Don't overlook the mouth-infections in teeth and mouth

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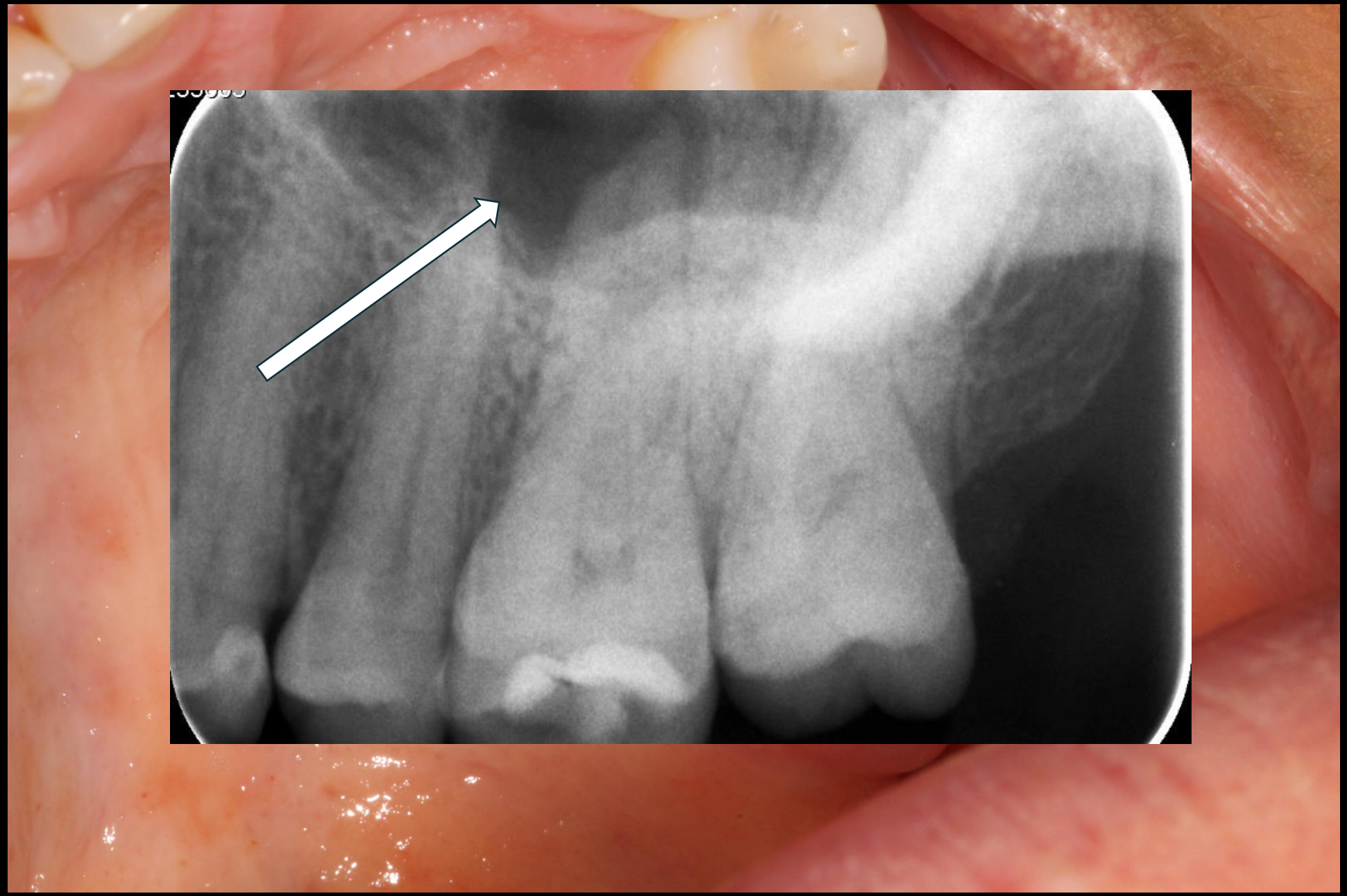

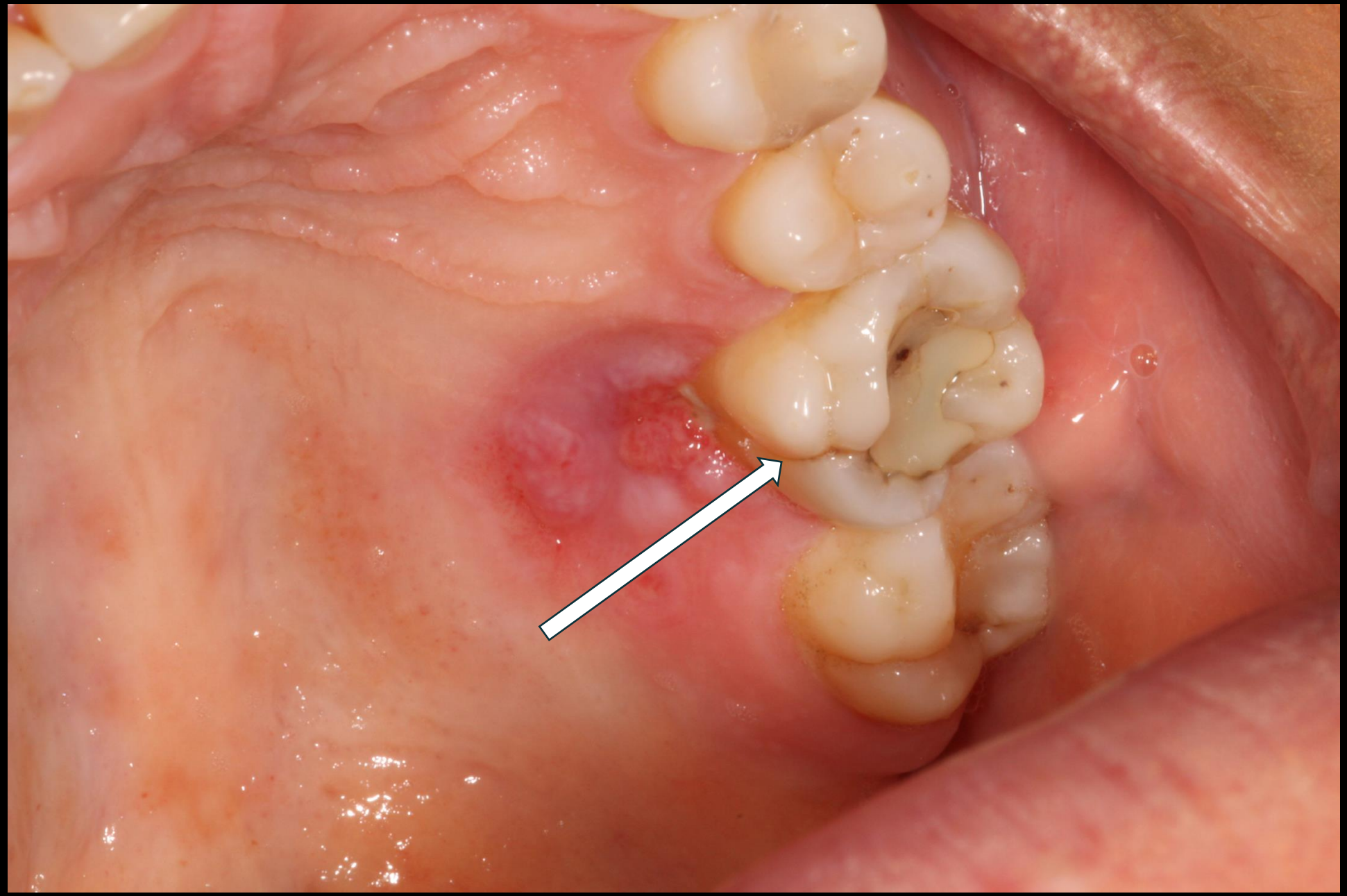

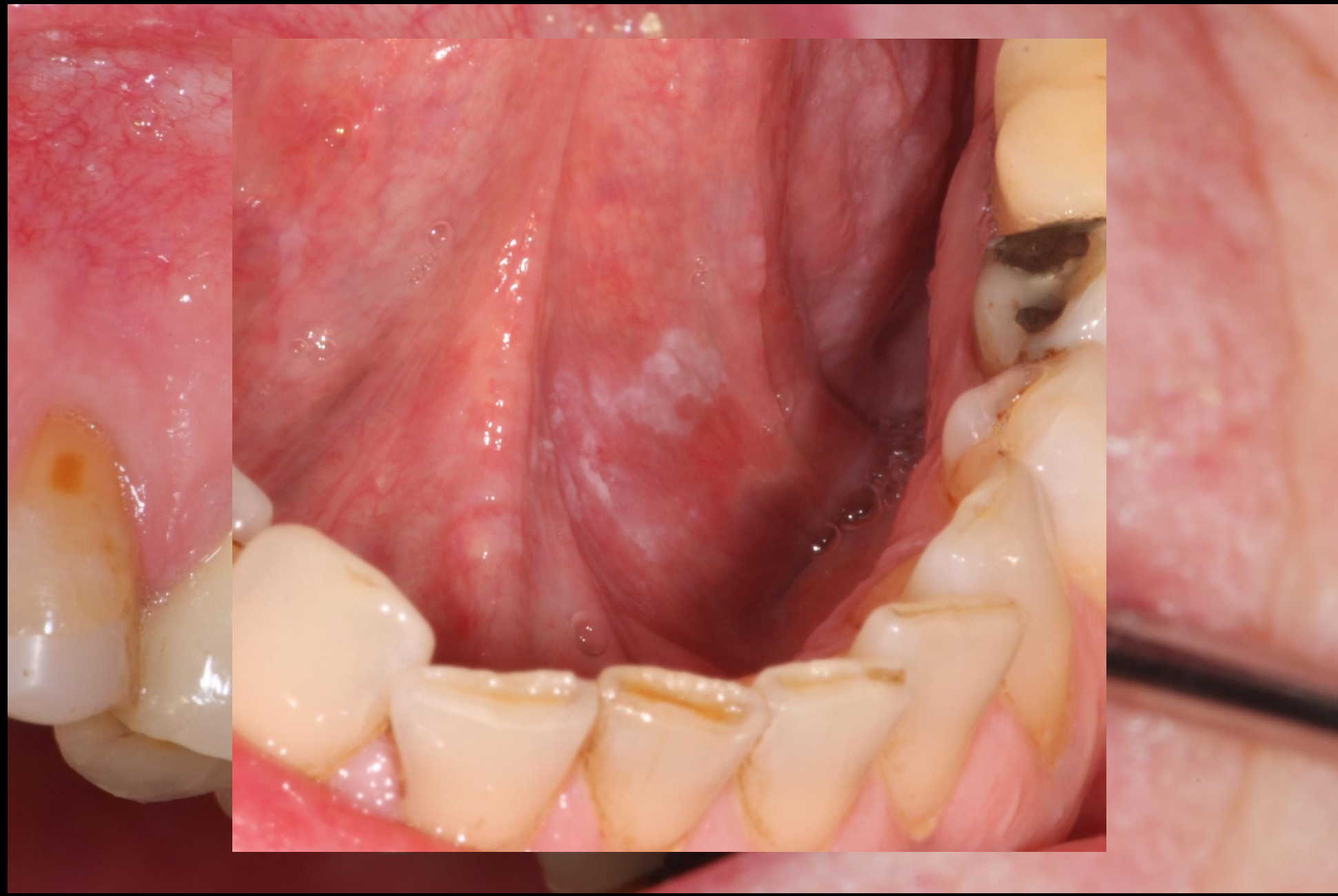

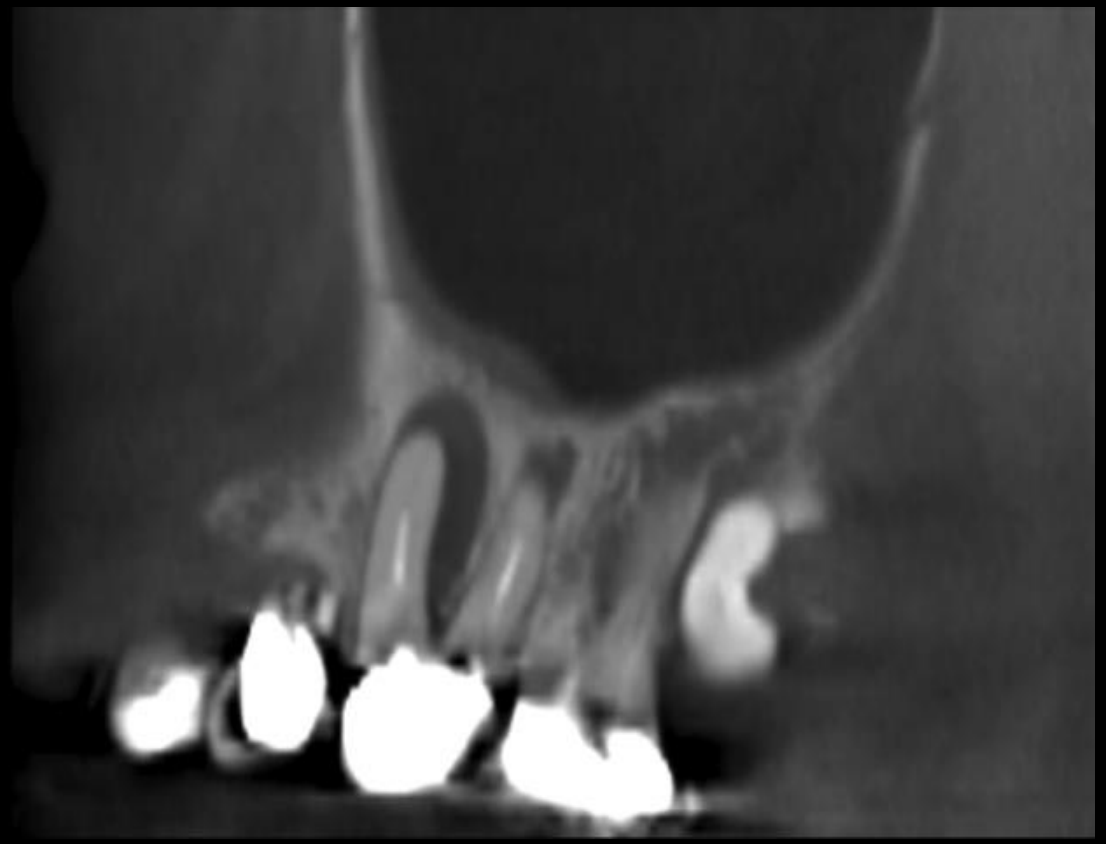

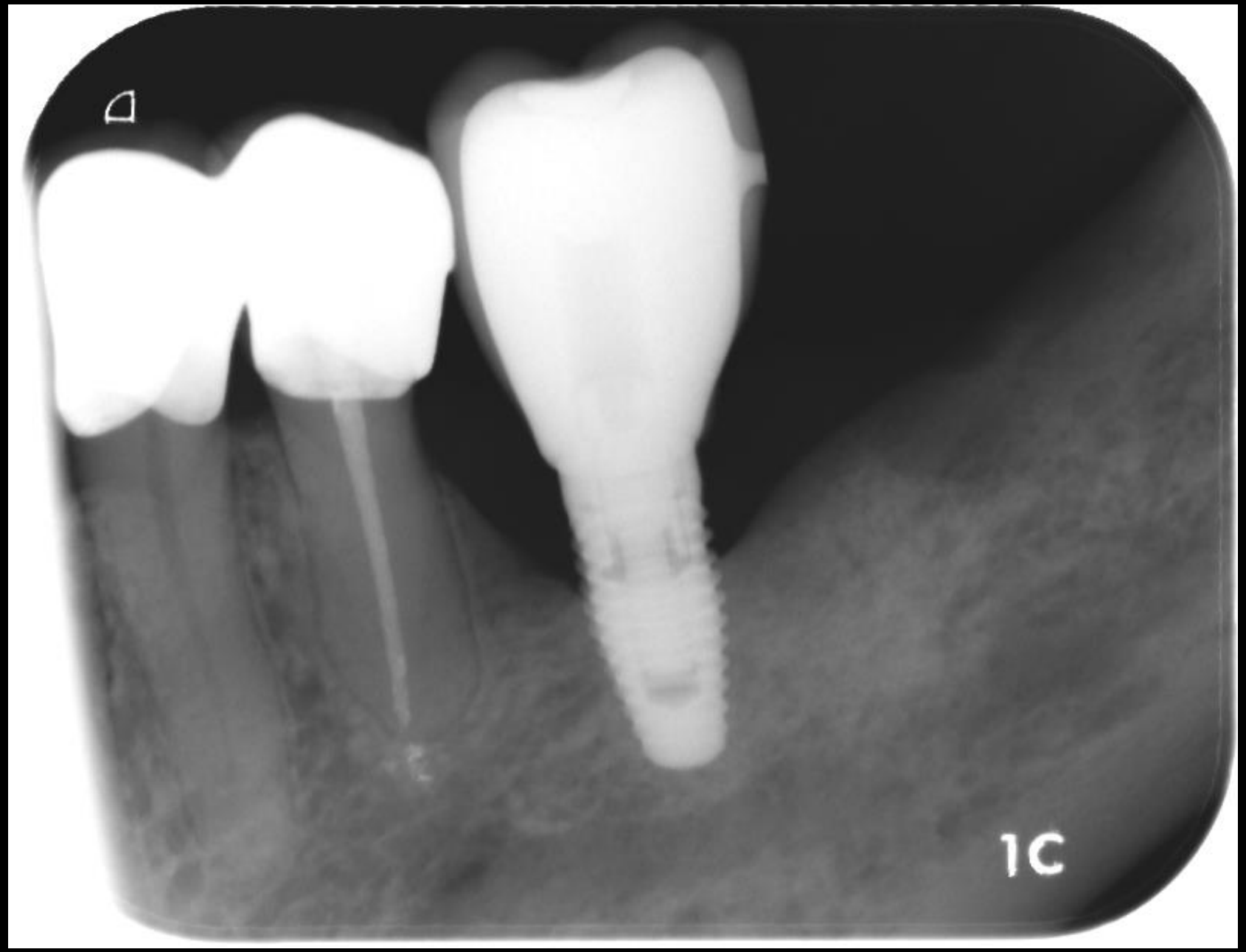
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Dental infections and radiotherapy


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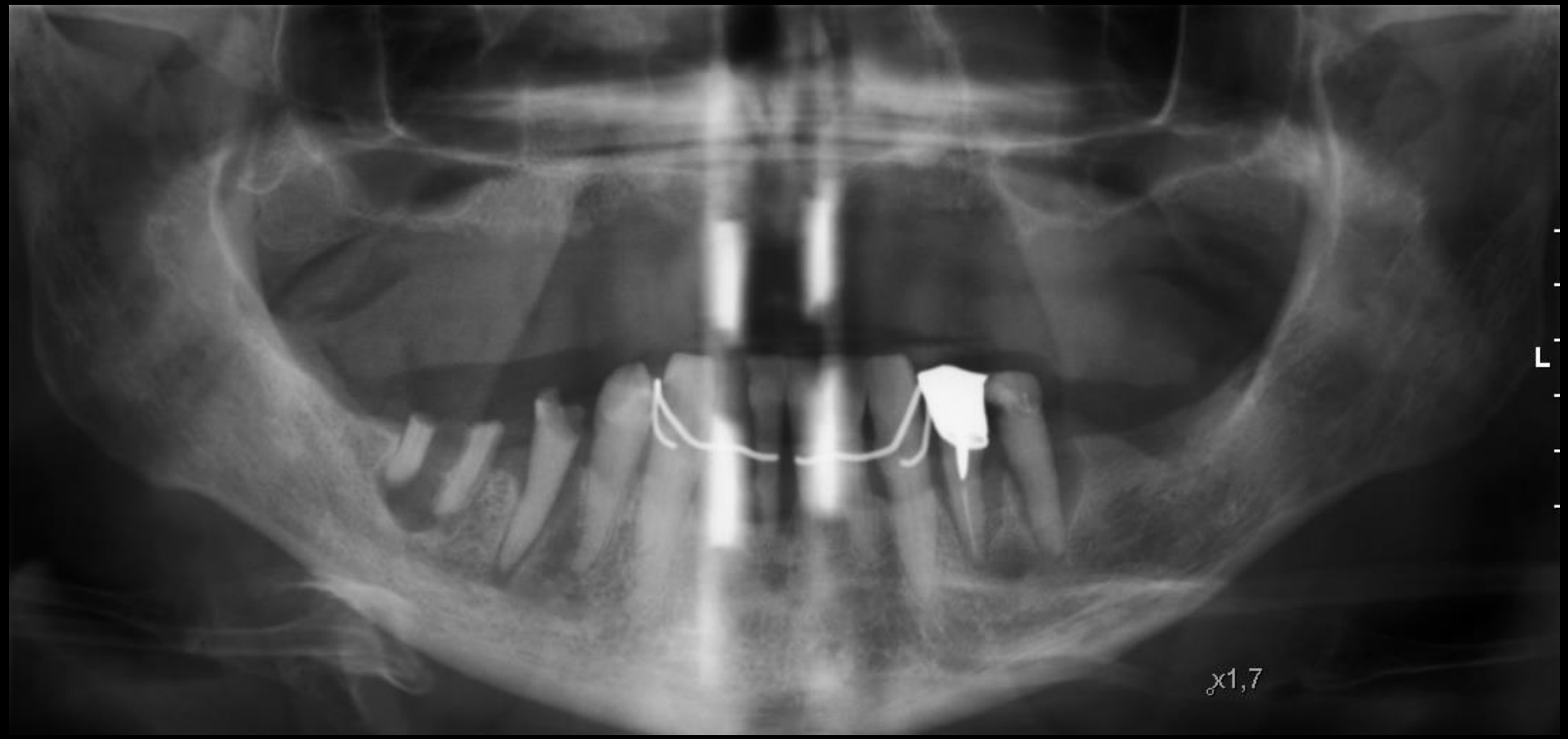
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Dental investigation prior to RT in the H&N region

According SVF (standardized care process) a focal investigation should be done within 14 days

Aim

- Create a good and healthy intraoral environment before, during and after RT.
- Identify and treat dental infections within the excepted field of irradiation.
- Prevent dental problems that can delay RT.
- Inform the patient about the necessity of good and optimal oral health.
- Minimize the need of future surgery within irradiated areas to prevent the risk of osteoradionecrosis.
- Minimize the risk of future caries development and periodontal problems.

Odontological target

- ✓ Free of infections before oncological treatment
- ✓ Protective devices to reduce irradiation more sensitive areas
- ✓ Check-up during oncological treatment
- ✓ Follow-up

After radation

Aim

Follow-up and management of side-effects

Consequences of absent or poor follow-up

- Impaired general oral health
- Reduced mouth-opening
- Un-diagnozed osteoradionecrosis
- Jaw fracture
- Impaired speech and nutrition
- Impaired Quality of Life

Riskfactors for Osteoradionecrosis

- Size and location of the primary tumor
- Immunodeficiency, malnutrition, tobacco, alcohol and poor oral hygiene
- Doe and type of radiation – increased risk > 66 Gy
- Increased risk if more than 50 % of the mandibular body is exposed to high dose radiation
- Tooth extraction and/or infection
- Additional surgery in the irradiated area

Chemotherapy can not be linked to an increased risk of ORN