

8. Craniofacial / Dental

ALL PATIENTS	RISK FACTORS
1) Regular dental examination	<ul style="list-style-type: none">• Cranial / facial radiotherapy (including TBI)• Chemotherapy• Treatment at young age
RECIPIENTS OF RADIOTHERAPY TO FIELD INCLUDING JAW / SALIVARY GLANDS	
1) AVOID adrenaline containing local anaesthetics 2) Refer to Paediatric Orthodontist	
RECIPIENTS OF RADIOTHERAPY TO FIELD INCLUDING FACE	
1) Consider regular clinical photography to assist in possible later facial reconstruction 2) Refer to Maxillofacial Surgeon during puberty if facial reconstruction is required	
NB Mandible more sensitive to radiotherapy than maxilla.	

REFERENCES

- Review** 1) Dahllöf G. Craniofacial growth in children treated for malignant diseases. *Acta Odontol Scand* 1998; **56**: 378-382
- Specific** 1) Jaffe N, Toth BB, Hoar RE, Ried HL, Sullivan MP, McNeese MD. Dental and maxillofacial abnormalities in long term survivors of childhood cancer: effects of treatment with chemotherapy and radiation to the head and neck. *Pediatrics* 1984; **73**: 816-823.
2) Nunn JH, Welbury RR, Gordon PH, Kernahan J, Craft AW. Dental caries and dental anomalies in children treated by chemotherapy for malignant disease: a study in the north of England. *Int J Paediatr Dent* 1991; **1**: 131-135
3) Kaste SC, Hopkins KP, Bowman LC, Santana VM. Dental abnormalities in children treated for neuroblastoma. *Med Pediatr Oncol* 1998; **30**: 22-27.
4) Estiló CL, Huryn JM, Kraus DH, *et al.* Effects of therapy on dentofacial development in long-term survivors of head and neck rhabdomyosarcoma: The Memorial Sloan-Kettering Cancer centre experience. *J Pediatr Hematol Oncol* 2003; **25**: 215-222.