

ORAL CANCER SCREENING TECHNIQUES

Technique	Description	Indication	Notes
Visual oral cancer exam	A methodical clinical examination of the oral cavity and surrounding structures of the head and neck. Intraorally, use a dental mirror, good lighting and a gauze for thorough examination. Examine the tongue and floor of the mouth (a common location for oral cancer) and other intraoral structures. Extraorally, use your gloved hands and good lighting to examine the skin and palpate muscles, TMJ and lymph nodes.	Good for monitoring all patients. Should be performed at every dental visit.	Easiest and least invasive way to screen for tissue changes.
Direct Visualization using Tissue Fluorescence	A blue light is used to illuminate the tissues of the oral cavity, decreased tissue fluorescence can indicate tissue changes.		Can be used as a screening tool; can also be used to help aid in determining margins when surgical removal of a lesion is needed.
Oral Cytology (aka "Brush Biopsy")	Oral brush cytology; brush is rotated 5-10 times with firm pressure.	Good for monitoring patients with history of mucosal changes. Quick chairside tool for screening suspicious lesions.	Very precise, minimal discomfort to patient; patients with atypical or positive results should have scalpel biopsy.
Aspiration	18-gauge needle with a 5-10 mL syringe inserted to depth of mass.	Any lesion that may contain fluid. Intraosseous lesions prior to surgical exploration, to rule out a vascular lesion.	Air aspirate may be traumatic bone cavity. Pus may indicate infectious or inflammatory lesion. Straw colored, often cystic lesion.
Incisional Biopsy	Involves taking a sample of a representative part of the lesion. Using a scalpel blade, make two incisions forming an ellipse at the surface and a V at the base including normal tissue.	Lesions >1 cm in diameter. Lesions in a location that makes them difficult to remove. When malignancy or an aggressive benign lesion is suspected.	The incision should be made at the edge of the lesion so as to include both normal and abnormal tissue. Necrotic tissue should be avoided in the specimen. If the lesion varies from one area to another, more than one biopsy may be necessary.
Excisional Biopsy	Involves removing the entire lesion during the surgical diagnostic procedure. Using a scalpel and blade, make two incisions forming an ellipse at the surface and a V at the base. If the lesion appears benign, 2-3 mm of normal tissue should be included in the periphery. If the lesion appears malignant, 5 mm of normal tissue should be included in the periphery.	Lesions <1 cm in diameter. Lesions that appear benign. Lesions in locations that facilitate removal. Pigmented and small vascular lesions.	

<http://www.ada.org/3827.aspx>

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