INTRODUCTION

Oral tumors can arise from gingiva, buccal mucosa, labial mucosa, tongue, tonsils, dental elements, bone of maxilla or mandible, incisive bone and palate bone. Oral neoplasms are the fourth most common cancer overall in dogs.[1]

OBJECTIVES

• To make a literature review about the main characteristics of canine oral tumors.
• To detail the diagnostic tools used in animals with oropharyngeal masses to achieve a definitive diagnosis and clinical staging.
• To describe the current treatments, especially some surgical techniques, and the new therapeutic procedures.

ORAL TUMOURS

Incidence

Malignant Melanoma (MM) 30-40%
Squamous Cell Carcinoma (SCC) 17-25%
Fibrosarcoma (FSA) 8-25%
Osteosarcoma 14.5%
Acanthomatous Ameloblastoma 5%
Peripheral Odontogenic Fibroma

Figure 1-6. The most common oral tumors in dogs, in descending order of frequency.[1]

Risk factors

Male dogs have 2.4 times greater risk of developing oral cancer than female dogs[2]. Older animals are most commonly affected as well. Cocker Spaniel, German Shepherd dog, Pointer, Weimaraner, Golden Retriever, Poodle and Boxer are overrepresented breeds[3].

Clinical signs

Oral masses frequently go unnoticed by the owner. Clinical signs include hypersalivation, exophthalmos or facial swelling, epistaxis, weight loss, halitosis, bloody oral discharge and dysphagia. Loose teeth may indicate underlying neoplastic bone lysis[1].

DIAGNOSIS

- Cytology
- Biopsy
- Ancillary tests

Clinical staging:
- CT
- Regional lymphadenectomy

REFERENCES