



Pediatric dentistry in care of the cancer patient

Nothing better exemplifies the role the pediatric dentist plays in the care of children with special health care needs than the care provided to children with cancer. Within every pediatric dentistry training program in the country and at many other institutions where pediatric dentists provide service, children undergoing treatment for cancer including chemotherapy, radiotherapy and bone marrow transplantation, are provided supportive and therapeutic care for the oral manifestations and treatment of their disease.

Not infrequently, toxic reactions in the oral cavity limit the amount of therapy that can be delivered to the child. Chemotherapy-induced mucositis with or without super-infection may reduce dose intensity either by prolonging the interval between courses of chemotherapy or requiring dose reduction because of excessive toxicity. Radiotherapy to or near the oral cavity may cause mucositis, infection, trismus, or xerostomia, which interrupts radiotherapy, induces malnutrition, or leads to systemic infection. When chemotherapy and radiotherapy are combined, the aforementioned complications are additive, if not synergistic. The overall impact of therapy reduction on tumor control may be diminished survival or cure and an increased risk of acute life-threatening sequelae. Thus, optimal care of the oral cavity is essential in pediatric oncology, and has a real impact on quality of life and ultimate survival in a definite proportion of patients.

Pediatric dentists work closely with and play a major role in the comprehensive health care team. For those who already work in this field, it is readily apparent that some of the most significant problems encountered by children undergoing treatment for cancer are oral.

In November 1993 a conference was held at the University of Texas M.D. Anderson Cancer Center on: "Dental Care for Children with Cancer". This conference was jointly sponsored by the American Academy of Pediatric Dentistry, The University of Texas M.D. Anderson Cancer Center, and the University of Texas, Houston, Dental Branch.

This issue of Pediatric Dentistry, reports several of the papers presented at that conference. This information should be valuable not only in the further edification and training of pediatric dentists, but also for pediatric medical care providers. The authors hope to educate medical residents and fellows on oral care for children with cancer with these writings.

In addition to the papers describing the medical aspects of cancer care for children, a paper by Drs. Coleman and Flaitz examines the oral pathological considerations in managing children with cancer. Flow charts and diagrams presented can be invaluable teaching tools for pediatric dentists and pediatricians.

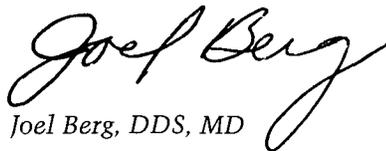
As comprehensive care providers for children, pediatric dentists play the role of diagnostician, operative dentist, oral physician, and oral pathologist. The complexities of the medical care for these children and the thorough understanding of the daily changes that take place as a result of their disease and its treatment are an integral part of medical management by pediatric dentists.

Multidisciplinary care in pediatric oncology cannot be truly achieved without active participation by pediatric dentists or dental oncology specialists. The conventional multidisciplinary combination of surgery, radiotherapy, chemotherapy, pathology, and diagnostic imaging no longer suffices. Dentistry and dental oncology must join the increasing array of disciplines combining with the

primary disciplines to provide optimal evaluation and care of the pediatric cancer patient and family. The relationships formed between pediatric dentists and pediatric oncologists are often the result of the mutual understanding of the need to care for the difficult problems that result from cancer treatment. We hope that the information disseminated via this conference and the publications resulting from it will further encourage stronger interactions between pediatric medical and dental health care teams in institutions around the country.

To this end, we commemorate publication of the proceedings of the Conference. Ever more so cognizant of the changing health care economy

and environment, and of the need for interdisciplinary coalescence of the multiple disciplines required for expeditious care, we commend this issue of the journal.



Joel Berg, DDS, MD



Archie Bleyer, MD