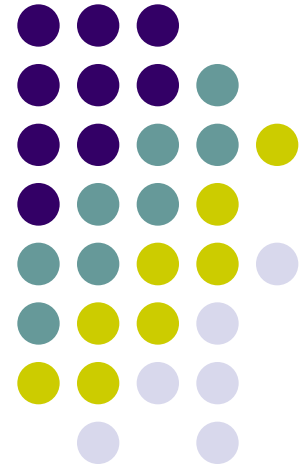


Oral Cancer Screening: Let your fingers do the talking

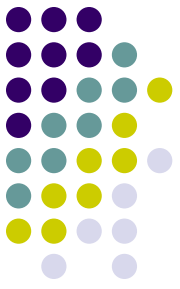
Mary Kaye Scaramucci, RDH, MS

West Liberty University

October 18, 2013



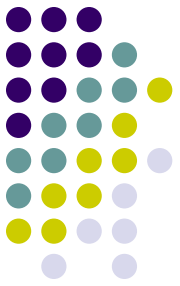
Oral Cancer Statistics



- 36,000 people will get oral cavity or oropharyngeal cancer.
- Twice as common in men than women.
- Most are over 60 years old.
- 6,800 will die



Statistics



- **Historically the death rate associated with this cancer is particularly high not because it is hard to discover or diagnose, but due to the cancer being routinely discovered late in its development.**
- Common sites include
 - The tongue
 - The tonsils and oropharynx
 - The gingiva, floor of the mouth, and other parts of the mouth



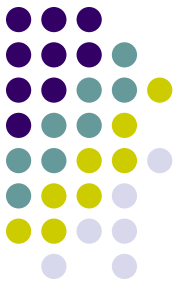


Risk Factors

- Tobacco use
- Heavy alcohol consumption
- HPV infection
- Sun
- Personal history
- Diet
- Betel nut use



Premise for the Oral Exam



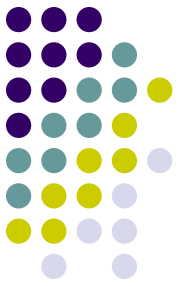
- Vital component in the assessment process.
- The information gained from the oral cavity reveals much about the entire body.
- Dental Hygienists should observe, record, and refer any deviations from normal.

Objectives



- To gather accurate data for a thorough assessment.
- To provide early detection of oral diseases to improve prognosis
- To detect systemic disturbances that have oral manifestations
- To gather baseline data and continuing data of the patient's health status
- To serve as a legal document when questions regarding the standard of care arise

Palpation of the Head and Neck



- Methods of palpation
 - Digital – finger
 - Bidigital – one or more fingers and thumb
 - Manual- one hand
 - Bimanual – both hands grasping tissue
 - Bilateral – both hands and both sides simultaneously
 - Circular compressions – finger tips applying pressure in a circular movement

Let's see how it is done ..

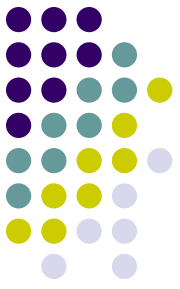


Visual Examination of Head & Neck



- Procedure is explained
- Glasses & lipstick are removed, collars are loosened
- Head and neck are visually examined
- Suspicious lesions are noted by complete description: appearance, size, location, duration, and history



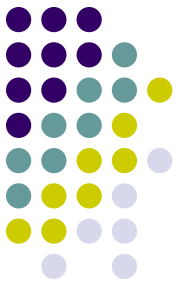


Extra-oral Exam

Anterior Border of the Mandible



- Bidigital palpations
- Roll tissue over mandible
- Start at chin and move toward angle of mandible

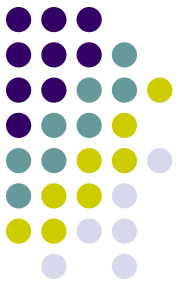


Occipital Lymph Nodes

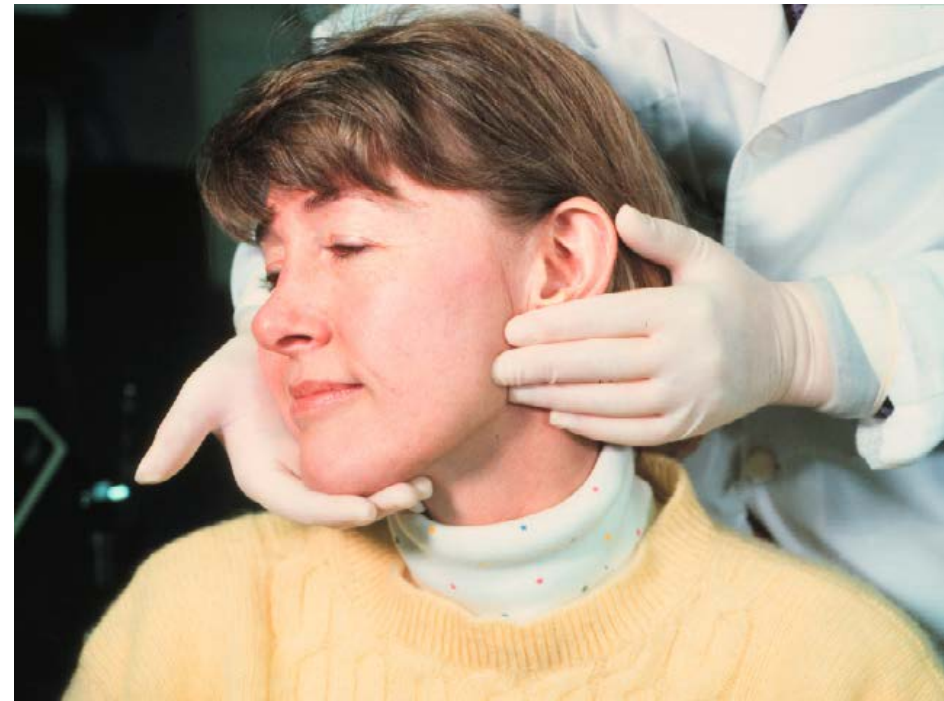
- Bilateral digital circular compressions
- Begin at hairline and move horizontally to base of ear
- Located at base of skull



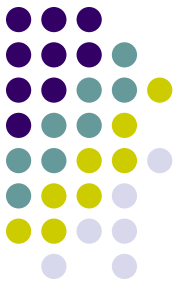
Auricular Lymph Nodes



- Located behind, beneath, in front of ears
- Digital circular compressions
- Palpate both sides one at a time



Temporomandibular Joint (TMJ)



- Palpated bilaterally with middle fingers
- Located anterior to outer meatus of ear
- Note abnormal movement, differences between right or left, or pain

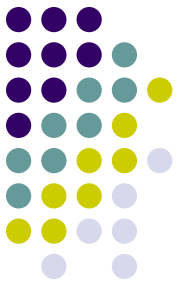


TMJ



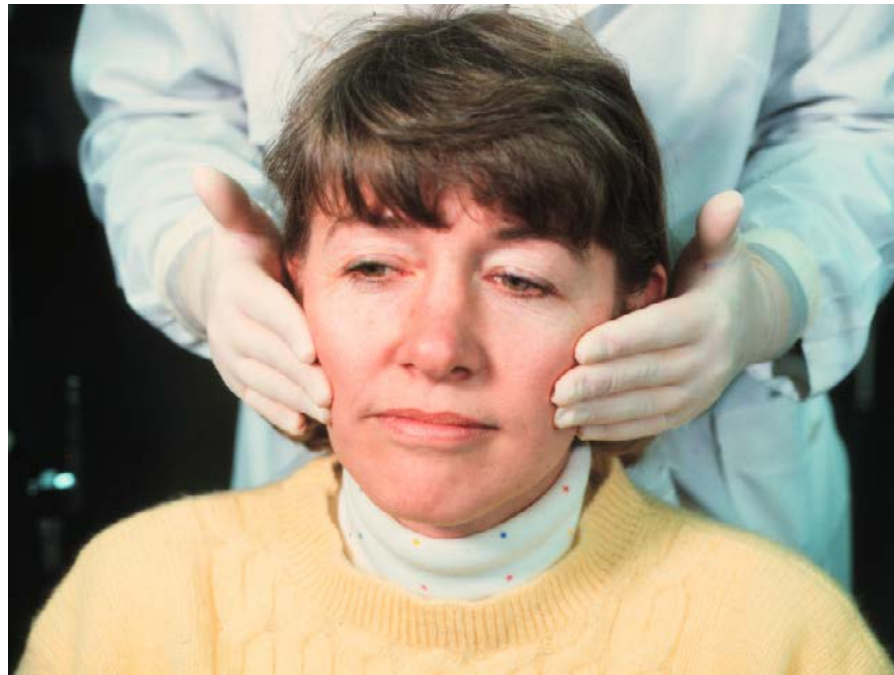
- Have patient open/close, move right/left, protrude/retract several times

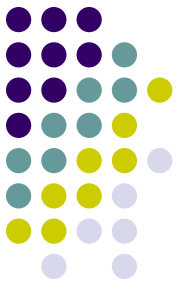




Parotid Gland

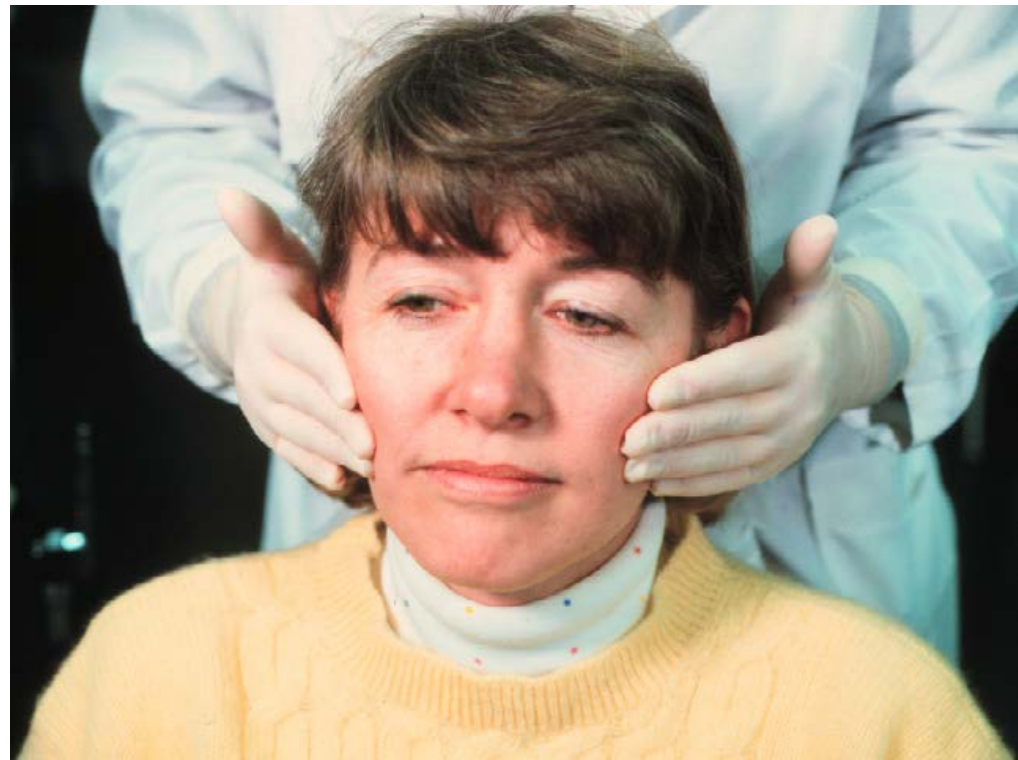
- Palpated bilaterally with manual and circular compressions
- Extend from in front of ear to cheek and angle of mandible



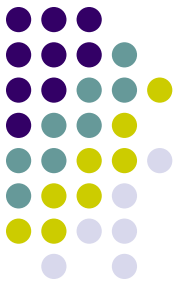


Masseter and Temporalis Muscles

- Place fingers of each hand over cheeks
- Extend thumbs across temple area
- Instruct patient to clench several times



Submental Region



- Located directly beneath the chin
- Digital palpation with circular compressions
- Identify any palpable lymph nodes





Submandibular Region

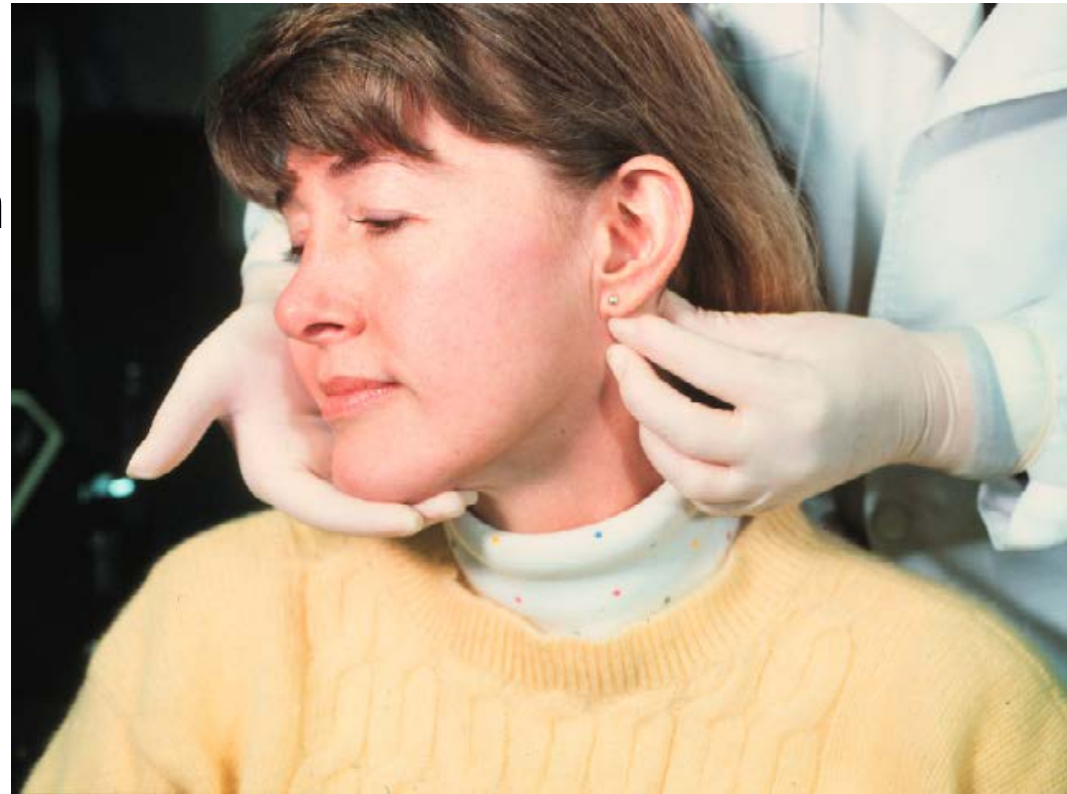
- Located beyond the submental region near angle of mandible
- Digital palpation with circular compression
- Identify any palpable lymph nodes



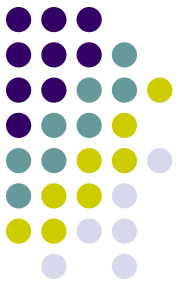
Sternocleidomastoid Muscle



- Support patient's chin by cupping in hand
- Instruct patient to turn head to one side and lower chin to see muscle bulge



Sternocleidomastoid Muscle

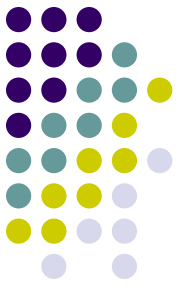


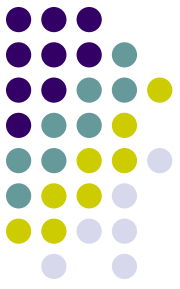
- Palpate bidigitally behind the ear and extend to the clavicle
- Note palpable lymph nodes
- Repeat on other side



Thyroid Gland

- Palpate one side at a time
- Place fingers on one side of trachea and gently push tissue medially
- Palpate opposite side with circular compressions
- Repeat on opposite side



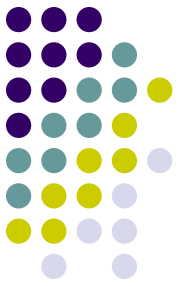


Larynx

- Bilateral palpation with fingertips
- Apply gentle pressure in a medial direction
- Place palm of hand over larynx and instruct patient to swallow



Let's see how it is done



Extraoral Examination

Intra-oral Exam

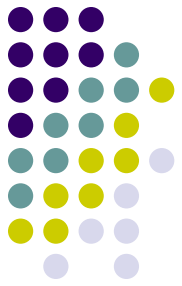
Lips

- Closely examine the vermillion border



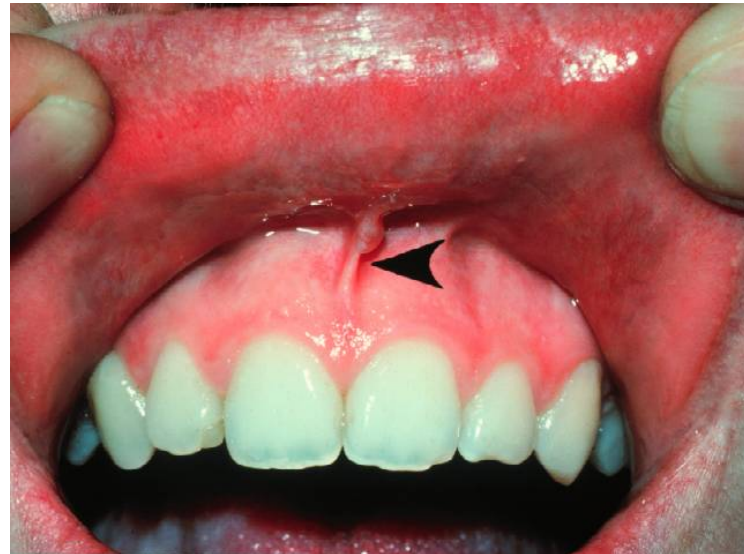
Labial Mucosa

- Grasp with thumb and fingers to retract lower lip
- Tissue should be moist and red
- Examine frenum attachments



Labial Mucosa

- Continue around to maxillary mucosa
- Examine frenum attachments



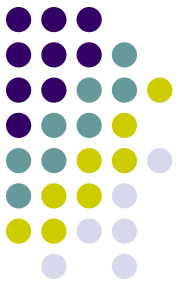


Labial Mucosa

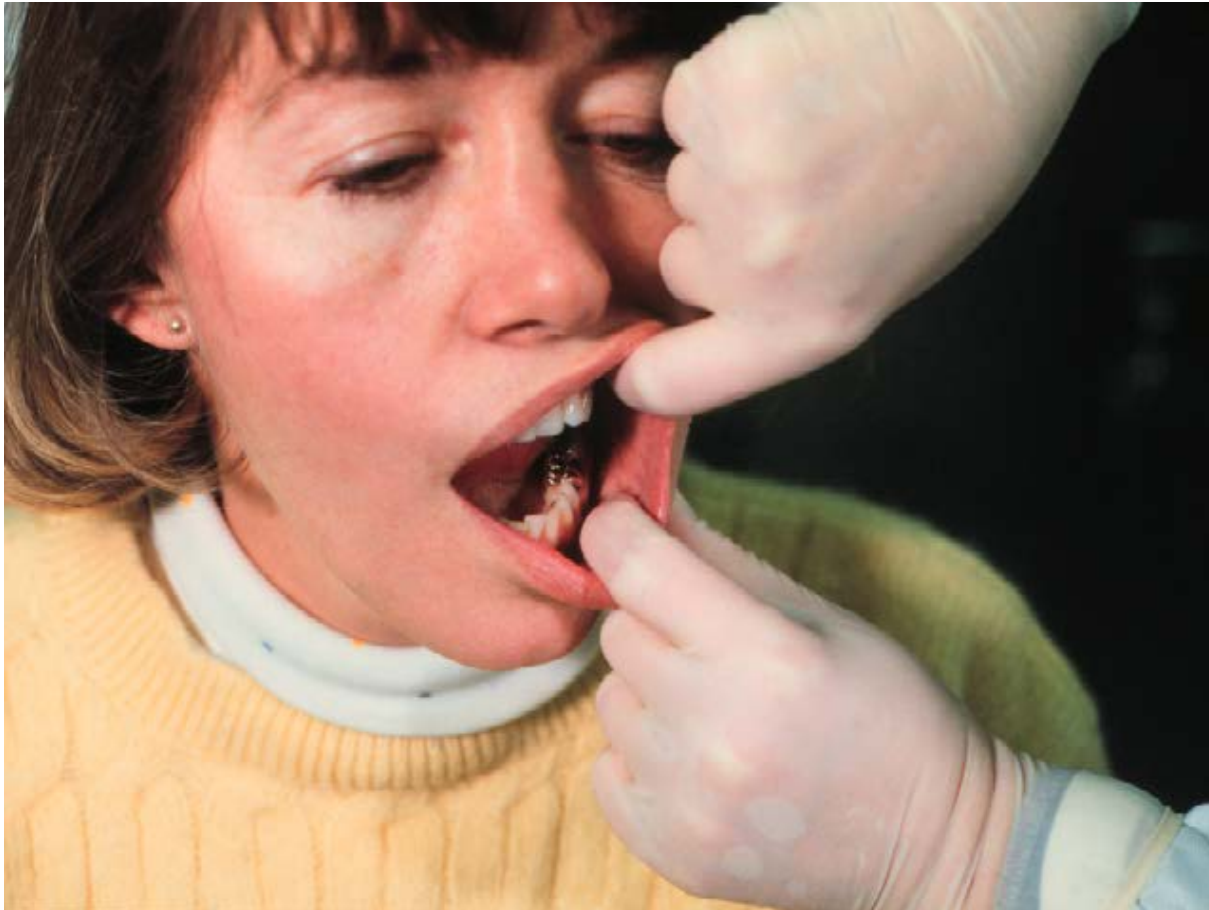
- Palpate bidigitally with thumb and finger keeping finger intraorally at all times

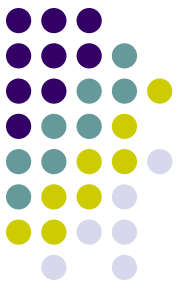


Buccal Mucosa



- Inspect by retracting cheek with fingers





Buccal Mucosa

- Palpate bimanually with fingers of one hand intraorally and fingers of other hand supporting tissue extraorally

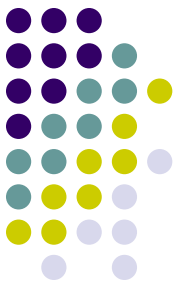




Floor of the Mouth

- Appears moist and vascular
- Look for lesions, abnormal color changes, swellings





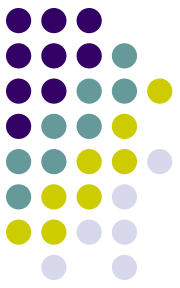
Floor of the Mouth

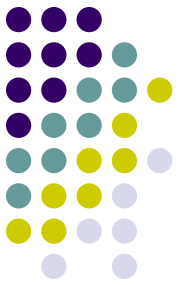
- Palpate bimanually with fingers intraorally and hand supporting under chin



Hard Palate

- Inspect

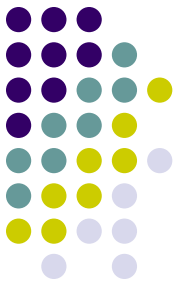




Hard Palate

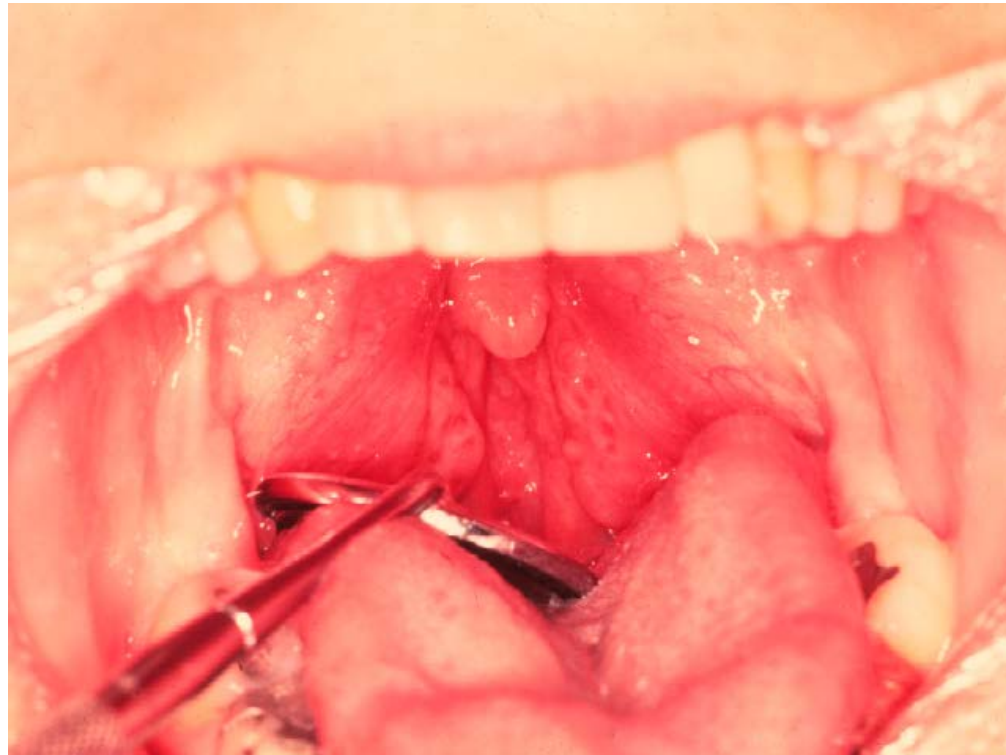
- Palpate with digital compressions using one finger to apply on and off pressure
- Do not extend beyond the hard palate

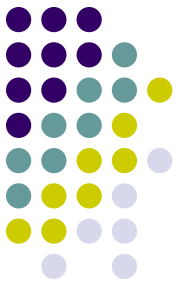




Soft Palate

- Observe by placing a mouth mirror on the middle third of tongue and instructing patient to open wide and say “ah”





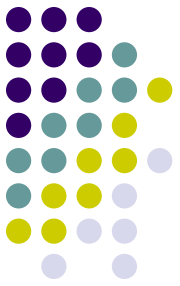
Soft Palate

- Uvula should move up and down
- Observe posterior pillars, tonsils, anterior pillars

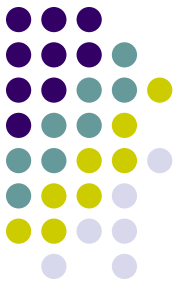


Tongue

- Instruct patient to protrude tongue
- Wrap anterior third in damp gauze
- Examine all four surfaces
 - Dorsal
 - Ventral
 - Lateral sides (2)



Tongue



- Palpate dorsal side with digital compressions



Tongue

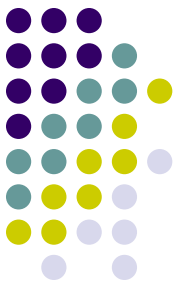


- Inspect lateral borders by turning the tongue on its side to obtain full view

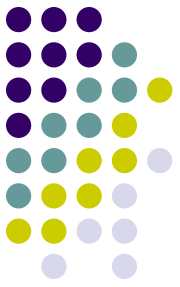


Tongue

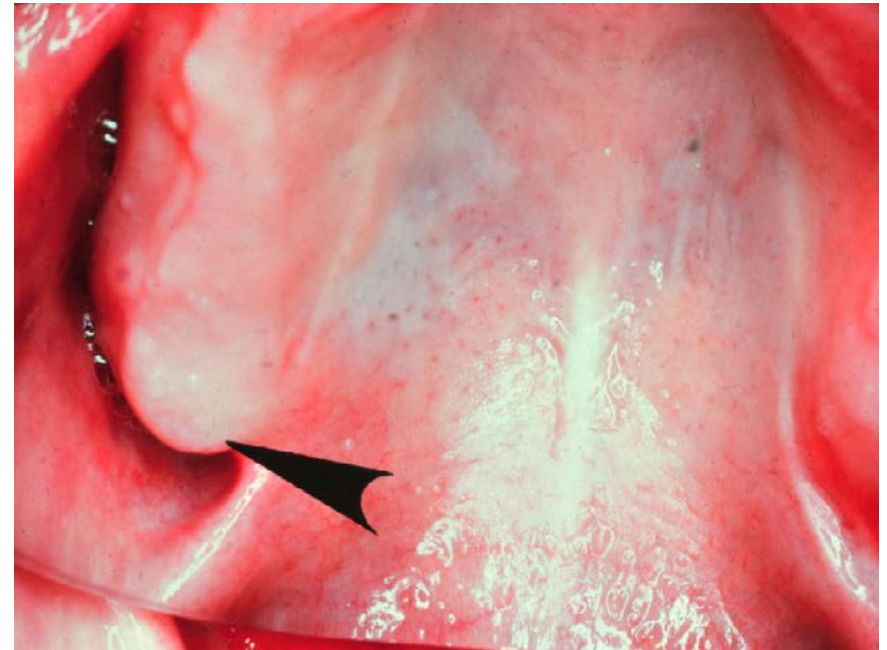
- Observe and palpate ventral surface with digital compressions



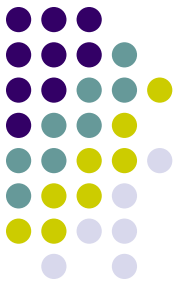
Maxillary Tuberosity



- Palpate with digital compressions
- Use mirror for observation
- Look for scarring, tissue overgrowth, inflammation



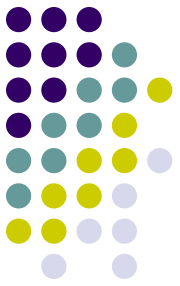
Retromolar area



- Palpate with digital compressions
- Use mirror for observation
- Look for scarring, tissue overgrowth, inflammation



Let's see how it is done .



Intraoral Examination

Documentation with description



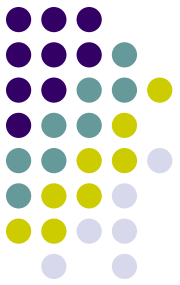
Anatomic Location

- **HEAD:** scalp, eye, ear, nose, cheek, chin, neck; R or L
- **NECK:** midline, right, left, near certain anatomic structure
- **LIPS:** Max, mand, Commissure, vermillion border, labial mucosa; R or L
- **BUCCAL MUCOSA:** parotid papilla, mucobuccal fold; near tooth #



Anatomic cont'd

- **GINGIVA:** free, attached; near tooth #
- **TONGUE:** anterior 1/3, middle 1/3, posterior 1/3; dorsal, ventral, right lateral, left lateral
- **FLOOR OF MOUTH:** lingual frenum, sublingual folds, sublingual caruncle; near tooth #
- **PALATE:** hard, soft, midline, incisive papilla; R or L
- **OROPHARYNX:** pillars, midline, uvula



Border

**WELL DEMARCATED
(Regular shape):** uniform
border

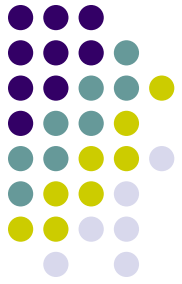


**POORLY DEMARCATED
(Irregular shape):** border
not uniform



Color

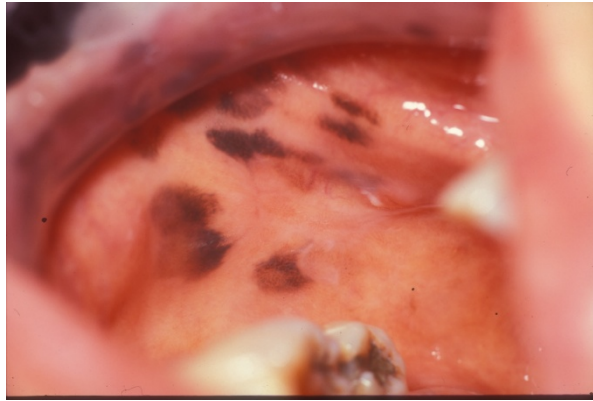
- Red
- White
- Red & white
- Blue
- Yellow
- Brown
- Black



Configuration



- Discrete



- Grouped

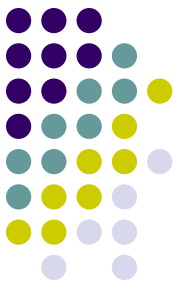


- Confluent



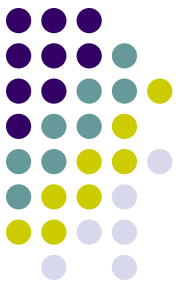
- Linear





History and Symptoms

- **Known or unknown:** if patient is aware of lesion
 - has it been evaluated prior to today/diagnosis
 - when was it first noticed
 - is it recurring and previous date of occurrence
 - has it changed in size or shape
- **Duration:** how long has it been present
- **Symptoms and Triggers:** pain, itching, etc and what causes the symptom to occur



Diameter/Dimension

- Oblong or Irregular – length and width
- Circular or round - diameter



Basic Types of Soft Tissue Lesions



- Flat
- Elevated
- Fluid filled
- Depressed
- Linear Cracks

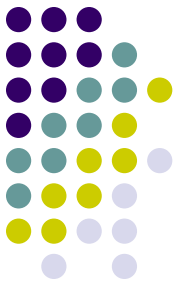


Flat Lesions

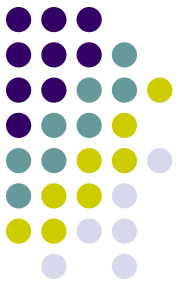
Macule
< 1 cm



Patch
> 1 cm



Elevated Lesions



Papule
< 1 cm



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Plaque
> 1 cm



Nodule
= 1 cm

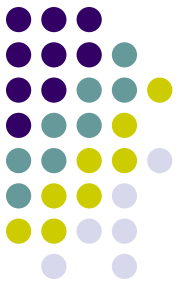


Wheal



Fig. 66.1. Immediate (type 1) hypersensitivity: facial wheal.

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Fluid-Filled Lesions

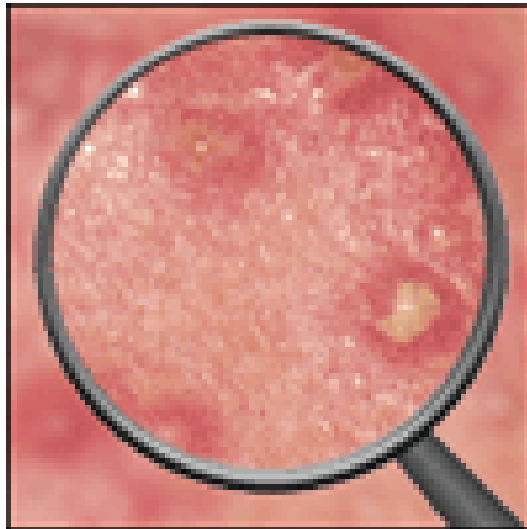
Vesicle
< 1 cm

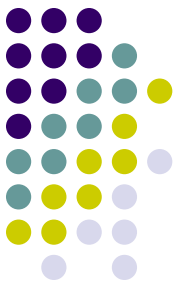


Bulla
over 1cm



Pustule





Depressed lesions

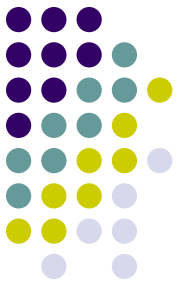
Ulcer



Linear Cracks

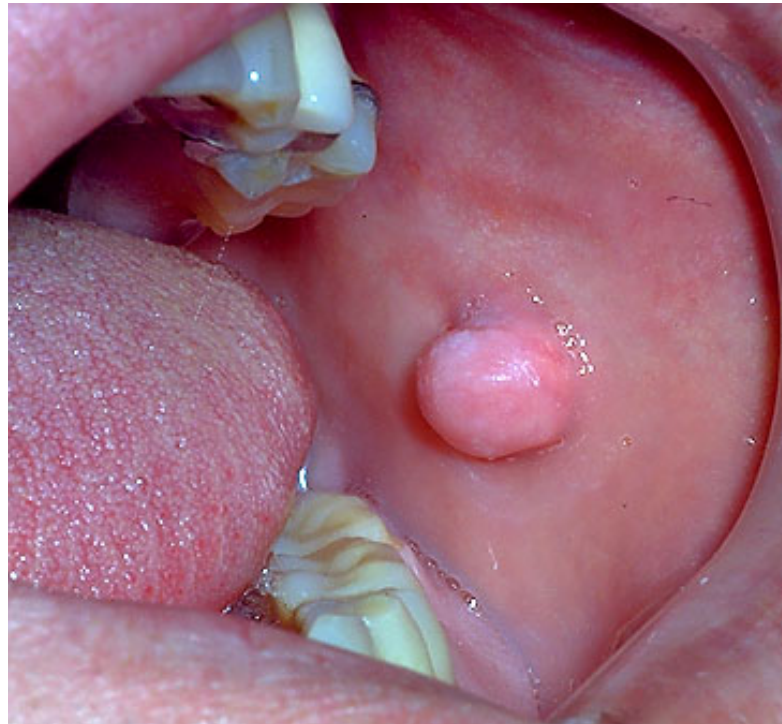
Fissure



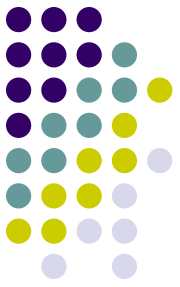


Example

- Left buccal mucosa, near #19, well-demarcated single white 15 mm nodule. Visible for 1 month with no symptoms and no changes.

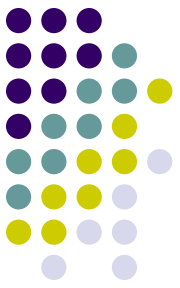


If a lesion appears suspicious



- Ask patient questions regarding the duration, size and symptoms
- Document findings thoroughly
- Have patient return if it doesn't heal in two weeks
- Refer patient as needed





The Role of the RDH

- Alter what was demonstrated today to meet your practice needs
- Create a routine for all patients
- Tell the patient you are performing an oral cancer screening
- Document, document , document



Save a life ..

Let your fingers do the talking

