

Figure 1. Oral management and risk assessment of patients with cancer



Figure 2. Patient whose first presentation of acute myeloid leukaemia was bleeding ulcers.



Figure 3. Intraoral imagen showing oral mucositis grade 4.





Figure 4. Bitewings radiographs showing evidence of caries in a patient exposed to radiation to head and neck.

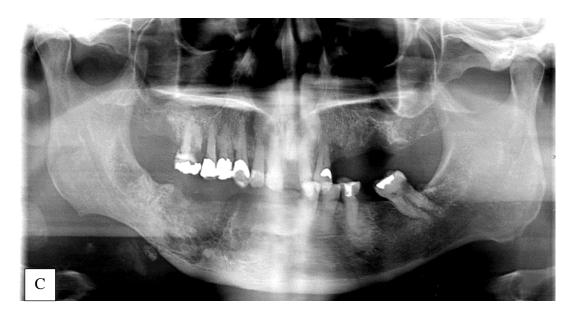


Figure 5. A. Intraoral imagen showing an area of exposed necrotic bone 5 months post extraction of teeth 44, 45, 46, and 47. B. Extraoral imagen showing a cutaneous sinus tract on the right side of the mandible. C. OPG showing evidence ORN of the mandible in the right posterior region with a pathological fracture.

Pre-antineoplastic treatment evaluation and patient preparation

Pre-treatment assessment

Demographic information: Age, gender (may relate to cancer survival rates)

Social history: Current/past tobacco and alcohol use, social supports, living situation/independence.

Medical history

- Past medical history, current medical conditions/diagnosis, current medication and allergies.
- Details of treating clinicians (medical and allied health), site of cancer, stage of cancer, impact of cancer (e.g. metastasis), previous, current and planned treatment including type, dose and intention (curative, palliative).
- Proposed treatment (radiation dose/No. fractions)/date of treatment and radiation fields/chemotherapy
- Presenting complaint: Oral problems in detail and including a pain history as this can be significantly impacted during cancer therapy.

Dental history

- Complete dental exam: intraoral and extraoral soft tissues, dentition, periodontal (mobility and probing depth), temporomandibular joint assessment and oral hygiene assessment
- Radiographic survey: orthopantomogram, selective periapical radiographs (e.g. based on clinical signs and symptoms) and bite wings radiographs
- · Diagnosis, prognosis, treatment plan

Pre-treatment dental interventions

- Oral hygiene instructions
- Prophylaxis and supragingival scaling
- Treatment of acute dental problems
- Extractions (high risk)
 - Unrestorable teeth
 - Active periapical
 - disease symptomatic teeth

 o Moderate to advanced
 - periodontal disease Elimination of sharp surfaces on

Improving ill-fitting dentures

- teeth
- Subgingival scaling and root planning (high risk)
- Postpone elective treatment

*High risk treatment

Evaluate haematological indices and consider the need for antibiotic prophylaxis:

2 weeks prior chemotherapy and radiotherapy

Figure 6. Pre-antineoplastic treatment evaluation and patient preparation

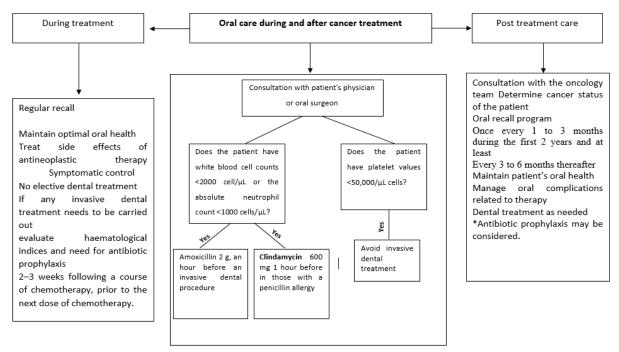


Figure 7: Oral management during cancer treatment and post neoplastic treatment