Webinar presented by:
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The dental hygienist has a unique opportunity to be on the front lines of discovery of an abnormal lesion or significant finding. The identification of a significant finding needs to be documented in a precise, clear format so as to ensure proper management.

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References & Resources:
Notes:

Surface Texture of the Lesion:
- Smooth (covered with intact tissue)
- Rough (pebbly, papillary or corrugated)
- Ulcerated
- Hyperkeratinized
- Erosive (thinning)

Size & Shape of the Lesion:
- Periodontal probe used to measure length x width of lesion and height if applicable
- Round, oval, triangular, linear
- Raised (papillary), flat (macular)
- Borders: well defined vs. irregular or ill-defined

Colour of the Lesion:
- Normal
- White
- Red
- Yellow
- Brown, blue or black

Surface Texture of the Lesion:
- An adherent white patch caused by excess keratin
- Keratotic
- Macule
- A flat, circumscribed, pigmented lesion
- Freckle, petechiae
- Papillae
- Elevated, solid mass
- Papillary
- Surface composed of numerous blunted projections
- Papule
- Slightly elevated circumscribed lesion
- Pseudomembrane
- A non-adherent accumulation of necrotic debris on surface of oral lesion
- Usually white to yellow in colour
- Ulcer
- Localized area of complete loss of oral epithelium
- Submucosal tissue is exposed at base of ulcer
- Verrucous
- Surface is composed of numerous elongated projections
- Projections commonly white in colour due to hyperkeratosis
- Vesicle
- A small blister < .5 cm.
Mobility of the Lesion:
- Movable vs. fixed
- Provides additional information as to how the lesion is interacting with adjacent tissue

Mode of Attachment:
- Broad (sessile) base
- Narrow (pedunculated) stalk

Consistency of Lesion:
- Soft vs. firm based on palpation

Number of Lesions:
- Solitary vs. multiple

Symmetry of the Lesion:
- Bilateral vs. unilateral
- Bilateral suggests a developmental process

Location/Dentition Reference:
- Reference to a location in the oral cavity or proximity to dentition
- For example, lesion is located 2 mm. to the left of the palatine suture

Front Lines of Early Discovery:
- RDH (early discovery & identification)
- DDS (detection & confirmation)
- Oral surgeon, periodontist, GP DDS (biopsy)
- Oral pathologist (diagnosis)
- Oral surgeon, head & neck surgeon (if treatment required)

Clinical Assessment, Management & Referral:
- Complete medical & dental history and identify any known risk factors
- Perform visual and tactile extraoral & intraoral examination
- Utilize adjunctive screening methods if available
- Identify and document clinical findings related to any extraoral or intraoral abnormal lesion
- In a traditional practice setting, the RDH would then communicate findings to the DDS
- In an independent practice setting, the RDH would evaluate as to the need for immediate referral or re-appoint for observation in 14 days
- In a traditional practice setting it is the responsibility of the RDH to refer if they feel that the lesion warrants further investigation even in the absence of expressed concern by the DDS
-In the case of an abnormal finding possessing identified or non-identified risk factors, identified etiology and client awareness, first remove the causative factor and re-appoint in 14 days for observation
-If the abnormal finding has resolved there is no further microscopic investigation required
-The client would then be educated regarding controllable risk factors
-In the case of no known etiology coupled with lack of client awareness regarding the presence or duration of the lesion, refer for further microscopic evaluation or re-appoint in 14 days to re-evaluate
-This decision will take into account other factors such as the clinical presentation and the knowledge of other risk factors which place the client at increased risk
-If the lesion has not resolved in 14 days, a definitive need for biopsy arises. Further microscopic examination will determine the definitive diagnosis, histologic composition and course of action if any.

Thank you for taking this webinar offered by rdhu. If you have any further questions regarding the content of this webinar, please contact me directly.

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References & Resources:
www.cdha.ca/oralcancer