

2045 A Prospective Study on Oral Health Status of Nasopharyngeal Carcinoma patients

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Radiotherapy is the primary treatment for nasopharyngeal carcinoma (NPC). In advanced cases, adjunctive chemotherapy is also employed. Oral complications including xerostomia and mucositis are common after treatment. **Objective:** A pilot study to compare the short term oral health status of NPC patients receiving irradiation only (RT) and irradiation plus chemotherapy (RTCH). **Methods:** 13 RT and 12 RTCH patients were recruited in this single blind study. Evaluation points were just prior to, then 2 and 6 months after treatment. Before NPC therapy, all patients received comprehensive primary dental care. Fluoride carriers and jaw opening exercises were also prescribed. At the 3 time points, limitation of jaw opening, the presence of dental caries, periodontal disease (CPI) including loss of attachment (LOA) and oral mucosal lesions were assessed, and saliva pH and buffer capacity and stimulated whole and parotid saliva flow measured. Paired sample T/Wilcoxon signed ranks tests and Independent sample T/Mann-Whitney tests were used to compare changes over time and between groups. **Results:** At 2-month recall, all subjects had xerostomia ($p < 0.01$). Stimulated whole/parotid salivary flow and whole saliva pH were reduced and salivary buffering capacity impaired in both groups ($p < 0.01$). Saliva condition remained the same at 6-month review. In the RTCH group, significant mucositis was found at 2-month recall ($p < 0.05$) and jaw opening was reduced over the study period ($p < 0.01$). There were no significant changes in caries and periodontal status in both groups between the 2 and 6-month recall. **Conclusions:** Both treatments for NPC patients resulted in xerostomia with compromised saliva quality. Both treatments had minimal effects on dental tissues in short term. However, RTCH imposed greater damage to the soft tissues and jaw muscles. Supported by CRCG-HKU

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