

Dental Issues Related to Cancer Treatment

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Problems such as cavities, broken teeth, loose crowns or fillings, and gum disease can get worse or cause problems during cancer treatment.

National Cancer Institute

Cancer is a frightening and threatening word. When hearing it, teeth understandably don't seem particularly important or relevant. Yet cancer treatment can have harmful dental side effects that, in turn, can create complications. Excellent oral hygiene, and dealing with any necessary dental care is important to prevent troublesome dental issues that can persist long after the cancer has been defeated.

Infection

Dental cavities and gum disease are bacterial infections. The immune system, which is our defense against infections, can be weakened by cancer as well as chemo and radiation therapy.

Dental infections can therefore get worse. And if the bacteria get into the bloodstream, they can travel and more easily create infections elsewhere in the body.

To help prevent such potential complications, it is generally recommended that a dental examination and any needed treatment be completed a few weeks before starting any chemotherapy, or radiation for cancers involving the head and neck region. Postponing non-emergency dental treatment during cancer therapies may be advised.

Thorough daily oral hygiene is particularly important to help prevent dental infections from developing, especially during and following cancer treatment.

Dry Mouth

Many medications --- including some used to treat cancers --- can create a “dry mouth” by reducing the amount of saliva produced by salivary glands. It's a troublesome problem, too, that can result from radiation for head and neck cancers.

Medicare generally does not cover routine or complex dental and/or oral health care, even when such care is essential to the treatment or management of an underlying medical condition (some private Medicare Advantage plans offer limited coverage). The Center for Medicare Advocacy strongly supports adding a comprehensive oral health care benefit to Medicare and expanding coverage for medically necessary oral care, because the mouth is a part of the body and oral health impacts overall health.

The Center encourages Medicare beneficiaries to share their oral health stories and tell elected officials why oral health coverage is important to them. To do so, email the Center at OralHealth@MedicareAdvocacy.org.

That increases the risk for several problems including cavities, infection and inflammation of the gums, loose fitting dentures, irritation from dentures, and fungal infections on the lips and inside surfaces of the mouth (Thrush). A dry mouth can also make swallowing and talking difficult.

Chewing gum, preferably sugar-free, can help stimulate saliva production. Sipping water frequently helps, as can saliva-substitute products available as rinses, gels, and sprays.

Mouth sores

Chemotherapy for all types of cancer, as well as radiation for head and neck cancers, can create inflamed and painful sores inside the mouth. Cancer treatment may need to be temporarily modified or even stopped to allow for healing.

Thorough oral hygiene a couple times a day will not prevent mouth sores from developing, but it can reduce the risk of them becoming infected. A salt and baking soda rinse (1/4th teaspoon each of salt and baking soda in a quart of warm water), or alcohol-free antiseptic mouth rinses, may help by removing food debris and other irritants. Pain management may require medication, but aspirin-type painkillers are generally not advised because they can increase the possibility of bleeding.

Eating well and maintaining adequate nutrition is important during cancer treatment, but chewing certain types of food may irritate mouth sores. It may be necessary to make food softer, and limit wearing dentures to mealtime.

Jaw damage from certain cancer drugs, or radiation for head and neck cancer

This complication can occur years after completing cancer treatment. Anyone with multiple myeloma (a cancer involving the bone marrow), or metastatic lung, prostate, or breast cancer, should learn if treatment involved a bisphosphonate drug (Zometa, for example) or denosumab (Xgeva). The drugs reduce the risk of bone pain and fractures related to those particular cancers (at much lower doses the drugs are also used to manage osteoporosis).

Dentists need to be informed because those drugs at high doses, as well as radiation for head and neck cancers, can contribute to a complication that damages the jaw (osteonecrosis). Thankfully the problem is rare, and usually develops only after a tooth extraction or oral surgery involving the jaw. The bone doesn't heal properly and becomes infected. It creates pain and swelling. Treatment can require additional surgery to remove the damaged bone. The problem isn't associated with cleanings or fillings.

Oral hygiene

With so many challenging and stressful adjustments that cancer treatment can require, thorough daily oral hygiene may seem relatively unimportant. But if overlooked, the dental problems that may develop can persist long after the cancer has been defeated.

Before starting cancer treatment, a dentist or hygienist should be asked to provide a personalized oral hygiene plan. General brushing and flossing guidelines may be suitable under normal circumstances, but dealing with cancer isn't a normal situation. For example, if cancer treatments make gums tender, and brushing causes them to bleed, switching for a time from a soft bristle toothbrush to disposable single-use sponge swabs may be helpful. High-concentration fluoride toothpaste and fluoride rinse may be beneficial to help protect teeth from cavities, especially if dealing with a "dry mouth." Dentures, including partials, should be kept in a cleaning solution when not in use to reduce the risk of infection, or development of cavities in teeth to which partial dentures attach.

The inherent dignity of every person is reflected through a healthy smile.