RDH The Cotten Method of Screening THE FOUR PILLARS





TOBACCO IN ALL FORMS, CHRONIC ALCOHOL USE

"Used in combination, alcohol and tobacco exert an synergistic effect that substantially increases the risk for oral cancer."¹

HUMAN PAPILLOMAVIRUS (HPV)

HPV causes approximately 70% of oropharyngeal cancers

BETEL NUT

Betel nut is a causative agent of oral cancer

2 Understand

additional risk factors

- PREVIOUS ORAL OR OROPHARYNGEAL CANCER
- · WEAKENED IMMUNE SYSTEM
- · FAMILY HISTORY
- · IMMUNOSUPPRESSIVE DRUGS
- · POOR ORAL HEALTH
- · PERIODONTITIS
- · POOR NUTRITION
- · OBESITY
- · ILL-FITTING DENTURES
- · CHRONIC GRAFT VS. Host disease
- · FANCONI ANEMIA
- · DYSKERATOSIS CONGENTIA

Any persistent (i.e., two weeks or more) lesion, sign, or symptom deserves a referral for further investigation and/or biopsy.

visual and tactile extraoral and intraoral evaluations

Recognize signs and symptoms

· EAR OR JAW PAIN

- · UNEXPLAINED WEIGHT LOSS
- SENSATION OF SOMETHING CAUGHT IN THE THROAT
- · CHANGE IN VOICE HOARSENESS
- · COUGH
- · SORE THROAT
- · NUMBNESS
- · PAIN
- · MASS OR LUMP
- · SWOLLEN LYMPH NODE
- · DIFFICULTY SWALLOWING







How to perform a screening

Extraoral

Patient sits upright. Use loupes and lighting.

- Face the patient; assess symmetry of head and neck.
- Examine skin, hairline, part in hair, facial hair, ears, nose, lips, vermilion border.





- Assess TMJ for crepitus, deviation, pain, popping, and limitations on opening.
- When palpating use moderate, circular motion with pad of fingers.





- Palpate occipital nodes with the patient's head tilted forward.
- Palpate pre- and postauricular and facial nodes, parotid gland, and temporalis, buccinator, and masseter muscles with the patient's teeth clenched.
- Palpate submandibular and sublingual glands with moderate circular motion. Palpate tongue to roof of mouth.
- Palpate submandibular, sublingual, and submental nodes, then roll tissue over the mandible to further assess for masses or swollen nodes.
- With the patient's head turned to one side and chin lowered and resting in the clinician's hand, palpate sternocleidomastoid muscle and anterior and posterior cervical chains, then palpate clavicular nodes with the shoulder on same side raised slightly. Repeat on other side.





· Palpate thyroid and assess for symmetry during swallowing.

Oropharynx

- Tell patient to take a deep breath in and say "ahh," then depress firmly on the posterior dorsal surface of tongue.
 Visualize uvula, soft palate, palatine tonsils, anterior and posterior tonsillar pillars, posterior wall, and glossotonsilar sulcus. Use salt on tongue to reduce gagging.
- Palpate glossotonsillar sulcus (where palatine tonsil meets posterior base of tongue). Slide finger in gently from retromolar trigone or anterior pillar.

Intraoral

Stand with the patient reclined at 45-degree angle, and patient chair raised to optimal level.

ORAL CAVITY

- Use mouth mirror to visualize all tissues and structures.
- Visualize and palpate lips, buccal mucosa, maxillary and mandibular labial and gingival tissue, vestibules, frenums, commissures, hard and soft palate, and retromolar trigone.

TONGUE

• Assess mobility: tongue extended, move side to side, up and down.





• Assess tongue tie: Patient opens mouth wide and touches tip of tongue just behind incisive papilla.



• Grasp tongue with moistened, rolled 2x2 gauze, firmly pulling tongue up and to side to visualize lateral borders, ventral surface, posterior third, and lingual tonsils. Palpate all surfaces visualized; repeat other side. Without gauze, palpate sides, tip, and dorsal surface.





- Entire floor of mouth: palpate intra- and extraorally simultaneously.
- Assess parotid and sublingual salivary flow, gently stimulating ducts with cotton tip.
- Assess palatine tonsils for symmetry in size and color. Document tonsil size (Brodsky score). Lingual tonsils assessed with tongue.
- · Assess and document Mallampati score.
- Assess uvula for abnormalities in color, shape, deviations, swelling, and lesions.