplastic candidosis
- Oral submucous fibrosis
- Syphilis
- Immunosuppression

Lichen planus



Chronic hyperplastic candidiasis



Presentation

- Ulcer
- Exophytic mass
- Swelling
- White/red/speckled lesion
- Mobility of teeth
- Non-healing socket
- Neck mass

Oral cancer









Presentation

- Pain
- Cranial neuropathy-numbness
- Altered function

Presentation

- Duration of symptoms
- Ulcer
- Lump
- Pain
- Bleeding
- Difficulty swallowing
- Hoarseness

Presentation -lip



High risk patient

- Male
- 40+
- Heavy smoker
- Heavy drinker
- Enlarged cervical lymph node >2cm
- Recent onset
- Significant increase in size
- Painless
- Firm-hard consistency

What to do if suspicious

- Tell the patient you are worried
- You want them to see their dentist/doctor as soon as possible
- They will then be referred to a specialist
- You can also phone yourself

What happens on referral

- Patient is fast tracked
- Full history and exam
- Biopsy
- FNA of neck lumps
- Staging investigations US/CT/MRI
- EUA-to look for 2nd primary (10%)
- Endoscopy

MDT

- Once all the information is gathered
- Case is referred to the MDT
- They discuss and decide on treatment

Treatment

- Surgery
- Radiotherapy
- Chemotherapy

- Surgery and radiotherapy are acceptable either alone or in combination
- Increasing role for chemotherapy

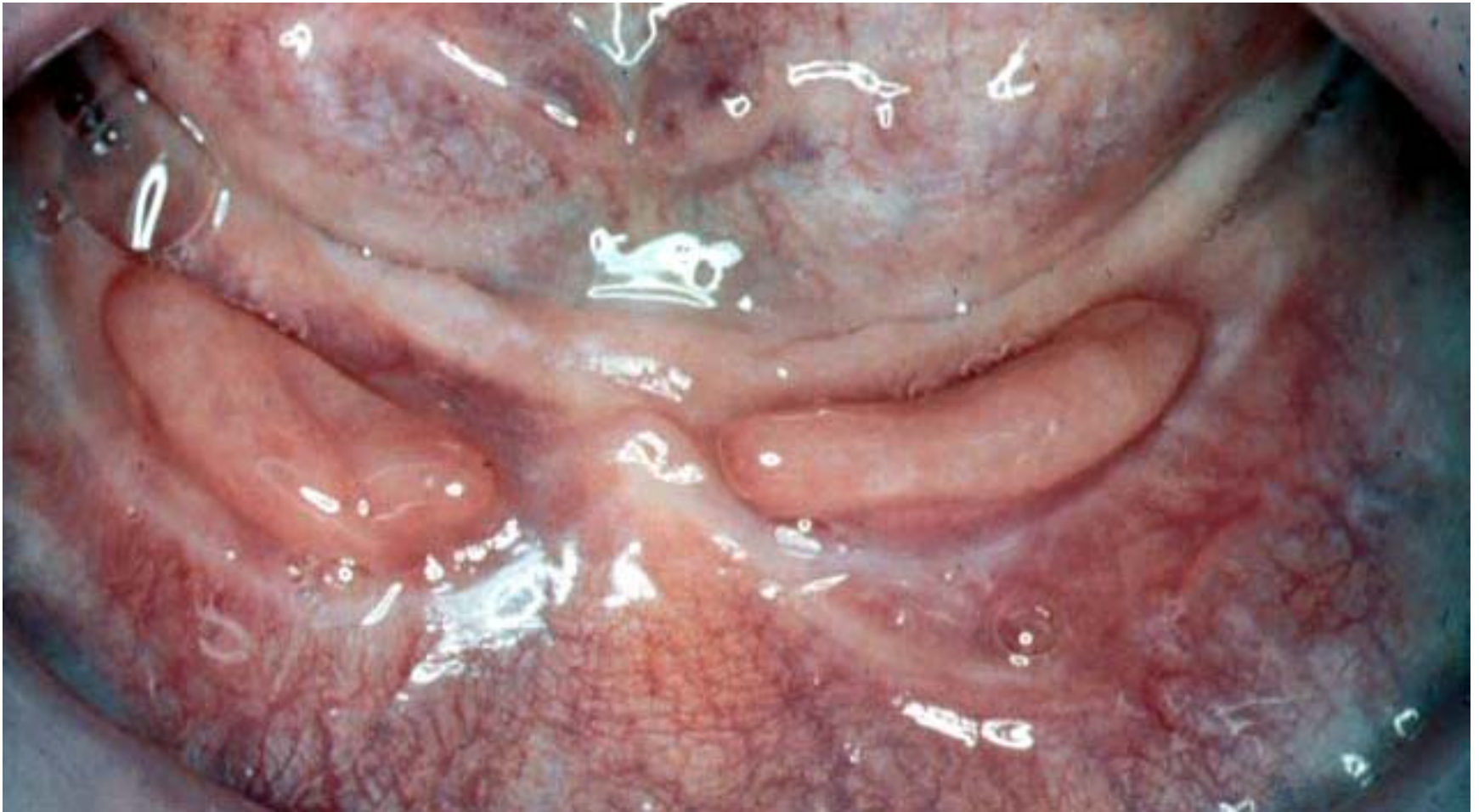
Side effects of radiotherapy

- Mucositis -GelClair, Difflam
- Ulceration-GelClair, Difflam
- Xerostomia- Biotene, saliva substitutes
- Loss of taste

- These are all things you may be asked to help with

Some things that aren't cancer

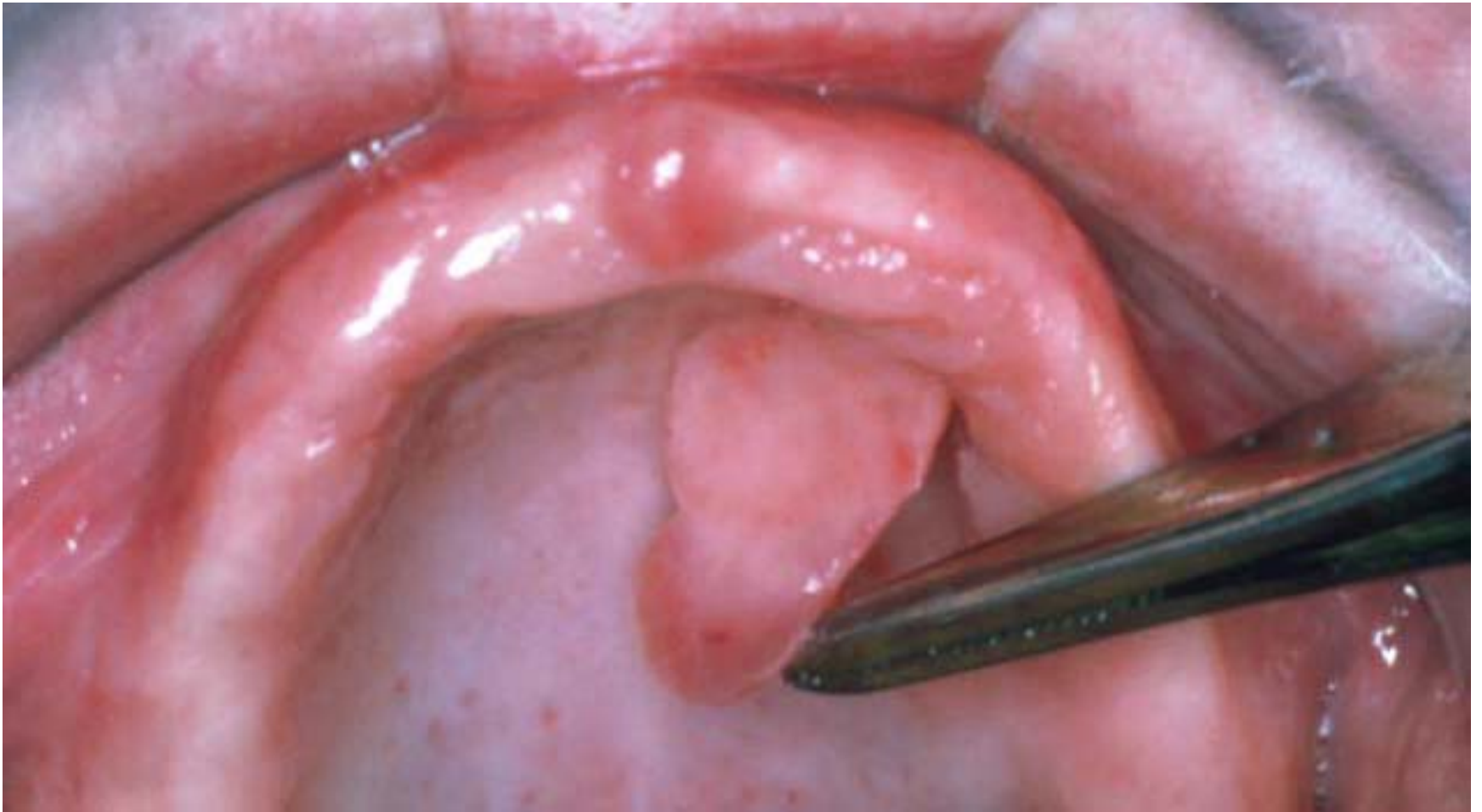
Denture hyperplasia



Leaf fibroma



Leaf fibroma



Haemangioma



Mucocoele



Ranula



Aphthous ulceration



Herpes



Remember

- 'Normal' minor aphthous ulcers heal up in 2 weeks or so usually by themselves
- OTC medication will provide symptomatic relief
- 'normal' minor aphthous ulcers tend to occur in crops, they are small and painful and they recur

- Major aphthous ulcers may occur singly, they are painful, heal with scarring and recur but they do heal albeit in a longer period of time

- Neutropenic ulcers are large and painful

- Ulcers can sometimes be caused by medication eg nicorandil, NSAIDs, beta blockers

- Any ulcer in the mouth that has been present for more than 2 weeks should be checked out

- Also try to avoid Bonjela altogether