

Table 1: Oral complications of cancer treatment, clinical presentation and management ^(12, 51, 69)

Oral manifestation	Clinical presentation	Management
Oral mucositis	Erythema of the mucosa Patchy or confluent ulcerations, sometimes covered by a pseudomembrane Tissue necrosis Bleeding with minor trauma	Elimination of infection and irritation Establish effective oral hygiene practices Frequent use of mouth rinses Advise patients to avoid tobacco, alcohol and carbonated drinks, Soft diet Maintaining adequate hydration levels
Oral infections		
<ul style="list-style-type: none"> Bacterial e.g. odontogenic deep space infection 	Facial swelling Pain Fever	In immunocompromised hosts: broad spectrum antimicrobial should be prescribed e.g. cefotaxime 2 g IV q 6hour
<ul style="list-style-type: none"> Fungal e.g. pseudomembranous candidiasis 	Pseudomembranous patches Mucosal erythema	Nystatin 100,000 IU/mL four times/day for 7-14 days
<ul style="list-style-type: none"> Viral e.g. herpes simplex virus 	Vesicles Small crops of ulcers or more florid reaction Cold sore Xerostomia Oral discomfort	Acyclovir 400 mg three times/day for 10 days or longer Oral Valacyclovir 500–1000 mg twice/day for 10 days or longer
Salivary gland dysfunction	Difficulty chewing and swallowing Altered taste Halitosis Oral infection	Symptomatic treatment Saliva stimulants: chewing gum Saliva substitutes: Biotène® Oral balance Moisturizing Gel
Taste disturbances	Unpleasant taste of food <ul style="list-style-type: none"> Type 1 Most common Affects the cervical aspect of the teeth extending to cemento-enamel junction Circumferential decay develops often resulting in crown amputation Type 2 Areas of demineralization on all dental surfaces Generalized erosion Worn out occlusal and incisal surfaces Type 3 Least common pattern Colour changes in the dentin (Crown becomes dark brown-black) Occlusal and incisal wear 	Treatment of the underlying cause Dietary therapy
Radiation caries		Establish good oral health habits Brushing 2–4 times daily with a soft-bristled toothbrush and a high fluoride content toothpaste Custom carrier trays for application of fluoride Caries removal and teeth restorations should not be delayed
Trismus	Restricted mouth opening (<35mm, measured between the central incisors) Area of exposed bone following radiotherapy	Exercise therapy Stretching the mouth using wooden tongue depressors
Osteoradionecrosis	Possible pain or secondary infection, May progress to formation of a sequestrum, cutaneous fistula and/or pathological fracture	Management remains difficult Refer patient to an oral surgeon

Source: by the authors

Table 2. Preventive measures to maintain oral health in patients with cancer

- Brush teeth twice daily with high concentrated fluoride toothpaste, for example Colgate® PreviDent® 5000 Plus
- An ultra-soft or a soft toothbrush is preferred but brushing with sponge brushes is an option in patients with friable mucosa
- Use products with remineralization properties, for example MI Paste Family - GC America
- Chlorhexidine gluconate 0.2% mouth rinses may be recommended (preferably alcohol-free)

Source: by the authors