

Metropolitan Veterinary Hospital

Akron Veterinary Internal Medicine/Oncology Practice

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Oral Tumors

Client Handout

Oral cancer accounts for 6% of all canine cancers. Types include the following: Melanomas, Squamous cell carcinoma, Fibrosarcoma, Osteosarcoma (are all fast growing malignant tumors) and Epulides (slow growing benign tumors). Fibrosarcomas can be both locally invasive (destroys surrounding tissue/bone) and metastatic (spread to other areas of the body). Metastasis occurs in less than 20% of cases, and local recurrence has been reported with a rate of 46% or higher. Melanoma is the most common oral tumor in dogs with metastasis to local lymph nodes and then the lungs or elsewhere in the body. Squamous cell carcinoma is the most common oral tumor in cats and is rarely metastatic. Squamous cell carcinoma in cats is difficult to control locally and recurrence is common. Squamous cell carcinoma is the second most common tumor in dogs and has a lower metastatic rate for those that are located closest to the front of the mouth. Those that are located close to the tonsils, tongue or rear portions of the mandible/maxilla (lower/upper jaw) have a higher metastatic probability.

The diagnostic work-up to determine further treatment starts with radiographs and biopsy of the tumor. This will determine the soft tissue and/or bone involvement of the tumor and how extensive the damage. During this time it is important to check the tumor and how extensive the damage. During this time it is important to check the lungs for spread of the tumor (metastasis) with chest X-rays. X-rays can detect larger masses (>2 mm), but is unable to detect microscopic metastasis. Therefore, repeat chest x-rays will be necessary to determine to progression of the disease. Blood work is necessary for any anesthetic procedures. Removal of the oral mass and laboratory analysis will help to determine diagnosis and the appropriate treatment.

Treatment includes the following: surgical removal, radiation, and cryosurgery, for both palliative (relief of pain) and therapeutic purposes. Local and regional disease control is the goal of treatment. Long-term survival rates vary with each type of tumor. The literature documents cats with squamous cell carcinoma, only 10% will live up to one year. Dogs with oral melanomas live about 5 months without treatment. All will die from metastasis even if controlled locally. Dogs with fibrosarcomas 25-40% can live around 1 year. Without treatment the animal will suffer from pain, possible obstruction of air passageways, and have difficulty chewing food. Medical management is limited to pain relief drugs, antibiotics, and soft food. Chemotherapy is generally not very effective. Antibiotics are needed when the tumor begins to ulcerate and bleed.