



CHEMOTHERAPY, RADIATION, HSCT AAPD DENTAL GUIDELINES

DENTAL TREATMENT:

- Ideally all dental treatment should be completed before cancer treatment begins
- **Endodontics:**
 - *Primary teeth:*
pulp therapy is not recommended. Teeth should be extracted
 - *Symptomatic, Non-vital Permanent teeth:*
should have root canal therapy (RCT) completed at least **1 week** prior to treatment; in **1 visit**
(If more than 1 appointment or less than 1 week → Antibiotics for 1 week + Extraction)
 - *Asymptomatic, Non-vital Permanent teeth:*
treatment can be deferred until after cancer therapy is complete
- **Oral Surgery:**
 - Extractions should be completed **2 weeks** prior to beginning therapy
 - If there is a documented infection associated with a tooth- systemic antibiotics are indicated for 1 week
 - Gingiva over partially erupted teeth should be excised if it poses a risk for future pericoronitis
 - Loose primary teeth should be allowed to exfoliate naturally; unless there is a concern of chronic bacteremia
- **Orthodontics:**
 - Simple appliances with good oral hygiene can be maintained as long as the patient can tolerate them
 - Comprehensive orthodontic treatment should be delayed until 2 years post-therapy
- **Periodontics:**
 - Signs and symptoms of periodontal inflammation may be decreased in an immunocompromised patient

DURING TREATMENT

- Intensive oral hygiene is paramount because it reduces chances of mucositis without causing ↑ in septicemia/ infections
 - Brush 2-3 times / day; Replace brush q 2-3 months
 - Electric toothbrush, Flossing, Water pick – only if using properly (C/I if pancytopenic)
 - Patient should be seen at least every 6 months

MUCOSITIS

- If toothpaste causes stinging → switch to non-fluoridated toothpaste
- Chlorhexidine is no-longer recommended to prevent mucositis
- Foam toothbrush in chlorhexidine should only be used when soft tooth brush cannot be tolerated
 - Otherwise contra-indicated due to inadequate OH

CANDIDIASIS / THRUSH

- Prophylactic nystatin is not effective to prevent *Candida* infections in immunocompromised patients
- **Rx:** Systemic fluconazole or Topical nystatin PRN

XEROSTOMIA

- Increases risk of caries; Consider Rx topical fluoride
- **Tx:** Sugar-free candies, Increased water, Salivary substitutes; Saliva stimulating drugs are C/I for children
- **Sensitivity/ Pain** – ↓ saliva flow and ↓ salivary pH; Vincristine/Vinblastine (chemo)
 - **Radiation tx** – to prevent trismus: daily stretching, prosthetic aids, muscle relaxants, trigger point injections