Oral Cancer and Common Oral Lesions seen in HIV Seropositive Patients

Gwen Cohen Brown DDS, FAAOMP
Professor
New York City College of Technology
Program Objectives

• Recognize the oral health needs of the patient and learn how to incorporate basic oral health assessment into everyday practice.

• Review the clinical presentation of oral cancer and pre-malignant lesions.

• Recognize common oral lesions and conditions associated with HIV disease and review treatment options.

• Identify when and why to refer specific pathologies to dental care providers.
Oral Cancer Screening

You thought oral cancer was just an older man's disease. Not always.

Oral cancer is rising in women, young people and non-smokers. Testing is now painless. Early detection saves lives.
Oral Cancer Screening

- 30,000 new cases of Oral Cancer in the United states annually.
- Squamous Cell Carcinoma is the most common type of oral cancer.
- Five year survival rate has remained at 50% for the past 50 years.
  - Field Cancerization, multiple primary tumors
  - Advanced stage of disease at time of diagnosis
  - Early lesions are either ignored or not adequately identified by clinicians, delayed treatment
Oral Cancer Screening

- Tobacco is the most likely etiology for most oral cancers in the U.S.
- Other etiologies include:
  - Alcohol
  - Actinic Radiation
  - Prior History of Oral Cancer
  - Human Papilloma Virus (HPV)
Oral Cancer Screening

• The American Dental Association and the Oral Cancer Foundation recommend that OCS be done on every new and recall patient.

• The goal of Healthy People 2000, 2010 and 2020 where, at minimum, 20% of the population receives OCS annually has not been met.
Oral Cancer Screening

- Early detection of oral cancer:
  - Reduces patient Morbidity and Mortality.
  - Decreases likelihood of advanced or invasive tumors.
  - Improves both short term and long term prognosis.
  - Requires less aggressive treatment with fewer complications.
Oral Cancer Screening

• Screening patients for oral cancer and pre-cancerous lesions has traditionally relied upon the conventional oral exam with incandescent or LED light:
  • Intra oral
  • Extra oral
  • Visual Inspection
  • Manual Palpation
  • This is still the gold standard”.

Oral Cancer Screening

• During the intra-oral exam trained clinicians look for white (leukoplakia) and red (erythroplakia) lesions on the mucous membranes focusing attention on those areas more likely to be associated with the development of pre-malignant and cancerous lesions including the floor of the mouth, tongue and soft palate.
Oral Screening Technique

- Visual examination is the most common method used to detect visible lesions.
- Other methods have been used to augment clinical detection of oral lesions and include Toluidine blue, brush biopsy, and fluorescence staining.
Leukoplakia
Leukoplakia
Leukoplakia (Betel Nut/Quid)
Erythroplakia
Erythroplakia
Erythroplakia
Oral Cancer
Oral Cancer
HPV Associated Oral Cancer

• Studies in the United States indicate that HPV is one of the leading causes of head and neck cancers.
• In addition, the CDC found that 20 million people in the U.S. have HPV, and 6 million people are infected every year.
HPV Associated Oral Cancer

• HPV is the most common sexually transmitted virus and infection in the US.
• There are nearly 200 different strains of HPV, most of which are harmless and not cancer causing.
• Out of all these 9 are known to cause cancers, and another 6 are suspected of causing cancers.
• In oral cancers we are primarily concerned with HPV number 16 which is also associated with cervical, anal, and penile cancers.
HPV Associated Oral Cancer

- The fastest growing segment of the oral and oropharyngeal cancer population are otherwise healthy, non-smokers in the 25-50 age range.
- When you consider both anatomical sites, HPV is driving the growth in numbers of oral cancers.
- White, non-smoking males age 35 to 55 are most at risk, 4 to 1 over females.
- In the oral/oropharyngeal environment, HPV16 manifests itself primarily in the posterior regions (the oropharynx) such as the base of the tongue, the back of the throat, the tonsils, the tonsillar crypts, and tonsillar pillars.

http://oralcancerfoundation.org/understanding/hpv/hpv-oral-cancer-facts/
HPV Associated Oral Cancer

• Studies in the U.S. have found that about 7% of people have oral HPV.
• But only 1% of people have the type of oral HPV that is found in oropharyngeal cancers (HPV type 16).

https://www.cdc.gov/std/hpv/stdfact-hpvandoropharyngealcancer.htm
HPV Associated Oral Cancer

http://parjournal.net/article/view/1381
Human Papilloma Virus
Condyloma Acuminatum

• Etiology: Several strains of HPV have been reported to cause oral lesions.
• Clinical: may appear cauliflower-like, spiked or raised with a flat surface anywhere within the oral cavity and lips.
• Often present with multiple warts, difficult to treat due to a high risk of recurrence.
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Oral Health

• Although many diseases have been associated with HIV/AIDS in the past including Kaposi’s Sarcoma, NHL and Hairy Leukoplakia, the diseases which are currently the cause of major concern include the following:
  • HPV
  • Periodontal diseases including LGE
  • Candidiasis
  • Xerostomia
LGE
LGE
Candidiasis

• Acute
  • Acute Atrophic Candidiasis
  • Pseudomembranous Candidiasis

• Chronic
  • Median Rhomboid Glossitis
  • Denture Stomatitis
  • Angular Cheilitis
  • Chronic Hyperplastic Candidiasis
Acute Pseudomembranous Candidiasis
Acute Pseudomembranous Candidiasis
Acute Atrophic Candidiasis
Acute Atrophic Candidiasis
Angular Cheilitis
Angular Cheilitis
Chronic Erythematous Candidiasis/Denture Stomatitis
Chronic Erythematous Candidiasis/Denture Stomatitis
Xerostomia

• Inadequate saliva production.
• Objective vs. Subjective findings.
• Dental visit are necessary to prevent and treat root/coronal caries.
• Frequent recalls help avoid tooth loss.
Xerostomia

- Alcohol free fluoride rinses.
- Use salivary substitutes containing methylcellulose or a mucin base, to provide lubrication.
- Sugarless chewing gum/lozenges help to stimulate salivary flow.
- Biotene/oral balance gel may be useful.
Xerostomia
Xerostomia
Xerostomia
Weblinks

Head & Neck Exams for Healthcare Providers

AETC National Coordinating Resource Center

Published on Dec 21, 2012
Source: New York/New Jersey AIDS Education & Training Center, AIDS Institute Oral Health Regional Resource Center (OHRRC), New York City College of Technology
Presented by Gwen Cohen-Brown, DDS.
Weblinks
NYSDOH

NEW YORK STATE
SMOKERS’ QUITLINE
1-866-NY-QUITS
(1-866-697-8487)
www.nysmokefree.com
National

Take Control

1-800-QUIT-NOW

Call. It's free. It works.
1-800-784-8669
www.smokefree.gov
Announcements

- Upcoming Teledentistry webinar: Focus on security and regulatory aspects of implementing a teledentistry program. Follow this link to register: http://bit.ly/2rWildM
- New Open School Course from the Dental Quality Alliance (DQA) and the Institute for Healthcare Improvement (IHI) http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/Dental-Quality-Alliance-DQA.aspx
- Next meeting July 28th topic: TBD
- Suggestions for future agenda items?