Blackpool Teaching Hospitals NHS
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Oral Cancer Diagnosis During a Global Pandemic
The importance of communication and innovative techniques

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Introduction

The COVID-19 pandemic has had an unprecedented effect on the way dental services are now delivered. There have been positive outcomes such as an increased use of technology for example tele dentistry, videoconferencing and sharing of patient photographs.

This case study outlines how a good working relationship and communication between primary and secondary care services in the face of many barriers enabled appropriate care to be delivered for a vulnerable patient.

Case Report

Medical History
Arthritis
NKDA
No medications

Dental History
No dental treatment for several years
Not registered with a dentist

91 year old Female

Social History
Non-smoker, Non-drinker
Lives alone
Daily carers
Has a daughter involved in care

Examination

Telephone consultation with patient's daughter.
Presenting complaint: Lesion on palate and cheek as well as weight loss

Examination
Emailed photographs revealed:
1. Neglected dentition and poor oral hygiene (Figure 1)
2. Indentation in the zygomatic region extraorally (Figure 2)
3. White plaque like lesion that was red on cleaning on palate in the upper left molar region (Figure 3).

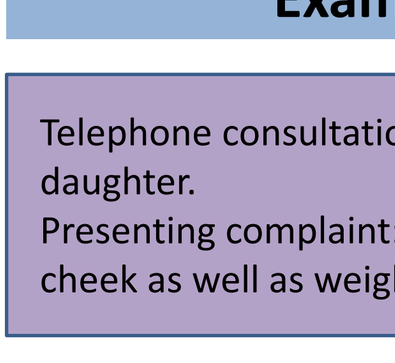

Fig.1 – Intraoral view of lesion upper left molar region

Fig.2 – Extraoral lesion left zygomatic region

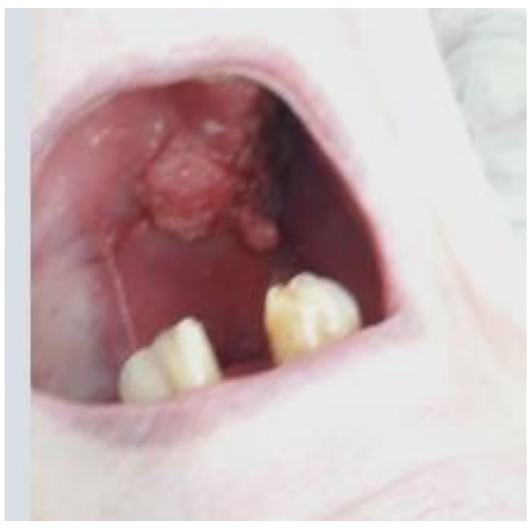

Fig. 3 – Intraoral lesion after cleaning

Provisional Diagnosis and Plan

- Suspected SCC
- GPFT referral to local Oral and Maxillofacial Surgery department

Examination
- Swelling left cheek. No paraesthesia, CN VII intact
- Large, fungating, indurated, hard mass evident extending over left maxilla, hard palate and soft palate
- Level I and II left lymph nodes palpable

Clinical impression
T3 N1 M0 SCC

Plan
GPFT Biopsy, head, neck and chest CT and MRI scans

Special investigations
LA incisional biopsy of mass, left maxilla/hard palate
Report: "Highly suspicious of well differentiated SCC"

CT neck and thorax :
No metastases, left level II lymph nodes

MRI: Lesion 50x26x36mm left maxillary region, close proximity to left parotid, level II node 10mm diameter, prominent node right side, smaller ipsilateral cervical nodes

Diagnosis and Treatment Plan

T3 N1 M0 squamous cell carcinoma

Treatment Plan
- Discussed during a joint Oral & Maxillofacial Surgery/ENT multidisciplinary team meeting
- Telephone consultation with patient and family
- Palliative care offered due to the patient's age and frailty.
- Radiotherapy treatment would be offered if the patient becomes symptomatic.
- Referral to the Palliative Care Team for end of life care.

Challenges

The most significant challenge in this case was the impact of the COVID-19 pandemic and the ability to diagnose remotely. This patient was initially triaged via the phone. Due to the patient's age and vulnerability to COVID-19 and presenting symptoms, a robust risk assessment was required when considering offering her a face to face appointment. The other challenge was relying upon the ability of a family member to take sufficient quality photographs to inform our provisional diagnosis.

Future Considerations

The COVID-19 pandemic has significantly changed the way in which dental consultations and treatment are carried out. In the continued presence of the pandemic it is important to consider alternative methods and technologies to aid our diagnoses, risk assessments and treatment. This could include patient photography, email, telephone and video conference.

Discussion

Following advice from the English chief dental officer that a remote risk assessment and triage must be carried out initially, this process must be as robust as possible in order to identify any red flag signs. In this case photographs and a thorough telephone triage was able to pick up on the red flag signs – indentation of the skin in the zygomatic region extra orally, poorly defined margins of the lesion intraorally and weight loss.
A good relationship and communication with our local maxillofacial department ensured that the patient was seen promptly and appropriately.

Conclusion

Several factors led to the best possible outcome for this patient in compromised conditions. Good clinical knowledge and the availability of colleagues for second opinions always form the basis of diagnosing and forming an appropriate treatment plan. Innovative techniques such as use of technology were critical in the absence of a clinical examination in identifying the need for urgent referral and management .

References

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