



Cancer Treatment-Induced Oral Morbidity

Aradya A*

Department of Prosthodontics and Crown & Bridge, a constituent college of JSS Academy of Higher Education and Research, Karnataka, India

*Corresponding author: Dr Anupama Aradya, Assistant Professor, Department of Prosthodontics and Crown & Bridge, JSS Dental College and Hospital, a constituent college of JSS Academy of Higher Education and Research, Mysore, Karnataka-570015, India, Email: dranupamavenu@gmail.com

Received Date: December 05, 2024; Published Date: December 18, 2024

Keywords

Oral Morbidity; Cancer Treatment

Editorial

For a range of causes, including chemotherapy, radiation therapy, and chemotherapy & radiation therapy together, cancer patients are at greater risk of developing oral problems. Fast-growing cells, like cancer cells, can be prevented from growing in their path by these cancer treatments. Anticancer medication can also prevent the growth of normal cells in the oral lining, which also grow rapidly. Oral tissue's capacity to regenerate itself by producing new cells is slowed down as a result. Radiation therapy has the potential to directly harm and degrade bone, salivary glands, and oral tissue. Radiation and chemotherapy disrupt the normal equilibrium of oral microorganisms. Chemotherapy and radiation therapy can alter the salivary glands, which produce saliva, and the oral lining. This may disrupt the beneficial bacterial equilibrium. Tooth decay, infections, and mouth sores might result from these alterations. The oral side effects of radiation and chemotherapy are included in this summary [1,2].

Oral mucositis (inflamed mucous membranes in the mouth), infection, salivary gland issues, and taste changes are the most frequent oral side effects of cancer treatment. Radiation therapy to the head and neck can induce oral complications such as tissue breakdown in the radiation-treated area, tooth decay and gum disease, and fibrosis (development of fibrous tissue) in the mucous membrane of the mouth. muscle

fibrosis in the radiation-exposed area. Radiation therapy or chemotherapy may be the source of the most frequent oral side effects. These include oral mucous membrane inflammation, oral infections, altered taste, dry mouth, and pain. alterations in children's dental development and growth. Alterations in children's dental development and growth, dental decay, gum disease, dehydration from not being able to drink, and malnutrition from not being able to eat.

Mucositis, dry mouth and loss of taste were all very common (prevalences of 71, 63 and 83%, respectively). These symptoms had a negative impact on the healing process and severely restricted the intake of meals and liquids. Many cancer therapies, particularly the use of mucotoxic chemotherapeutic drugs, are associated with the highly feared and possibly debilitating toxicity known as mucositis [3]

Ways to prevent oral complications include

Eat a well-balanced diet. Healthy eating can help the body to withstand the stress of cancer treatment, fight infection, and rebuild tissue.

Maintain a clean mouth and teeth. This lessens the risk of infections, oral sores, and cavities.

Get a thorough examination of oral health.

The cancer care team should include the dentist. Selecting a dentist with competence in treating individuals with oral side effects from cancer treatment is crucial. An oral health examination at least one month prior to the start of cancer

therapy typically gives the mouth ample time to heal if any dental work is required. Teeth that are susceptible to decay or infection will be treated by the dentist. This will lessen the need for dental procedures while receiving cancer therapy. Dry mouth, a typical side effect of radiation therapy to the head or neck, may be lessened with preventive care [3,4]

Preventing and controlling oral complications can help the patients to continue cancer treatment and have a better quality of life. Because of oral problems, medication may need to be discontinued, or doses may be reduced. Oral difficulties may be less severe if preventive care is provided prior to the start of cancer therapy and issues are addressed as soon as they arise. Patients' quality of life may improve, and cancer treatment may be more effective when there are fewer problems.

The goals of oral and dental care are different before, during, and after cancer treatment:

Before cancer treatment, the goal is to prepare for cancer treatment by treating existing oral problems.

During cancer treatment, the goals are to prevent oral complications and manage problems that occur.

After cancer treatment, the goals are to keep teeth and gums healthy and manage any long-term side effects of

cancer and its treatment. ¹

References

1. Aradya A, Kiran PK, Swamy KR, Doddawad VG, Ranganatha N, et al. (2024) Oral Risk Factors in Patients with Cancer Undergoing Chemotherapy-A Pilot Study. *Indian Journal of Dental Research* 35(2): 126-130.
2. Mercadante S, Aielli F, Adile C, Ferrera P, Valle A, et al. (2015) Prevalence of oral mucositis, dry mouth, and dysphagia in advanced cancer patients. *Support Care Cancer* 23: 32493255.
3. FreitasMartinez A, Santana N, AriasSantiago S, Viera (2021) Using the common terminology criteria for adverse events (CTCAEversion 5.0) to evaluate the severity of adverse events of anticancer therapies. *Actas Dermosifiliogr (Engl Ed)* 112: 9092.
4. Kiyomi A, Yoshida K, Arai C, Usuki R, Yamazaki K, et al. (2022) Salivary inflammatory mediators as biomarkers for oral mucositis and oral mucosal dryness in cancer patients: A pilot study. *PLoS One* 17: e0267092.