



A Case Study

Treatment Issue

Results of recent trials indicate that treating nasopharyngeal cancer with a combination of radiation and chemotherapy can increase risk of death from other causes, including severe (grade IV) oral mucositis.

Patient History

An 18-year old male patient was diagnosed with nasopharyngeal carcinoma (stage IV, bilateral midline mass) at a cancer treatment center in Alabama. The patient received cisplatin with 5-fluorouracil as a continuous infusion and intensity-modulated radiation therapy (IMRT).

The patient was given amifostine at the start of therapy to prevent the onset of mucositis. Amifostine was discontinued after one month due to transient hypotension and a pronounced drop in systolic blood pressure.

The severity of patient's oral mucositis was evaluated as grade 3 using the World Health Organization (WHO) Oral Toxicity score. Visual examination revealed large amounts of pus and whitish patches in the mouth and on the tongue.

Clinical Plan

The patient was given NeutraSal® (supersaturated calcium phosphate rinse) after the discontinuation of amifostine, at a starting regimen of 4 rinses per day.

Outcomes

- > Within two days the patient's mouth completely cleared of pus, inflammation and ulcerations.
- > Oral examination of the oral mucosa showed no signs of bacterial or fungal infections.
- > The patient's pain and nausea and vomiting were controlled by oral medication
- > The patient did not experience xerostomia during his chemoradiation regimen.
- > Patient's pain was managed without parental narcotics or I.V. morphine.

Post Treatment

- > Patient has continued on NeutraSal®, two times per day, with no reported xerostomia or dysgeusia