

**ORAL HEALTH CARE OF THE  
PATIENT RECEIVING  
CHEMOTHERAPY AND/OR BONE  
MARROW TRANSPLANTATION.**

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A thesis submitted to the Faculty of Dentistry of the University of the Western Cape in partial fulfillment of the requirements for the degree M.Sc (Dent) in the discipline of Oral Medicine.

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**Declaration**

I, Charlene S. Solomon declare that "Oral health care of the patient receiving chemotherapy and/or bone marrow transplantation" is my own work and that all sources have been indicated and acknowledged by means of references.

Signed: CSolomon

## **Dedication**

I dedicate this work to:

- my parents, John and Leonora Williams, for their sacrifices, support and guidance which made my education possible.
- my husband, Ashley, whose constant inspiration and encouragement gave me the confidence to finish this research and present it as a written report.

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# SUMMARY

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Between September 1992 and August 1995, all patients with haematological malignancies who were treated as in-patients in the Haematology Unit at Groote Schuur Hospital received a twice weekly, oral and perioral examination. Sixty patients were monitored while following the traditional hospital oral care protocol (chlorhexidine, hydrogen peroxide, sodium bicarbonate, thymol glycol, benzocaine mouthrinse and nystatin). The mouth care protocol was then changed (protocol A = chlorhexidine, benzocaine lozenges, amphotericin B lozenges) and patients monitored until the sample size matched that of the hospital mouth care regimen (n = 60). A further 60 patients were then monitored using a third protocol (protocol B = benzydamine hydrochloride, chlorhexidine, benzocaine lozenges, amphotericin B lozenges). A statistically significant reduction in oral complications was found upon introduction and maintenance of protocols A and B. The findings of this study suggest that improved oral care and a structured oral care routine reduces the number of oral complications associated with chemo- and radiotherapy.

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# **OPSOMMING**

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Alle binne - pasiënte in die Hematologiese Eendheid van Groote Schuur Hospitaal wat aan hematologiese maligneiteite gelyk het, is gedurende September 1992 en Augustus 1995 twee - weekliks binnensmonds en buitensmonds ondersoek. Sestig pasiënte is gemonitor en die tradisionele mondsorg protokol (chlorheksidien, waterstofperoksied, natriumbikarbonaat, timolglukol, bensokaiën mondspoel en nistatien) is gevolg. Hierna is die mondsorg protokol verander (protokol A = chlorheksidien, bensokaiën suigtablette en amfoterisien B suigtablette) en pasiënte gemonitor totdat die grootte van die proefgroep dieselfde was as die hospitaal mondsorg regimen ( $n = 60$ ). 60 Verdere 60 pasiënte is toe gemonitor volgens 3 derde protokol (protokol B = bensiedamien hidrochloried, chlorheksidien, bensokaiën suigtablette, amfoterisien B suigtablette). 3 Statistiese betekenisvolle afname in mondkomplikasies is gemerk na die aanvang en handhawing van protokolle A en B. Die bevindinge van hierdie studie dui daarop dat verbeterde mondhygiëne en 3 gestruktureerde mondsorgroetine die aantal mondkomplikasies geassosieer met chemo- en radioterapie, verminder.

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# INTRODUCTION

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