

Protocol for Management of Oral Pre-Cancers and Cancer

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Abstract: *There is no concenceous among Practicing Dentists and General Duty Doctors for the diagnosis of potentially malignant oral disorders or uniformity in treating them. Patients with chronic lesions will not take medicines for long periods and will be lost for follow up. So a practical and equitable treatment protocol is necessary for the patients diagnosed in the present project. Any patient who needs treatment for systemic condition may be given.*

Keywords: Oncology, Oral Cancer, Pre-Cancer, Protocol, Management

1. Introduction

General Advice to all persons with oral lesions and habits

- 1) Instruct to stop Tobacco, Arecanut, Alcohol habits forth with
- 2) Instruct to take leafy vegetables daily (200 grams) and fruits
- 3) For persons with lesions ask to do a mouth self-examination once in mouth
- 4) Explain the clinical signs of malignant transformation. If any such change is noticed see a Doctor/ Dentist.
- 5) Clinical photograph of the lesions with personal ID
- 6) All lesions other than Homogenous leukoplakia should have prescription type treatment.

A. Homogenous leukoplakia¹

- 1) Stop all oral deleterious habits
- 2) No need for prescription type treatment for single lesions. If larger than four cms² treat as high risk²
- 3) Advice to modulate diet. (200 grams) leafy vegetables and fruits daily
- 4) Instruct to do a monthly mouth self-examination
- 5) If any progress of the lesion, tell to see a Dentist/ Doctor

B. Erosive /ulcerated leukoplakia

- 1) Stop all oral deleterious habits
- 2) Dietary modulation 200 grams of leafy vegetable and fruits daily
- 3) Therapeutic dose of a Multivitamin Minerals preparation for 6 months
- 4) A short course of local antifungal treatment
- 5) Instruct to do mouth self-exam every mouth. If any progress see Dentist/Doctor
- 6) Treat if there is systematic disease like anaemia, malnutrition, diabetes etc.
- 7) Follow up after 6 months

C. Speckled leukoplakia

- 1) A short course of systemic antifungal treatment Fluconazole 150 daily x 7 days
- 2) Follow all steps in the management of Erosive Leukoplakia

D. Verrucous leukoplakia

- 1) If malignancy is reported on histological examination³, refer to nearby Cancer institute for treatment and NCRP Data

- 2) If not malignant and part of any lesion is left in situ, follow protocol for Erosive Leukoplakia.

E. Erythroplakia

- 1) Refer to Dental Hospital for evaluation and Biopsy⁴
- 2) Vitamin Mineral treatment for 6 months
- 3) Dietary Modulation (200 grams) leafy vegetable and fruits
- 4) Monthly mouth self-examination
- 5) Follow up after 6 months

F. Traumatic ulcer

- 1) Remove the cause of trauma (Extraction or grinding off sharp cusps)
- 2) If the ulcer shows everted margins white specks in the floor and induration : Biopsy along with extraction
- 3) A course of antibiotics for a week
- 4) Follow up after 2 weeks. Refer to nearby Cancer Centre if malignant on histologic examination.

G. Oral submucous fibrosis⁵

- 1) Stop all oral habits
- 2) There is nospecific treatment for oral sub mucous fibrosis
- 3) Leafy vegetables and fruits daily
- 4) Symptomatic management
- 5) Instruct to do monthly mouth self-examination and if any suspicious change see Dentist/Doctor

H. Clinically frank squamous cell carcinoma

- 1) Surgery with or without adjuvant Radiotherapy
- 2) Refer to nearby Cancer Centre for treatment and NCRP data

2. Conclusion

There is no concenceous among Practicing Dentists and General Duty Doctors for the diagnosis of potentially malignant oral disorders or uniformity in treating them. Patients with chronic lesions will not take medicines for long periods and will be lost for follow up. So a practical and equitable treatment protocol is necessary for the patients diagnosed in the present project. Any patient who needs treatment for systemic condition may be given.

References

- [1] Neville BW, Damm DD, Allen CM, et al. *Oral & maxillofacial pathology*. 2nd ed. Phila., PA: Saunders; 2002; 337–369.
- [2] Nair V. Potentially Malignant Disorders of Oral Cavity and their Management. *International Journal of Science and Research (IJSR)* 2018; 7(3):1218-19. 10.21275/ART2018917.
- [3] Jovanovic A, Schulten EA, Kostense PJ, et al. Tobacco and alcohol related to the anatomical site of oral squamous cell carcinoma. *J Oral Pathol Med* 1993; 22: 459–462.
- [4] Nair V, Ravindran A. Dental Surgeon's Role in Determent and Control of Oral Cancer. *International Journal of Science and Research (IJSR)*. 2018; 7(2):1242-43. 10.21275/ART2018236.
- [5] Pindborg JJ, Murti PR, Bhonsle RB, et al. Oral submucous fibrosis as a precancerous condition. *Scand J Dent Res* 1984; 92: 224–229.
- [6] Nair V. Future trends and Strategies of Radiotherapy in Head and Neck Cancers. *International Journal of Science and Research (IJSR)*. 2018; 7(2):1371-74. 10.21285/ART2018226.