Oral Cancer Review for Oral Healthcare Professionals

Regular Screening For Early Diagnosis and Management as Key to Better Outcomes

Prepared by: Ricardo J. Padilla, DDS

EDIC CLINICAL DENTISTRY ADVISOR | 2026

CLINICAL PRESENTATION

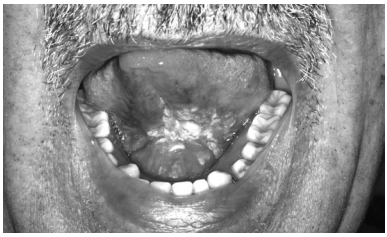
Oral cancers present across a spectrum from subtle mucosal changes to ulcerated or exophytic masses. Early lesions may appear as leukoplakic, erythroplakic, or mixed lesions, with red lesions carrying a higher likelihood of dysplasia or carcinoma.

Symptoms may include pain, dysphagia, altered nerve sensation or motor function, or cervical lymphadenopathy, although early lesions are often asymptomatic. Lesions persisting beyond approximately two or three weeks or demonstrating concerning features should be considered suspicious.

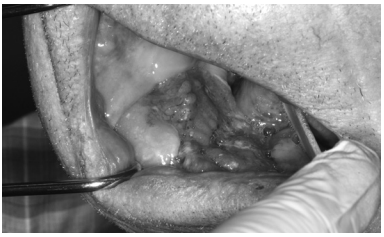
CLINICAL ORAL EXAMINATION AND RISK INTEGRATION

A comprehensive clinical and radiographic examination combined with review and update of the patient's medical history remains the cornerstone of early disease detection. This includes systematic visual inspection and palpation of the head and neck structures and intraoral mucosal surfaces. Integration of findings with an updated patient history and risk factors enhances diagnostic accuracy.

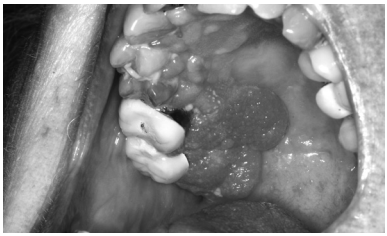
Invasive squamous cell carcinoma involving the floor of mouth. Minimally symptomatic but indurated lesion initially attributed by the patient and original provider to trauma from a poorly fitting denture; the lesion persisted after denture adjustment, and biopsy confirmed invasive squamous cell carcinoma.



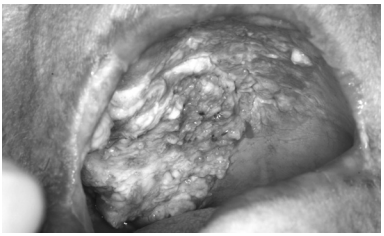
Advanced invasive squamous cell carcinoma involving the underlying bone with ipsilateral cervical lymph node metastasis. Lesion was initially attributed by the patient to denture irritation for several months, during which he attempted to adjust the denture himself.



Invasive squamous cell carcinoma involving the right hard palate and tuberosity. Lesion presented as granular, elevated, exophytic erythroplakia associated with loose teeth, mild tenderness, and bleeding during brushing and flossing in a patient without traditional oral cancer risk factors but with a history of immunosuppression.



Invasive squamous cell carcinoma involving the right posterior palate and extending to the soft palate. Lesion occurred in a patient with several decades of chronic snuff use and no history of alcohol consumption or smoking.



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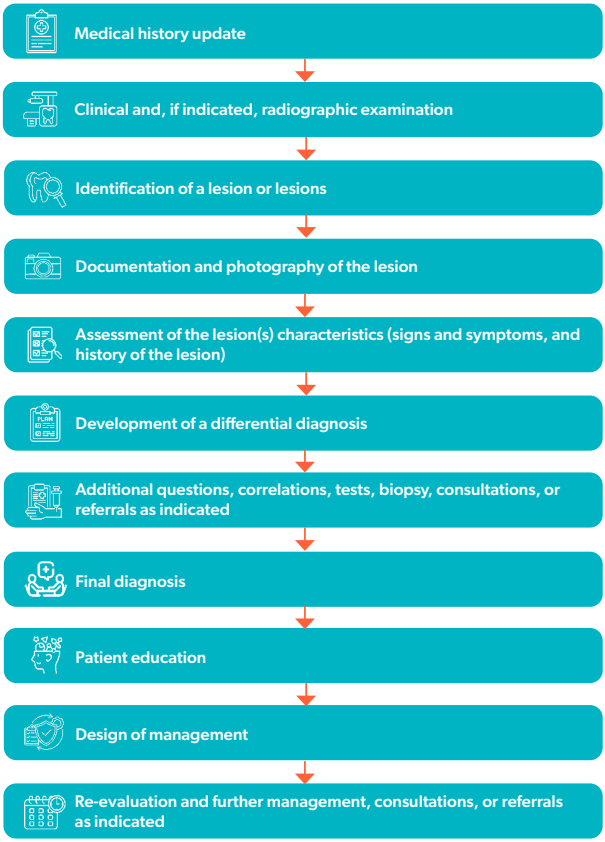
DIAGNOSTIC PROCESS FOR AN ORAL OR JAW LESION



Diagnosis is often a stepwise, repeat process that may require multiple encounters. Suspicious lesions may warrant immediate diagnostic biopsy.

- ✓ Diagnosis may require multiple visits and repeat evaluation
- ✓ Stepwise process may cycle more than once
- ✓ Highly suspicious lesions - immediate biopsy
- ✓ Modify pathway as clinical concern warrants