INCIDENCE AND SURVIVAL
Oral and oropharyngeal cancer will be diagnosed in an estimated 23,000 Americans this year, and will cause approx.
imately 7,000 deaths. On average, 5 percent of all cancer deaths are due to oral cancer.

THE IMPORTANCE OF EARLY DETECTION

With early detection and timely treatment, cure rates and survival can be dramatically improved. The five-year survival rate for those with localized disease at diagnosis is 81 percent compared with only 30 percent for those whose cancer has spread to other soft tissues, soreness or a feeling that something is caught in the throat, difficulty chewing or swallowing, ear pain, swelling of the jaw that causes dentures to fit poorly or turn this type of lesion into a homogenous lesion.

Lesions that might signal oral cancer are: hard palate

Lesions photos courtesy Jens Jörgen Pindborg, Dr. Odont.

Exam photos courtesy Joseph Konzelman, D.D.S.

THE EXAMINATION

The examination is conducted with the patient seated. Any intraoral prostheses are removed, if possible. Intraoral tissues are examined first, followed by the extraoral tissues.

I. The Intraoral Examination
A. FACE (Figure 1)
B. Palatal and Inframandibular Soft Tissue Examination

II. Oral or Pharyngeal Cancer will be diagnosed in an estimated 23,000 Americans this year, and will cause approximately 7,000 deaths. On average, 5 percent of all cancer deaths are due to oral cancer.

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The extraoral assessment (Figure 1) includes an inspection of the face, head, and neck. The face, ears, and neck are observed, noting any asymmetry or changes on the skin such as crusts, fissuring, growths, or inflammation. The neck is palpated bilaterally for lymph nodes, noting any enlargement or changes in consistency. The examination is conducted with the patient seated. Any intraoral prostheses (dentures or partial dentures) are removed before starting the mouth-wide examination.

The perioral and intraoral examination proceeds in the following sequence:

1. Lips and oral vestibule
2. Buccal mucosa
3. Gingiva
4. Tongue
5. Floor of the mouth
6. Palate
7. Extraoral tissues

Extraoral tissues are palpated with the patient's mouth partially open, carefully and are not covered by the retractions. The order of examination includes the preauricular, postauricular, submandibular, anterior cervical, and posterior cervical regions. The examination follows a systematic assessment with the patient's mouth closed and then open, noting any asymmetry, changes in color, texture, and mobility. Extraoral lymph nodes are bilaterally palpated to detect any enlargement or changes in consistency. The examination includes observing the lips with the patient's mouth partially open, visually and manually, examining the lips for any changes in color, texture, and mobility.

The perioral and intraoral examination proceeds with the patient's mouth open, observing the hard and soft palate, and examining the entire oral cavity for any abnormalities. The tongue is inspected for any changes in color, texture, and mobility. The floor of the mouth is examined for any changes, and the hard and soft palate are palpated for any abnormalities. The extraoral tissues are palpated with the patient's mouth closed, noting any changes in color, texture, and mobility. The examination is conducted with the patient seated, with any intraoral prostheses (dentures or partial dentures) removed before starting the examination.

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