EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Information Leaflet for Patients

Oral mucositis

The aim of this leaflet

This leaflet is designed to help you understand more about oral mucositis. It tells you what this condition is, what causes it, how it is diagnosed and treated, and practical advice for managing this condition.

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Oral mucositis

What is oral mucositis?

Oral mucositis is a common and unpleasant complication of certain anticancer therapies. It can result in patient discomfort and impairment of the quality of life. Severe mucositis can cause pain, difficulty in eating and swallowing, but is reversible and gradually improves when the causative drug is withdrawn. Prompt recognition and management of mucositis are essential.

What does oral mucositis look like?

The first phase of mucositis induced by chemotherapy or radiation therapy presents with redness, inflammation, and burning. It may evolve into painful erosions and ulcerations. Radiation-induced mucositis generally occurs around the third week of treatment. Mucositis induced by chemotherapy appears earlier during the first week of treatment, then gradually disappears during the following week, leaving a risk of reappearance during the next cycles of chemotherapy. It can occur in the entire gastrointestinal tract (from the mouth to the anus). Mucositis induced by new targeted therapies usually manifests with well-limited ulcerations (mimicking canker sores) of mild intensity that occur within the first several cycles of the treatment.

Who is affected by oral mucositis?

Mucositis can affect up to 90% of patients who undergo anticancer therapies, and its frequency depends on the type of treatment received. Mucositis occurs:

- in 20 to 40% of patients who receive chemotherapy for solid tumors
- in approximately 80% of patients receiving chemotherapy before hematopoietic stem cell transplantation
- in about 90% of patients who receive radiation therapy for head and neck cancer
- in up to 60% of patients on targeted therapies.

The individual risk factors include smoking, poor oral hygiene, younger age, nutritional status, and low white blood cells count before the start of the treatment.

What causes oral mucositis?

Mucositis develops due to a complicated process that is still not very well understood. It is known that radiation and chemotherapy can damage the cells leading to an inflammatory reaction of the oral mucosa.

How is mucositis diagnosed?

The diagnosis of oral mucositis is clinical. There is no need for additional tests. Sometimes, a local swabbing may be useful to exclude infection (for example candida, herpes reactivation).

How is mucositis treated?

The management of oral mucositis focuses on symptomatic measures, including basic oral care, mouth rinse with bicarbonate, diet modification, morphine mouth rinse, analgesics, laser therapy, and topical anti-inflammatory compounds (example: topical corticosteroids). Sometimes it may be necessary to modify the dose or discontinue treatment.

Can mucositis be prevented?

Before initiating the treatment, an oral examination by a dental practitioner is highly recommended to treat any dental, periodontal, or prosthetic abnormality. Basic oral care and some dietary modifications are critical as they can alleviate your pain.

Depending on the treatment, preventive measures such as cryotherapy or special mouthwashes (for example prednisolone) may be recommended by your oncologist.

Practical advice for care of mucositis

- **Maintain good oral hygiene**: brush your teeth after every meal, use dental thread, rinse your mouth with bland solutions, clean your removable prostheses (if applicable)
- **Try to adjust your diet**, by avoiding spicy, acidic, hard, crunchy, and/or very warm food and liquids
- **Avoid:**
  - alcohol-containing rinses and toothpaste with sodium lauryl sulfate,
  - alcohol or peroxidase containing mouthwash products,
  - antifungal or antimicrobial products without specific indications,
  - alcoholic drinks,
  - smoking

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