Clinical Practice Statements
Subject: Oral Contact Allergy

The American Academy of Oral Medicine (AAOM) affirms that oral contact allergy (OCA) is an oral mucosal response that may be associated with materials and substances found in oral hygiene products, common food items, and topically applied agents. The AAOM also affirms that patients with suspected OCA should be referred to the appropriate dental and/or medical health care provider(s) for comprehensive evaluation and management of the condition. Replacement and/or substitution of dental materials should be considered only if (1) a reasonable temporal association has been established between the suspected triggering material and development of clinical signs and/or symptoms, (2) clinical examination supports an association between the suspected triggering material and objective clinical findings, and (3) diagnostic testing (e.g., dermatologic patch testing, skin-prick testing) confirms a hypersensitivity reaction to the suspected offending material. Originators: Dr. Eric T. Stoopler, DMD, FDS RCSEd, FDS RCSEng, Dr. Scott S. De Rossi, DMD.

This Clinical Practice Statement was developed as an educational tool based on expert consensus of the American Academy of Oral Medicine (AAOM) leadership. Readers are encouraged to consider the recommendations in the context of their specific clinical situation, and consult, when appropriate, other sources of clinical, scientific, or regulatory information prior to making a treatment decision.

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Subject: Dental Evaluation Prior to Head and Neck Radiotherapy With or Without Chemotherapy

The AAOM affirms that risk factor assessment for oral diseases including oral and oropharyngeal cancers, and a non-invasive visual and tactile oral mucosal examination is part of the standard initial and recall visit by oral health care providers and is recommended for all patients. Originator: Dr. Douglas E. Peterson, DMD, Ph.D, FDS RCSEd

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encouraged to consider the recommendations in the context of their specific clinical situation, and consult, when appropriate, other sources of clinical, scientific, or regulatory information prior to making a treatment decision.

Subject: Dental Care for the Patient with an Oral Herpetic Lesion

The AAOM affirms that risk factor assessment for oral diseases including oral and oropharyngeal cancers, and a non-invasive visual and tactile oral mucosal examination is part of the standard initial and recall visit by oral health care providers and is recommended for all patients. Originator: Dr. Craig S. Miller, DMD, MS

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Subject: Oral Cancer Screening

The AAOM affirms that risk factor assessment for oral diseases including oral and oropharyngeal cancers, and a non-invasive visual and tactile oral mucosal examination is part of the standard initial and recall visit by oral health care providers and is recommended for all patients. Originator: Dr. Ross Kerr, DDS, MS

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and consult, when appropriate, other sources of clinical, scientific, or regulatory information prior to making a treatment decision.

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Subject: Medical History

The AAOM affirms that understanding the medical health of dental patients is important for proper dental care and the overall health of the patient. Originator: Dr. Craig Miller, DMD, MS

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Subject: Risk Assessment

The AAOM affirms that the patient evaluation process requires inclusion of determination of risk associated with dental treatment. Risk assessment is essential for the delivery of safe and appropriate dental care as well as the overall health of the patient. Originator: Dr. Craig S. Miller, DMD, MS

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Subject: Management of Patients on Warfarin Therapy

The American Academy of Oral Medicine (AAOM) affirms that understanding the appropriate risk assessment and monitoring of patients taking warfarin (Coumadin) is important for safe delivery of dental care and the overall health of the patient. Originator: Dr. Peter B. Lockhart, DDS

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Subject: Clinical Management of Cancer Therapy-Induced Salivary Gland Hypofunction and Xerostomia

The American Academy of Oral Medicine (AAOM) affirms that a thorough medical history and clinical oral examination provide the basis for the appropriate diagnosis and clinical management of salivary gland hypofunction and xerostomia induced by cancer therapy. The goal of therapy is to maximize salivary flow rate, to prevent or minimize the adverse effects of salivary gland hypofunction, and to improve patient masticatory function and comfort. Originator: Dr. Siri Beier Jensen

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Subject: Oral Lichen Planus and Oral Cancer

The American Academy of Oral Medicine (AAOM) affirms that patients with oral lichen planus have an increased risk of developing oral cancer and require careful management and monitoring by appropriately trained clinicians.

This Clinical Practice Statement was developed as an educational tool based on expert consensus of the AAOM leadership. Readers are encouraged to consider the recommendations in the context of their specific clinical situation and consult, when appropriate, other sources of clinical, scientific, or regulatory information before making a treatment decision.