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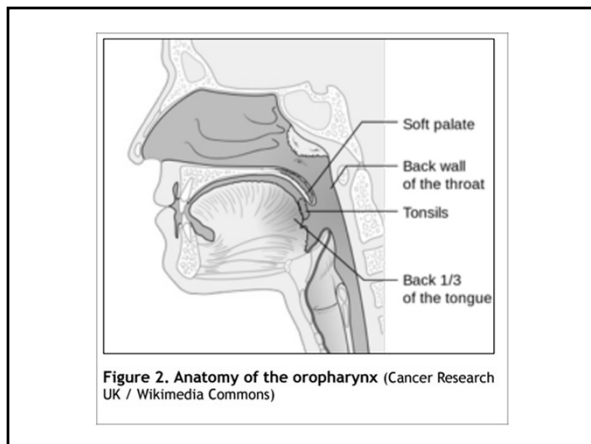
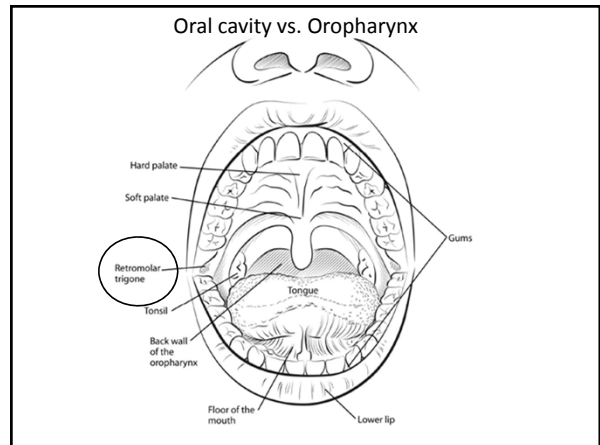
Private oral medicine practice: Tarzana, CA
Medical Staff, Cedars-Sinai Medical Center
Expert Witness

Oral, Head & Neck Examination:

What, When, How?

Oral screening examination

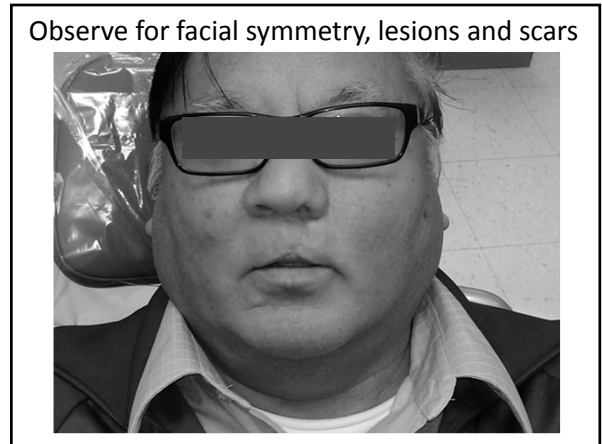
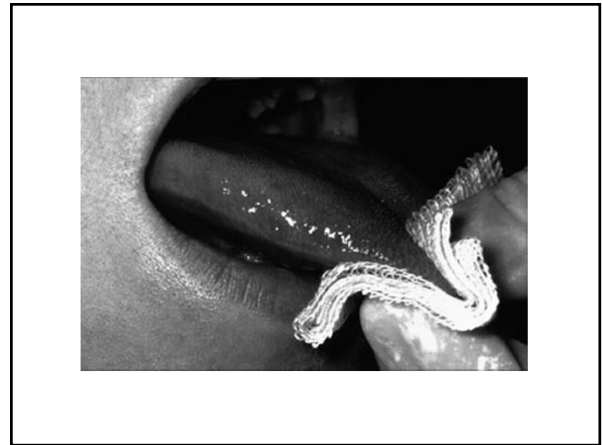
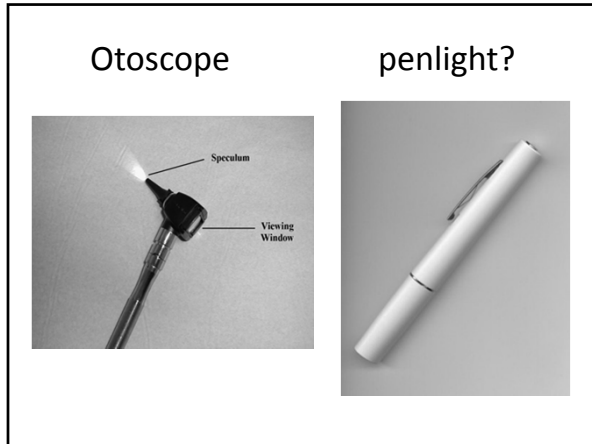
- Armamentarium
- Technique
- Examples of normal and abnormal findings

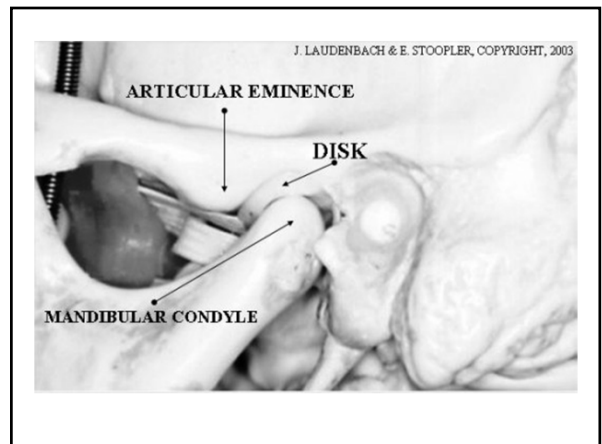
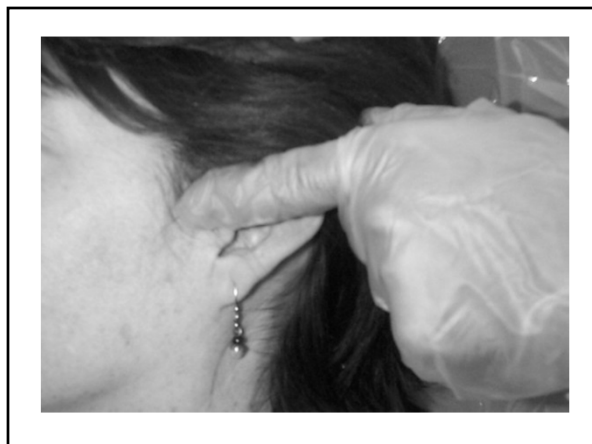
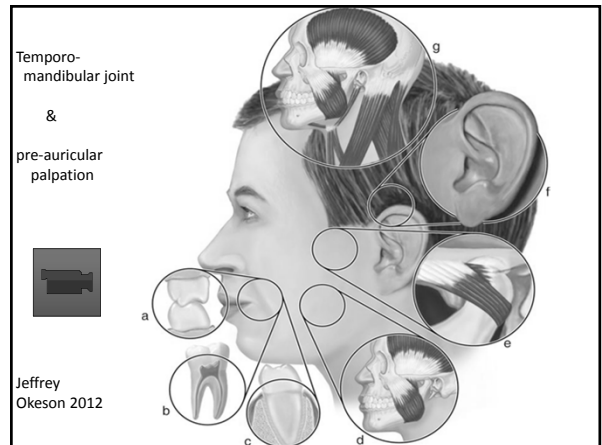
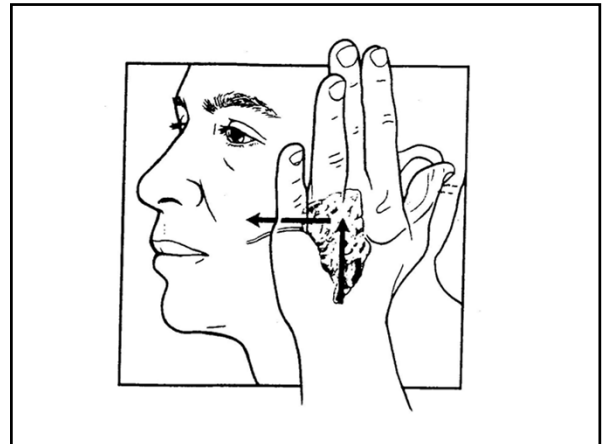


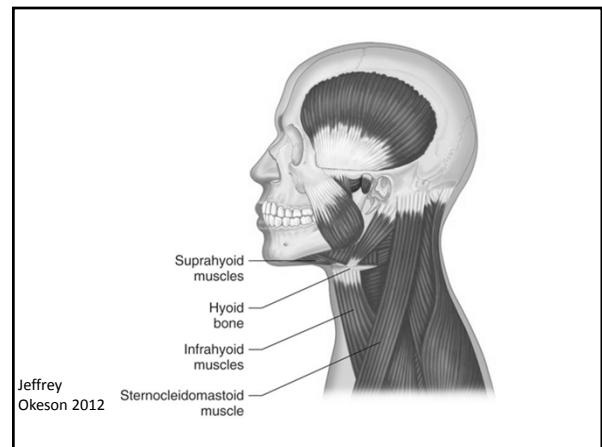
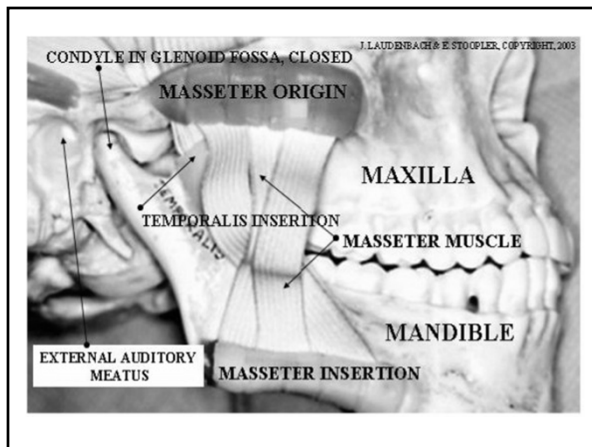
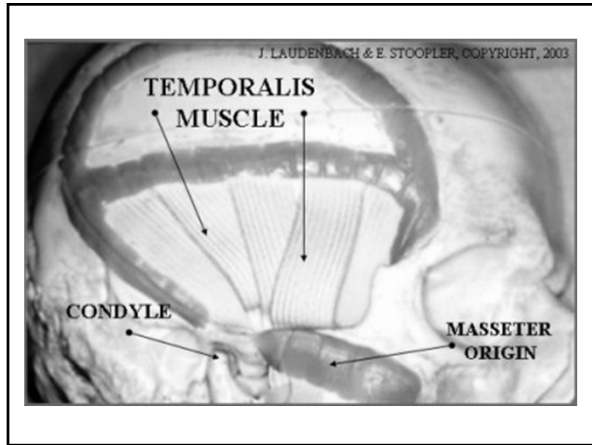
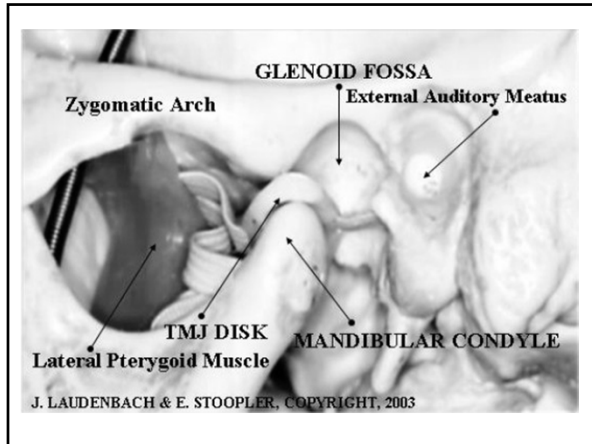
Examination: visualization & palpation

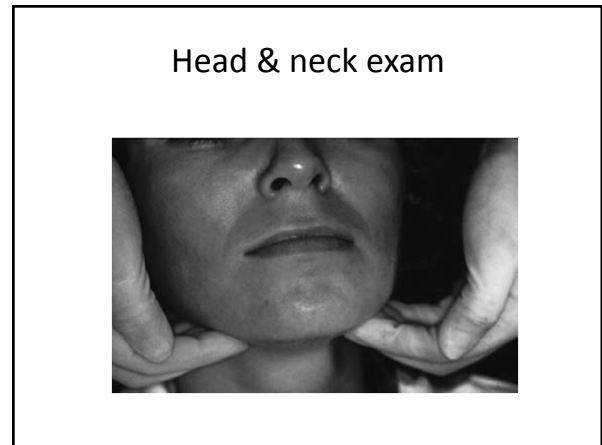
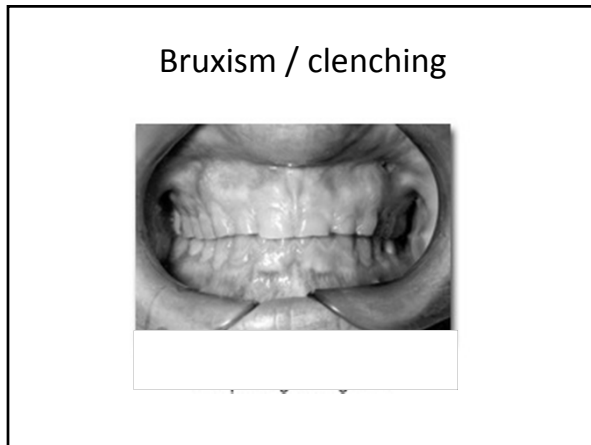
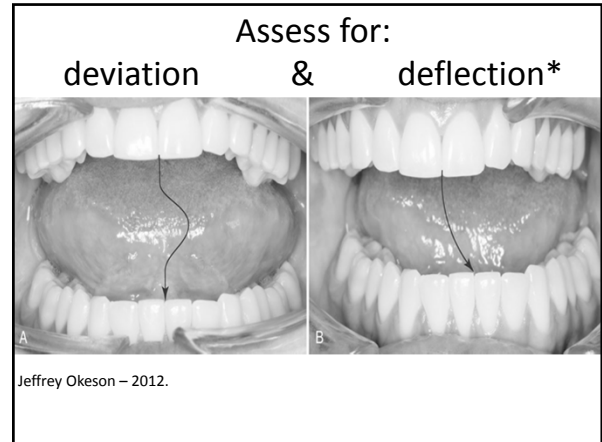
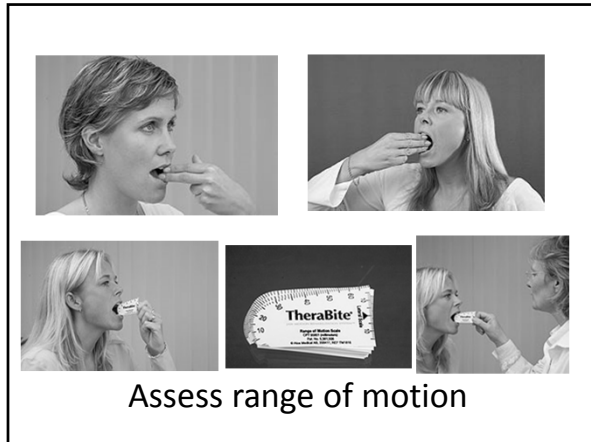
- Extraoral
- Perioral
- Intraoral
- Bright illumination is required*

The image shows a modern dental operating light with multiple lenses and a flexible arm, used for providing bright illumination during oral examinations.





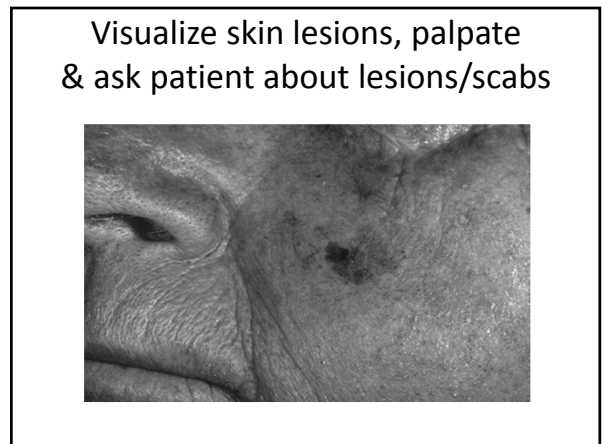
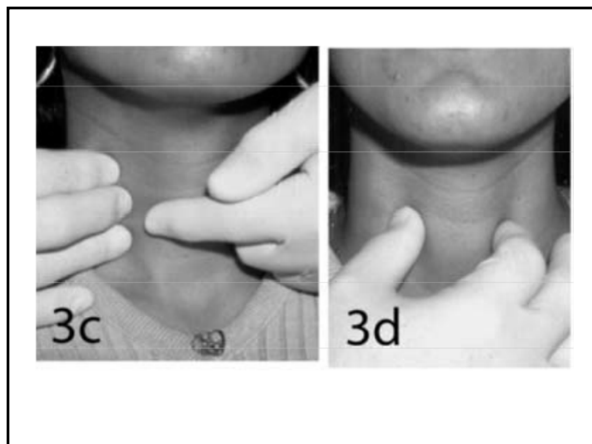
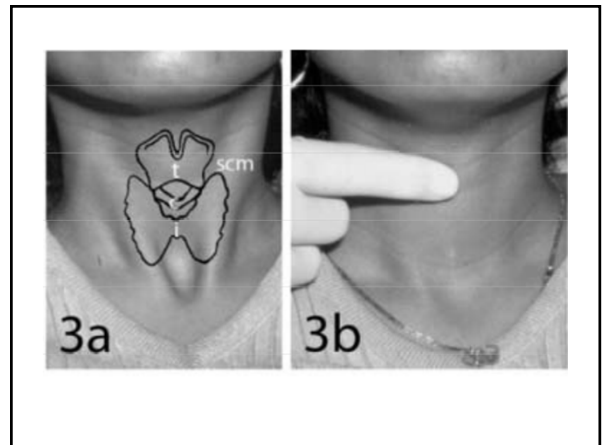
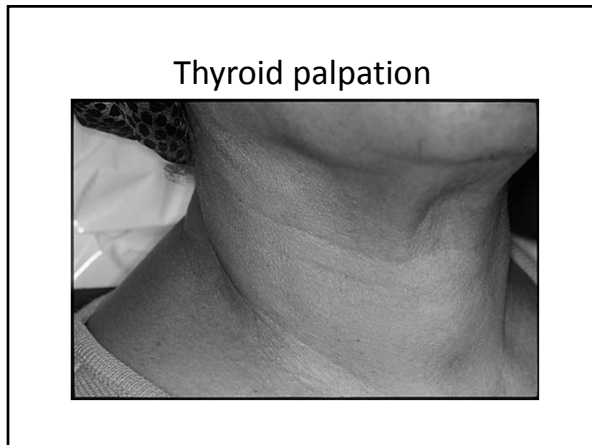
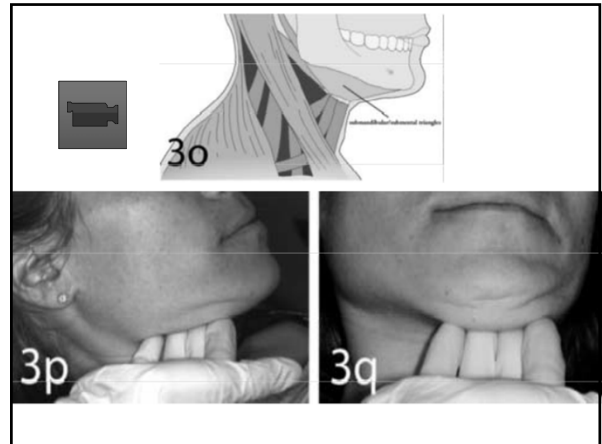
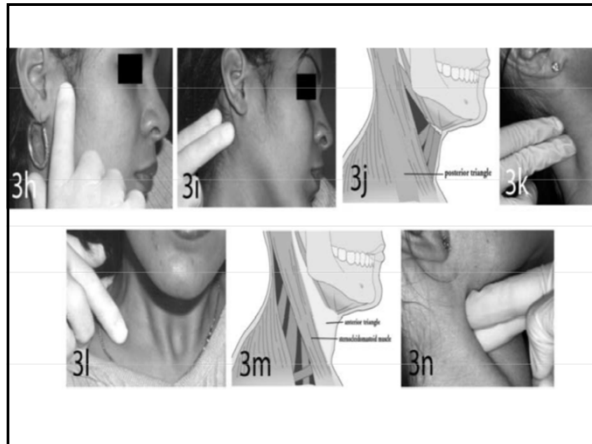




Lymph nodes to palpate include the:

- Preauricular
- Postauricular
- Submandibular
- Anterior & posterior cervical
- Occipital
- Supraclavicular
- Parotid salivary gland

- Review of systems – be on alert for & ask about oral cancer alarm symptoms**
 - Persistent ear pain (often one-sided)
 - Trouble / painful swallowing – dysphagia / odynophagia
 - Feeling that something is lodged in throat - globus sensation
 - Hoarseness or change in voice
 - Lump in the neck - gland swelling(s)



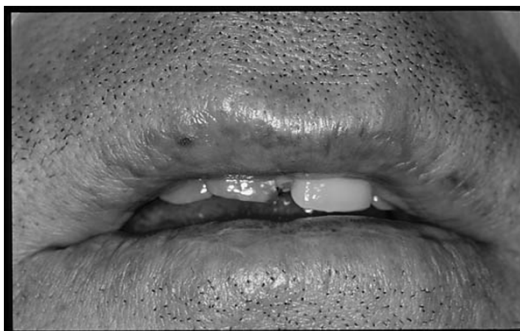
ABCDE's of melanoma

- A – Asymmetry
- B – Border irregularities
- C – Color variations (tan, brown, black, pink, red)
- D – Diameter greater than 6mm
- E – Evolution: enlargement & change over time

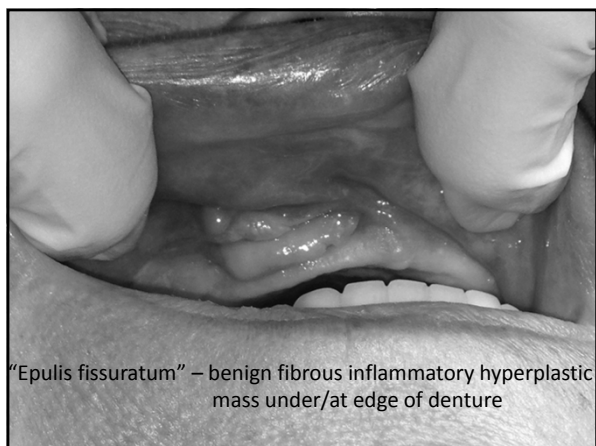
Extra-oral / peri-oral exam Lips - normal



Loss of definition of vermillion border*



Retract the upper & lower labial mucosa



Papillomas / HPV, verruca vulgaris




Buccal mucosa

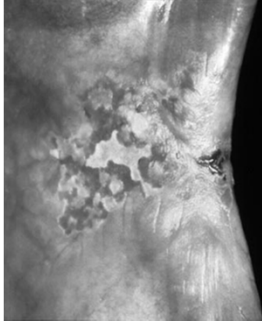
Retract with a finger, mirror or tongue depressor.

Look for changes in:

- color
- texture
- mobility
- swelling
- lesions



Oral mucosa of the commissures




“erythroleukoplakia”


- Diagnosis =

“Mild epithelial dysplasia with candidiasis”


Gingiva



Test for tooth mobility




Observe & palpate the palate

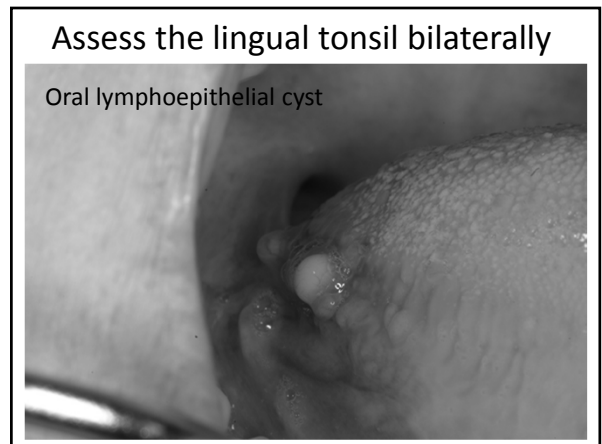
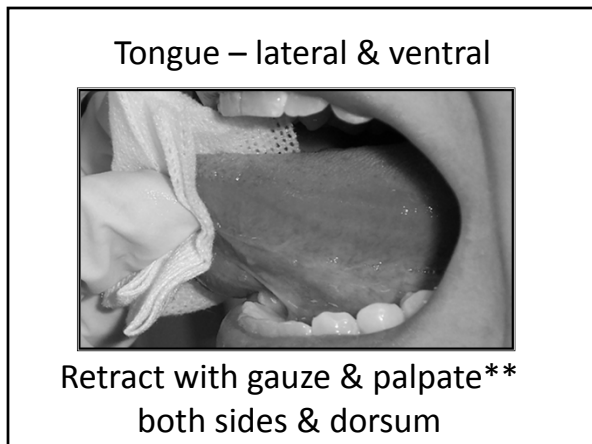
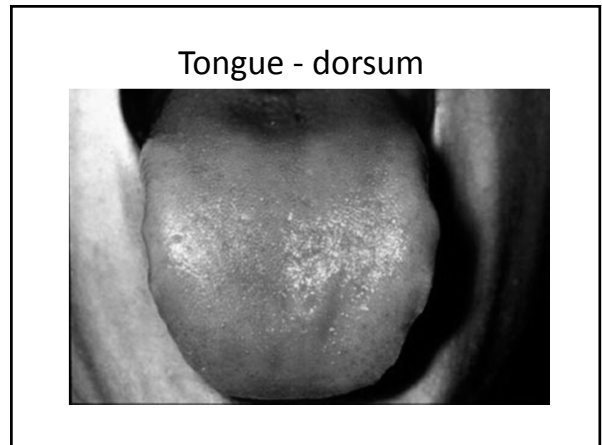
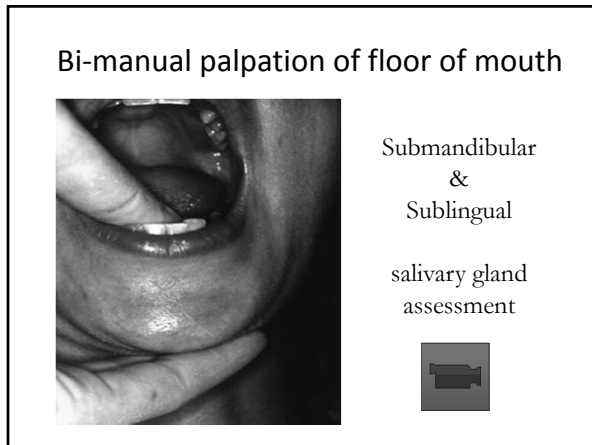
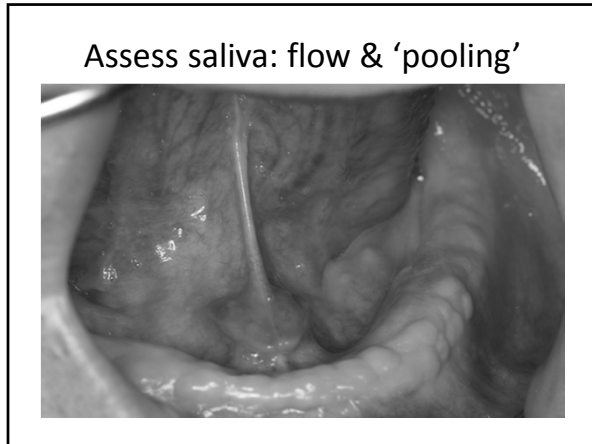


Floor of the mouth

With the tongue at rest & then raised:

- *Inspect the floor of the mouth*

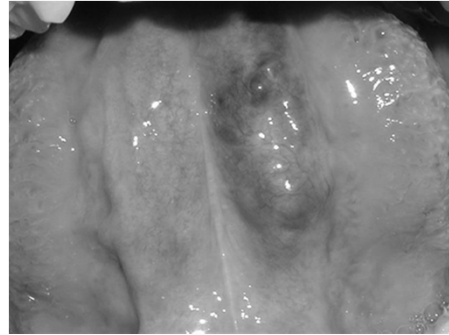




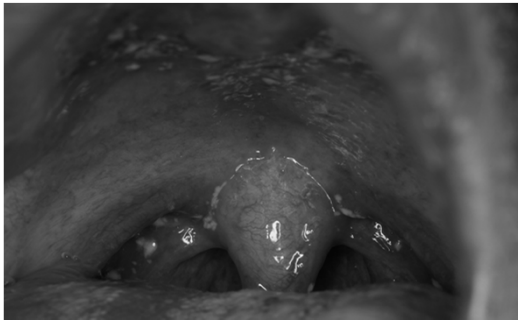
Slide diascopy test – compress vascular appearing lesions



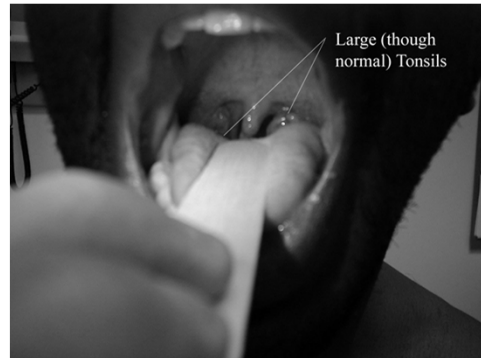
Tongue - ventral



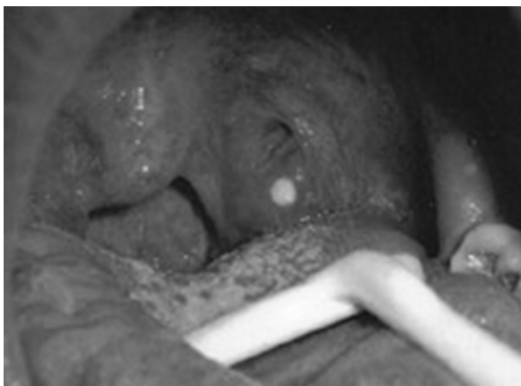
Oropharynx - uvula



Oropharynx - tonsils



Oropharynx: tonsillar pillars, fauces & wall



JADA May 2010

Evidence-based clinical recommendations regarding screening for oral squamous cell carcinomas

Screening During Routine Examinations[†] The panel suggests that clinicians remain alert for signs of potentially malignant lesions or early-stage cancers in all patients while performing routine visual and tactile examinations, particularly for patients who use tobacco or who are heavy[‡] consumers of alcohol

Follow-up for Seemingly Innocuous Lesions For seemingly innocuous lesions, the panel suggests that clinicians follow up in seven to 14 days to confirm persistence after removing any possible cause to reduce the potential for false-positive screening results

Follow-up for Lesions That Raise Suspicion of Cancer and Those That Are Persistent	<p>For lesions that raise suspicion of cancer or for lesions that persist after removal of a possible cause, the panel suggests that clinicians communicate the potential benefits and risks of early diagnosis</p> <p>Considerations include the following:</p> <ul style="list-style-type: none">■ that even suspicious lesions identified during the course of a routine visual and tactile examination may represent false positives;■ that clinical confirmation (a second opinion) can be sought from a dental or medical care provider with advanced training and experience in diagnosis of oral mucosal disease so as to reduce the potential for a false-positive or false-negative oral cancer screening result;■ that a malignancy or nonmalignancy can be confirmed only via microscopic examination that requires a surgical biopsy;■ that a decision to pursue a biopsy to confirm the presence or absence of malignancy should be made in the context of informed consent
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Special Thanks to:

- Dr. Sara Gordon – author & creator of the American College of Prosthodontists - Oral Cancer Screening Exam video
 - Associate Dean for Academic Affairs, UW School of Dentistry
- Dr. Jed Burton – Video clip production
 - Assistant Professor, Western University of Health Sciences, College of Dental Medicine