

BDJ Team CPD



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Article: The dental management of patients irradiated for head and neck cancer

CLINICAL | **OPEN | VERIFIABLE CPD POINTS**
Head and neck cancer

The dental management of patients irradiated for head and neck cancer

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Key points

- Patients undergoing radiotherapy for head and neck cancer are prone to a range of dental complications, including mucositis, xerostomia, radiation caries and osteoradionecrosis. Specific considerations include the prevention, restorative and rehabilitative management of such patients, and the prevention and treatment of complications. This article aims to highlight the current understanding and management of dental needs for patients who have had or will undergo radiotherapy.

Abstract

Patients undergoing radiotherapy for head and neck cancer are prone to a range of dental complications, including mucositis, xerostomia, radiation caries and osteoradionecrosis. Specific considerations include the prevention, restorative and rehabilitative management of such patients, and the prevention and treatment of complications. This article aims to highlight the current understanding and management of dental needs for patients who have had or will undergo radiotherapy.

Introduction

Radiation therapy for head and neck cancer patients, while offering significant benefits in terms of local control and survival, is associated with a range of dental complications. These include mucositis, xerostomia, radiation caries and osteoradionecrosis. The dental management of these patients is complex and requires a multidisciplinary approach involving radiotherapy oncologists, dental oncologists, dental surgeons, dentists, dental hygienists, dental nurses, speech therapists, dietitians, and psychologists. This article aims to provide an overview of the current understanding and management of dental needs for patients who have had or will undergo radiotherapy.

Management of oral health in patients with head and neck cancer

Management of oral health in patients with head and neck cancer is a complex task. It involves the prevention, diagnosis, and treatment of a range of dental complications. The dental management of these patients is complex and requires a multidisciplinary approach involving radiotherapy oncologists, dental oncologists, dental surgeons, dentists, dental hygienists, dental nurses, speech therapists, dietitians, and psychologists. This article aims to provide an overview of the current understanding and management of dental needs for patients who have had or will undergo radiotherapy.

Pre-radiotherapy

A multidisciplinary team (MDT) approach to managing head and neck cancer patients is essential. This involves the collaboration of radiotherapy oncologists, dental oncologists, dental surgeons, dentists, dental hygienists, dental nurses, speech therapists, dietitians, and psychologists. The MDT should discuss the dental needs of each patient and develop a comprehensive dental care plan. This plan should include the prevention, diagnosis, and treatment of dental complications. The dental management of these patients is complex and requires a multidisciplinary approach involving radiotherapy oncologists, dental oncologists, dental surgeons, dentists, dental hygienists, dental nurses, speech therapists, dietitians, and psychologists. This article aims to provide an overview of the current understanding and management of dental needs for patients who have had or will undergo radiotherapy.

During radiotherapy

Patients undergoing radiotherapy for head and neck cancer are at a high risk of developing dental complications. These include mucositis, xerostomia, radiation caries and osteoradionecrosis. The dental management of these patients is complex and requires a multidisciplinary approach involving radiotherapy oncologists, dental oncologists, dental surgeons, dentists, dental hygienists, dental nurses, speech therapists, dietitians, and psychologists. This article aims to provide an overview of the current understanding and management of dental needs for patients who have had or will undergo radiotherapy.

Post-radiotherapy

Patients who have completed radiotherapy for head and neck cancer are at a high risk of developing dental complications. These include mucositis, xerostomia, radiation caries and osteoradionecrosis. The dental management of these patients is complex and requires a multidisciplinary approach involving radiotherapy oncologists, dental oncologists, dental surgeons, dentists, dental hygienists, dental nurses, speech therapists, dietitians, and psychologists. This article aims to provide an overview of the current understanding and management of dental needs for patients who have had or will undergo radiotherapy.

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1. According to a referenced study, which was found to be the situation of patients requiring pre-radiotherapy dental care?

- A. 80% of patients required care of which 60% required extractions
- B. treatment of the majority of patients could not be undertaken quickly enough prior to radiotherapy initiation
- C. 80% of patients declined oral care, deeming it less important than radiotherapy
- D. 60% of patients required care of which 40% required restorative interventions

2. Which option is recommended if definitive restorations are not possible in the given timeframe?

- A. daily professional fluoride varnish applications
- B. provisional glass-ionomer cements
- C. amalgams, as they are readily replaceable
- D. acid etch composite restorations

3. What is the acceptable waiting period for mucosal healing prior to radiotherapy if restorations are performed?

- A. two days
- B. one week
- C. two to three weeks
- D. one month

4. Implants:

- A. should not be placed in irradiated bone
- B. are directly affected by the timing of placement after radiotherapy
- C. seem not to be significantly affected by patient selection
- D. are more than twice as likely to fail as those in non-irradiated bone

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