

30<sup>th</sup> Annual Conference on

# DENTAL PRACTICE AND ORAL HEALTH

September 18-19, 2017 Hong Kong

## Dental care of the head and neck cancer patient

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Head and neck cancer is the sixth most common cancer in the world. Squamous cell carcinoma is attributed to 90% of all head and neck cancer cases. Part of multidisciplinary cancer care is the management of dental side effects of radiation. Dentists need to be trained and comfortable evaluating, treating and maintaining oral health of head and neck cancer patients. This is important before, during and after chemo-radiation and for the lifetime of the patient. Providers should also be well versed in the risk factors to help educate their patients of the risks and be able to make recommendations the MD counterparts. Tobacco, alcohol, poor oral hygiene and screening for premalignant lesions can help prevent or reduce the risk of malignancies. Dentists must educate the patient on what to expect before and after radiation therapy. A strong oral hygiene regimen must be put in place for the patient. Mucositis, xerostomia and trismus must be expected to some degree and the doctor must be able to manage these adverse reactions. Radiation caries due to dry mouth is also seen extensively in patients who have been radiated. Making diet changes/recommendation can be helpful to help fight these occurrences. Dentists must also know how to recognize osteoradionecrosis (ORN) of the jaw and be able to treat or make a proper referral when necessary. Treatments of ORN such as HBO (hyperbaric oxygen) have been studied extensively and used with some success to treat ORN. Since the adoption of IMRT (intensity modulated radiation therapy) there have been significant advances and decreases of adverse dental reactions post radiation therapy. However IMRT is not yet the standard globally.

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