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Welcome to the Spring 2013 Edition

Thank you for checking out the spring edition of our newsletter. We hope you are enjoying the warmer weather and are excited about the summer to come. Through sharing articles, research, tips, and events, it is our goal that this newsletter provides you with an oral health resource. In the fourth edition, you can find an article on the topic of oral cancer and information on our upcoming summer event and study club. The study club provides continuing education credits to dentists who work with our practice or to dentists who are looking to get to know us better. Please be in touch with any questions or comments- feedback is always appreciated.

Learn more about the practice at: www.oralsurgeryofmanhattan.com

Check out our events at: www.facebook.com/NYCOralSurgery







Oral Cancer: What to Look For

by Dr. Antonio Del Valle & Dr. Shahin Shahgoli

Head and neck cancer including all oral, pharyngeal, and laryngeal sites is the sixth most prevalent cancer in the country. The American Cancer Society estimates that 13,500 people in the United States were diagnosed with oral cancer in 2011. Five-year survival of oral cancer varies from 82% for patients with localized disease to 43% for those with regional disease and to 17% if distant metastases are present. One of the most important treatment modalities for oral cancer is early detection.

As dental health professionals, we should be at the forefront of this fight. In this article we want to point out the basics of what to look for during oral examinations. In this paper we will focus solely on oral squamous cell carcinomas.

Risk factors for oral cancer include: age (>45), smoking, smokeless tobacco, and heavy drinking.

Other factors that may contribute are poor oral hygiene, physical trauma, oral use of caustic agents (such as betel nut) and poor nutrition. Recently certain strains of the human papilloma virus have been strongly correlated to the development of oral cancer.

This is especially noted in the younger population that develops oral cancer despite not having any of the aforementioned risk factors. Currently this relationship is being heavily investigated, and we will have a comprehensive meeting and lecture on the role of HPV in head and neck cancers at our study club next month.

A complete head and neck examination should always be part of a complete oral examination. Many times patients will not complain of any symptoms until the lesions are at a more advanced stage and only a thorough examination can help catch these lesions at an early stage.





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A complete head and neck examination should always be part of a complete oral examination. Many times patients will not complain of any symptoms until the lesions are at a more advanced stage, and only a thorough examination can help catch these lesions at an early stage.

If noted the following signs and symptoms should prompt further investigation and a possible referral to a specialist:

- -Red patches
- -White patches
- -Mixed red & white patches
- -Lesions with raised borders
- -Oral sores that have no apparent
- cause and fail to heal
- -Mucosal changes such as thickening or lump formation
- -Swelling or lumpiness of the neck
- -Difficulties swallowing
- -Changes in voice or hoarseness
- -Non-healing ulcers

We do not favor the use of the so called in office cancer detection devices such as new light technologies or oral brush biopsies. These have unacceptably high false negative results that can mask detection and lead to a delay in diagnosis and treatment with the risk of increased morbidity and mortality. One test that sometimes may be applied in addition to a thorough head and neck exam is a toulidine blue rinse. TB is a vital dye that is believed to stain nucleic acids. This is the reason why it can be used to detect mucosal changes. This test can help to delineate the area in question and guide in diagnosis and treatment. Once a possible lesion or area has been identified, an immediate referral to a specialist is recommended. At this stage an incisional biopsy should be performed to establish a definitive diagnosis, as this represents the only definitive and reliable test in our opinion.

If a positive diagnosis of squamous cell carcinoma is made, an extensive work up, classification, and staging are performed to prepare the patient for definitive treatment and provide the best chance for a satisfactory outcome.



June & July Events

MAILING LABEL

-Save the Date-

Annual Summer Party -- Southampton BBQ Saturday, July 20, 2013, 2PM-7PM 411 North Main Street, Southampton, NY



Dental Study Club Meeting on June 12 Includes 3 CE credits and Dinner

Lectured by Brett Miles, DDS, MD, FACS
A Diplomate of the American Board of Otolaryngology and the
American Board of Oral and Maxillofacial Surgery, Dr. Miles is an
expert in head and neck oncology/microvascular surgery.

HPV Related Oropharyngeal Cancer, An Epidemic: What the Dental Practitioner Needs to Know.

Meetings are held at Dopo Teatro 125 West 44th Street (6th & 7th Ave) Time: 6:30 PM- 9:30 PM

As a sign of our appreciation of your support, Dr. Del Valle & Dr. Shahgoli are happy to provide the registration fee & dinner for attendees free of charge.

CONTACT

For reservations, questions, or comments please contact:

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Meetings and parties are by invitation and RSVP only. If you would like to attend but have not received an invitation or if you would like to bring a guest, please contact us for eligibility.