Oral Mucositis: The role of the radiographer & the importance of proactive care

Author: *Maulik Darji, Consultant Therapy Radiographer, Northampton General Hospital*

Hello, I am Maulik Darji (Maz) a Consultant Therapy Radiographer specialising in Head and Neck Cancer at Northampton General Hospital. As a part of my role, I run a radiographer-led review clinic once a week for the management of treatment side effects.

In the management of this group of patients, one of the main debilitating side effects experienced is oral mucositis (OM). This is inflammation of the mucosa in the mouth (Gupta et al, 2016) which is characterised by red, shiny swollen mouth and gums, dry mouth, extra thick saliva, mouth ulcers, difficulty swallowing and talking or eating, white mucous coating (Lalla et al, 2014), bleeding and soft white patches in the mouth or tongue (Gupta et al, 2016). It is reported by Pulito et al (2020) 90% of patients treated with radiotherapy and chemotherapy will experience some form of oral mucositis. Oral mucositis is a result of oncology treatment such as chemotherapy and radiotherapy due to a combination of variation of the baseline oral microflora with concurrent alterations in the tissues due to the damage caused (Pulito et al, 2020). Unfortunately, oral mucositis can be debilitating leading to issues such as decreased nutritional intake due to lack of ability to eat, severe pain, increased risk of infection and struggling to talk. All of these aspects have an impact on the patient's Quality of Life and, in very severe cases, may result in interruption of the treatment regimen for adaptation.

As a consultant radiographer, when reviewing these patients from day one of treatment I encourage good oral hygiene. This includes cleaning teeth with a soft toothbrush and high fluoride toothpaste at least twice a day as well as using a mouthwash at least four times a day to begin with. At Northampton, our patients will start off with having Photobiomodulation therapy (PBM) three times a week to help reduce the severity of oral mucositis and as treatment goes on and patients experience oral mucositis, I often get them to increase the number of mouth care products. As an independent prescriber I will prescribe adequate pain relief and consider products such as GelX to help protect and heal.

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Case Study

Diagnosis:

T3N2b pMX pR1 Carcinoma Left Buccal Mucosa

Treatment:

Left Buccal Mucosa wide excision & neck dissection

Adjuvant Chemo-Radiotherapy

During the patient adjuvant chemo-radiotherapy week 2, they were reporting soreness in the mouth and increased pain, on examination there was grade 1 OM to be noted around mouth and bottom of their inner lip. A few days later, the patient was given Gelclair to be used topically and as a mouthwash but did not find this effective. They were also experiencing trouble with eating/drinking and talking due to the increased discomfort and soreness from the OM. I had optimised pain relief and prescribed GelX. During week 4 on reviewing this patient, the OM had remained stable at grade 1, the soreness inside of the bottom lip had resolved completely and this patient could continue to eat soft foods and drink their nutritional supplement drinks. The patient reported that GelX was “a product that was a blessing, it allowed me to feel comfortable, speak and eat".

References

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