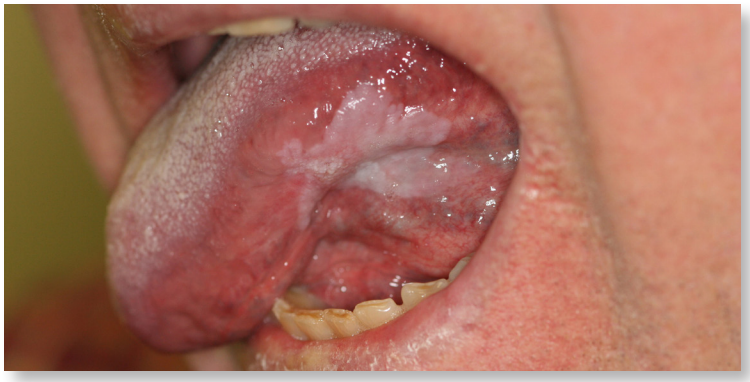
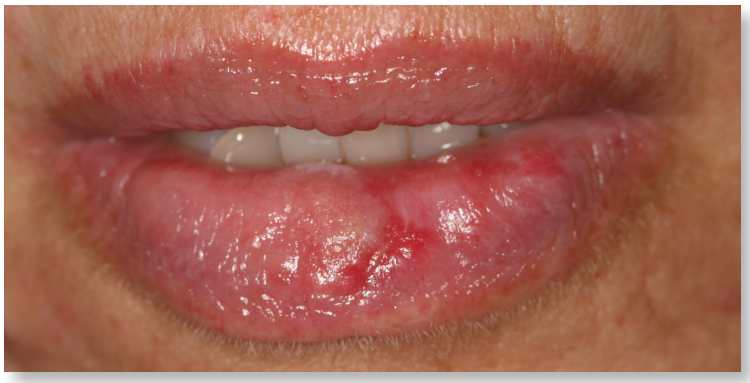
Suspicious Oral Lesions That Require Prompt Diagnosis

This quick reference guide will assist healthcare providers to identify suspicious lesions of the oral cavity that require prompt diagnosis. This tool is not meant to inform practitioners about the complete range and various levels of severity of lesions that should be further evaluated for possible causes of oral and oropharyngeal cancer.



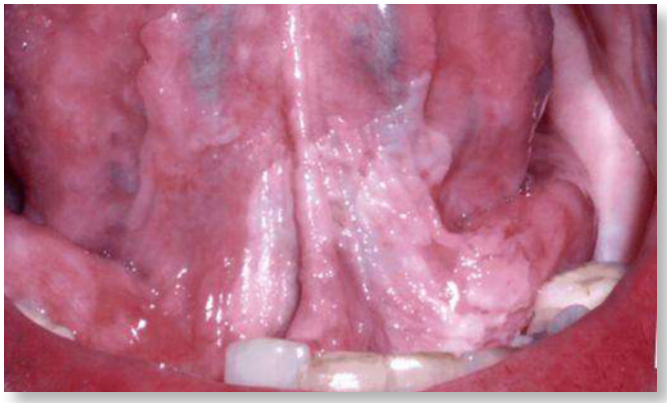
A. The patient presented to his dentist, complaining of pain he had been experiencing on the left lateral border of the tongue for more than two months. An oral examination showed the area to be indurated and firm on palpation.

Because of the length of time the lesion was present, and the pain and induration the patient was experiencing, the area should be biopsied to rule out cancer. Referral to an oral and maxillofacial surgeon or otolaryngologist for a biopsy is indicated.



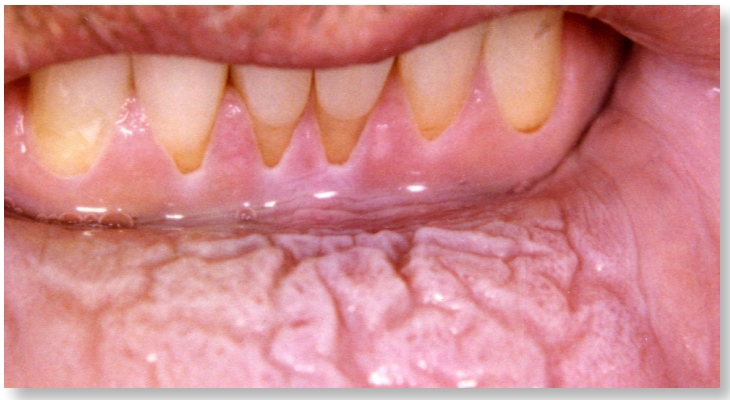
B. The patient noticed a thickened area at the midline of the lower lip. She had experienced recurring crusting of the lip with sensitivity for more than five years. The patient sought advice from her primary care physician. Examination of the lip confirmed the firm, elevated nature of the lesion. The lower lip also showed features of actinic change.

The patient should be referred to either an oral and maxillofacial surgeon, plastic surgeon, otolaryngologist or dermatologist for a biopsy to rule out cancer arising in a sun-damaged lip.



C. During a routine dental examination, a large area of asymptomatic leukoplakia was noted in a patient with a 40-pack-year smoking history. The lesion was homogeneous in colour and texture.

The patient should be referred to an oral and maxillofacial surgeon or otolaryngologist for a biopsy to rule out dysplasia or cancer. If the area does not show cancer or high-grade dysplasia, then it should be monitored at least every three months. The patient should also receive smoking cessation counselling.



D. During a dental hygiene appointment, an area of the lower lip that presented as white and fissured was noted. On questioning, the patient stated that he regularly placed smokeless tobacco in this area.

The patient should receive tobacco cessation counselling. A four- to six-week follow-up is recommended and, if any lesion remains, referral should be made to an oral and maxillofacial surgeon or otolaryngologist for biopsy.

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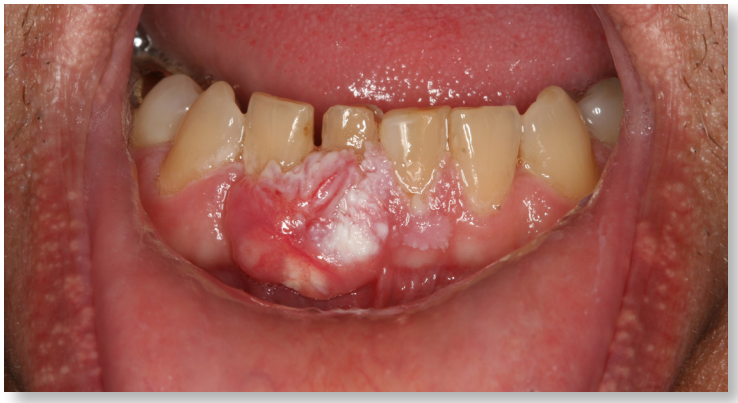
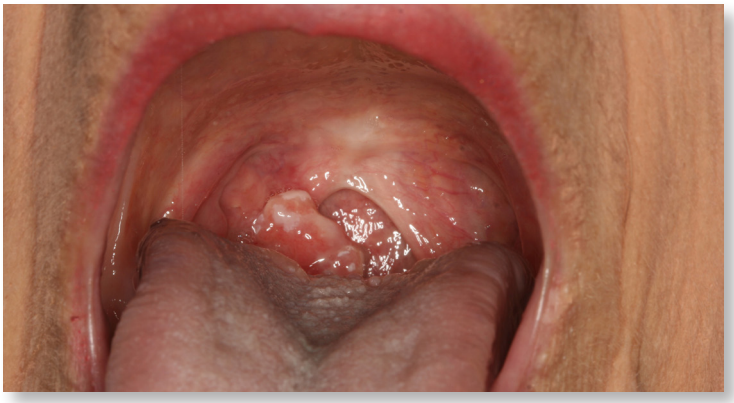
Suspicious Oral Lesions That Require Prompt Diagnosis

Healthcare providers are encouraged to take the course "Empowering Physicians, Nurses and Other Non-Dental Healthcare Providers in the Prevention and Early Detection of Oral and Oropharyngeal Cancer"* so that they can gain a more thorough understanding of the clinical presentation of lesions of the oral cavity that should undergo further evaluation to rule out cancer.



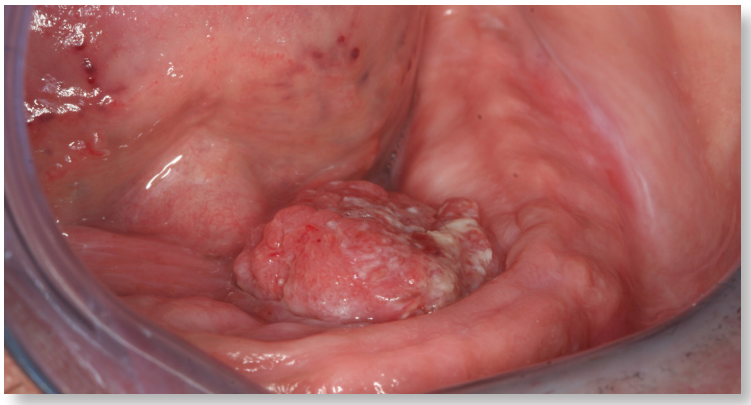
E. A patient presented to his primary care physician with concerns about a rapidly growing mass on his gingiva. He stated that he had already seen his dentist, who told him that this was not a "tooth" problem.

The history of this rapidly growing mass should generate an immediate referral to an oral and maxillofacial surgeon or otolaryngologist for biopsy, to confirm the clinical suspicion of cancer.



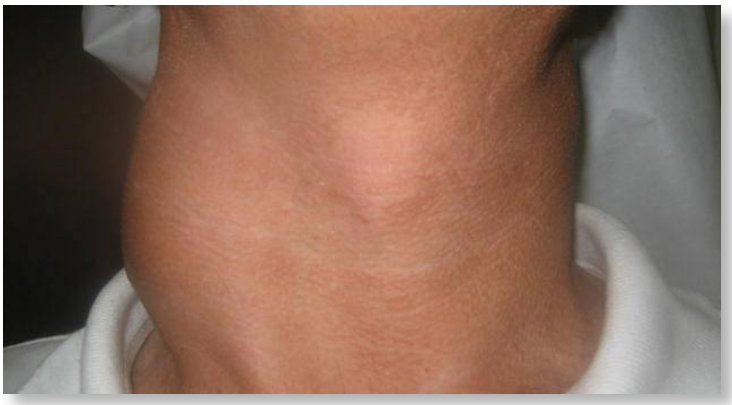
F. During the patient's annual physical examination, his primary care physician noticed asymmetry of the oropharynx, with a mass noted in the right tonsil region. After further questioning, the patient stated that he had noticed some difficulty and pain on swallowing.

The patient should be referred to an otolaryngologist for a biopsy to confirm the clinical suspicion of oropharyngeal carcinoma.



G. An edentulous patient went to his dentist, complaining that his lower denture no longer fit. Clinical examination of the area showed an exophytic firm mass in the anterior floor of the mouth near the edentulous ridge.

The appearance of this lesion is consistent with cancer. Referral to an oral and maxillofacial surgeon or otolaryngologist for a confirmatory biopsy is indicated.



H. A male patient presented to his primary care physician with a neck mass that was greater than 2 cm large. The lesion was firm and did not resolve after a two-week course of antibiotics.

The neck mass needs to be further evaluated. A fine needle aspiration biopsy of the neck swelling can be ordered and/or the patient referred to an otolaryngologist for a thorough examination of his head and neck to rule out lymphoma, infection, a benign cyst or a cancer that has metastasized to a lymph node.

**Part of the* Oral-Systemic Health Education for Non-Dental Healthcare Providers *series at the University of Manitoba.*

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