JNCCN

National Comprehensive Cancer Network®

JOURNAL OF THE NATIONAL COMPREHENSIVE CANCER NETWORK

Supplemental online content for:

Survivorship Issues in Adult Patients With Histiocytic Neoplasms

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J Natl Compr Canc Netw 2021;19(11):1312–1318

eAppendix 1: Oral and Otolaryngological Issues

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Almost all oral and otolaryngological structures can be affected by adult-onset histiocytoses (AOH).[1–5] Mandibular and maxillary involvement, periodontal disease, all can erode bone, causing pain and tooth loss,[1,3] which may interfere with chewing, predisposing to dysphagia.[5] Chronic xerostomia increases the risk of caries, buccal and tongue ulcers, infections (especially candidiasis), tooth and gum loss, dysarthria and dysphagia, and halitosis.[6] Some medications and treatments can exacerbate xerostomia (eg, anticholinergics, antihistamines, chemotherapeutics, therapeutic radiation), and the regular use of moisturizing agents may help.[6] Frequent oral care (every 3 to 6 months) with careful surveillance of tooth and bone integrity (especially alveolar bone), salivary structures, and inspection for aphthae and signs of infection is warranted.

The 4 sinus cavities and their surrounding bony structures, the facial bones and mandible, and the calvarium and skull base can all be sites of histiocytic disease activity.[4,5,7–9] Untreated proliferative disease with attendant inflammation can cause erosion into the orbit, ear canal, or middle ear compartment, endangering visual or otologic structures.[10,11] Patients with infiltrative disease activity into, or originating from, these bony compartments may present with nondescript or common symptoms, such as ear/eye pain, signs of otitis externa/media, otorrhea, sinusitis, periorbital or periauricular swelling, or visual changes.[7,9,11–13] The underlying etiology for these symptoms may not be immediately obvious given that histiocytic (ie, neoplastic) disease activity deep in the skull and facial bones may not be readily apparent on an external examination using only routine office equipment[9,12,14]; therefore, the appearance of such symptoms in a patient with known or suspected histiocytosis should prompt consultation with an evaluation for both common causes, and for histiocytic disease activity to prevent serious complications (ie, permanent visual and hearing/vestibular function loss).[4,9] The possibility of such complications underscores the importance of regular surveillance examsinations by care team members.

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