

Oral mucosa screen

Squamous cell carcinoma of the oral cavity and pharynx accounts for over 5000 cases per year in Taiwan with approximately 2000 deaths per year. Unfortunately, the diagnosis continues to rely on patient presentation and physical examination with biopsy confirmation. This may result in delay in diagnosis accounting for the fact that the majority of these cancers are diagnosed at a late stage. Studies confirm that survival does correlate with stage, making early diagnosis and treatment optimal for this disease .

Systematic examination of the mouth and neck need only take a few minutes and can detect these cancers at an early and curable, stage. Our goal is to discover oral, head and neck cancers early, before patients present complaining of pain, a mass, bleeding, otalgia, or dysphagia. Errors in diagnosis are most often ones of omission, and therefore the importance of a systematic approach to the oral, head and neck cancer examination cannot be overstated.

The oral examination is an area of physical diagnosis that, for a variety of reasons, traditionally receives minimal emphasis in the predoctoral medical curriculum. Nevertheless, much information can be gained through a systematic evaluation of the oral hard and soft tissues (see the images below). While the primary objective is to distinguish between health and disease, a comprehensive oral examination—in conjunction with a thorough medical and dental history—can also provide valuable insight into the overall health and well-being of the patient. In many cases, it is an essential component of patient assessment prior to cancer therapy. Oral examinations also have a significant impact on the classification of HIV-infected patients, the oral findings often determining the eventual antiretroviral therapy.

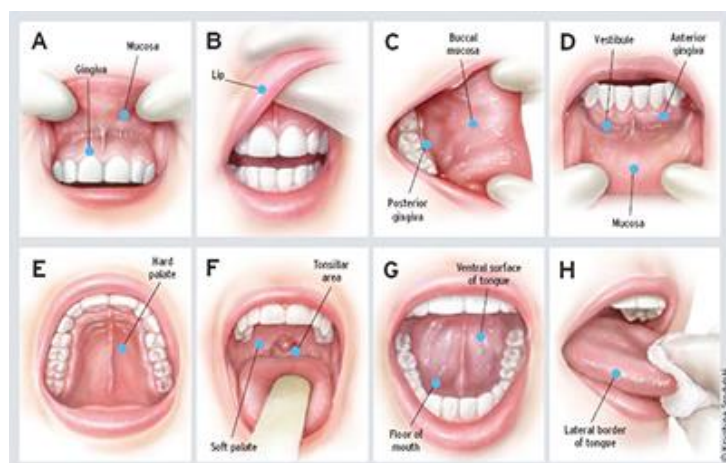


FIGURE 1. A brief screen for oral cancer includes this eight-step examination of the inside of the mouth.