

### **Your Mouth and Chronic Graft-versus-Host Disease**

Celebrating a Second Chance at Life Survivorship Symposium

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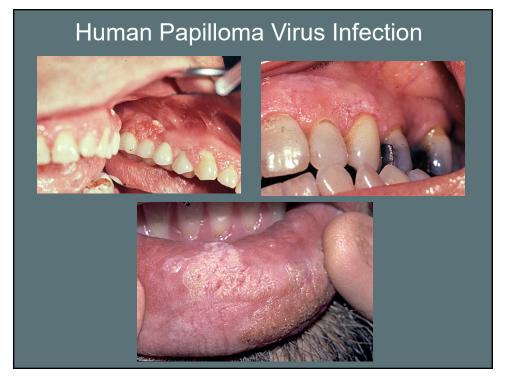
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### **Oral Lesion Management** Steroids: topical: budesonide rinse - fluocinonide gel Mucosal clobetasol gel • Intralesional Steroids **GVHD** Others: Tacrolimus Pimcirolimus retinoic acid minocycline • Photobiomodulation therapy (PBM)

# Symptom Management Local: - magic mouthwash - Doxepin - morphine • Wetting/lubricating agents • Coating agents • PBM • Systemic - analgesics/adjuvants (neuropathy)

Photobiomodulation
Therapy
(PBM)

Red/Infrared light therapy

• Anti-inflammatory

• Analgesic

• Accelerate wound healing

• Antifibrotic



### Saliva function – Quantity/ Quality History Volume: objective resting/stimulated Salivary Residual function Gland - fluid intake, taste, chewing stimulation **Problems** Systemic sialogogues – PBM Dental/periodontal Topical/palliation - Wetting, hydration, lubrication Dental/periodontal

### Candida clinical diagnosis, culture Treat risk factors Antifungals Herpes viruses Diagnosis, antivirals Human Papilloma Virus Diagnosis; clinical/cytology follow-up



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### Gum Disease and GVHD

Effect of gingival/periodontal infections

- Low grade chronic immune challenge
- Gingival involvement by GVHD

Stimulation of Immune System

Local Recruitment of Lymphocytes

Worsens GVHD Attack on Oral Tissues

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### Gum Disease and GVHD



Aggressive periodontal therapy

- Plaque removal
- Antibiotics: systemic / topical / subgingival
- Photobioimodulation (PBM)
- Extraction of significantly involved teeth





# Caries/demineralization risk Dental structure Microbial risk: oral hygiene medication considerations flouride chlorhexidine diet instruction saliva Periodontal/gingival involvement atrophy, inflammation recession/attachment loss

Recurrent
Primary
Disease
Second
Cancer

Clinical evaluation

Clinical examination adjuncts:

— Toluidine blue,

— fluorescence light

— Thermal imaging

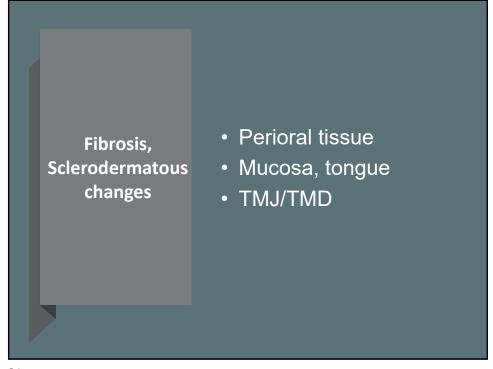
— Others

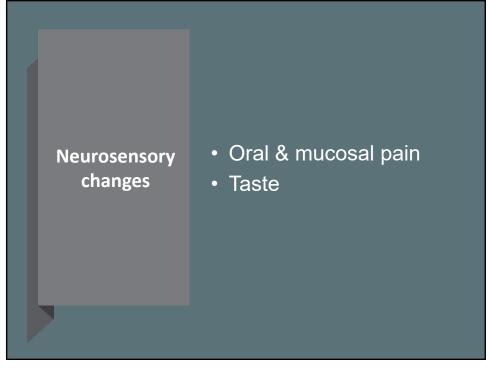
Tissue evaluation

— Cytology

— Biopsy

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Cause of Taste Changes • Receptor toxicity, neuropathy • Mucositis, GVHD Saliva Taste and • Infection, microbial shifts **Quality of**  oral hygiene Life after Smell & taste linked **Transplant Associated Toxicities**  Nausea / Vomiting Food aversion Recovery Variable: Gradual over 2-12+ months

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### Manage risk Diagnosis Medical intervention: Antimicrobial: topical/systemic Trental®/ vitamin E/Clodronate Teriparatide HBO? PBM? Surgery



### Second Cancers after HCT

### Malignancies:

- Lymphoproliferative disorders
- Hematologic disorders
- Kaposi's sarcoma
- Solid tumors: oral cancer



### **Risk Factors:**

- Previous treatments
- Total Body Irradiation
- GVHD & GVHD therapy (Immunosuppression)
- Tobacco, alcohol abuse
- Viral infection?



### Seeking Oral and Dental Care after Transplant

- General Dental & Oral Medicine Needs
- Support Dental Team or recommendations of Transplant Center
- Community
  - Dentist with hospital appointment/hospital training
  - Dentist with Oral Medicine training
  - GVHD support group

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### Summary

Oral care plays an important role in providing supportive care for HCT patients

- Patient Management:
  - Oral diseases / Oral & systemic toxicities
  - Chronic complications of treatment
- Before, During, and After chemotherapy / HCT
- Therapy can affect oral health
- Oral health can affect quality of life, and systemic health

Haverman TM, Raber-Durlacher JE, Raghoebar II, Rademacher WMH, Rozema FR, Hazenberg MD, Epstein JB, Treister NS. Oral chronic graft-versus-host disease: What the general dental practitioner needs to know. J Am Dent Assoc 2020; 151(11):846-56



