



Department of Oral and Maxillofacial Surgery

Head and Neck Cancer Reference Sheet

Signs and Symptoms of Head and Neck Cancer:

Unexplained ulceration of the oral cavity or mass persisting for more than 3 weeks.

An unexplained palpable lump in the neck i.e. of recent onset or a previously undiagnosed lump that has changed over a period of 3 – 6 weeks. (Lymphadenopathy)

Unexplained persistent swelling in the parotid or submandibular gland

Unexplained red and white patches (including suspected lichen planus) of the oral cavity particularly if painful, bleeding or swollen

Oral cavity and lip lesions or persistent symptoms of the oral cavity followed up for four weeks where definitive diagnosis of a benign lesion cannot be made

Non-healing extraction sockets (>4 weeks duration) or suspicious loosening of teeth, where malignancy is suspected (particularly if associated with numbness of the lip)

Unexplained Jaw Swelling (Large Radiolucency or Radio opacity)

Risks Of Head and Neck Cancer:

Smoking/Chewing tobacco (Current / Previous)

Excessive Alcohol Use (Current/Previous)

Betel Quid (Current /Previous)

HPV

Shisha/ Hookah (Current /Previous)

Males >55, Females > 70

Low fruit and veg consumption

Please include full clinical history, medical history, medication, allergies, smoking history, alcohol history and photographs with all referrals.

Oral Squamous Cell Carcinoma

Enlarging Ulceration

Bleeds when pressed

Rapid rolled margins

Indurated & hard to palpation,



Tonsil SCC– USOC



Tongue SCC-USOC



Erythroplakia-Urgent

Pre malignant, red area which bleeds easily



Dysplasia– Urgent

Pre-malignant, whitish patches , cannot be removed.



Erosive Lichen Planus (LP)– Urgent

Can become ulcerated, risk of cancer developing.



Neck Lump– USOC

For further information please visit: <https://bda.org/oralcancer> or https://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/home.html

Contact Details:

Contact University Hospital Monklands switched board on [01236 748748](tel:01236748748) and ask for Oral and Maxillofacial first on call.

Referrals via SCI Gateway and specify urgency of referral : USOC

PLEASE INCLUDE SIZE OF LESION, PHOTOGRAPHS & RADIOGRAPHS



MRONJ– Urgent

Exposed bone in the jaw for 8 weeks or more, side effect of anti-resorptive drugs.



Minor Salivary Gland Tumour– USOC



Neck / Parotid – USOC



Pseudomembranous candidiasis-

Fungal infection, poor oral hygiene or local trauma, associated with corticosteroid inhalers, recent broad spectrum antibiotics, smoking,.



Polyp– Routine

Benign, Local Trauma/Irritation, Refer routine if bothers patient.



Pyogenic granuloma– Routine

Local trauma/irritation, Hormonal factors, Poor oral hygiene, treat with conservative measures, refer if bothers patient/bleeding

Signs & Symptoms of Cutaneous Cancer

New lesion on head and neck	Bleeds
Increasing in size	Irregular shape
Open sores	Oozing
Crusty/Scaly	Painless ulcer
Shiny pink/ red/pearly-white bump	Non-healing lesions

Risk factors for cutaneous skin cancers

- Sun exposure
- Outdoor occupation
- Fair Skin
- Immunocompromised patient
- Failure to wear adequate sun protection
- Male>Female
- Radiotherapy to Head and Neck



Cutaneous SCC– USOC

New onset cutaneous lesions, rapid growing lesion, bleeds, crust, Itch, risk of malignant transformation, scaly red patches, open sores, rough, thickened or wart-like skin, raised growths with a central depression.



Cutaneous BCC– USOC

New onset lesion on the face, cutaneous cancer, can look like open sores, red patches, pink growths, shiny bumps, scars or growths with slightly elevated, rolled edges and/or a central indentation, at times, may ooze, crust, itch or bleed.

