Clinical Image

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Radiation Plus Cetuximab Induced Severe Oral Mucositis

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A 72-year-old male with squamous cell carcinoma on the base of tongue diagnosed by biopsy an 2017. Radical surgical treatment was proposed but the patient refused and preferred systemic therapy with induction chemotherapy using docetaxel, cisplatin, and fluorouracil followed by radiotherapy plus cetuximab.

After five sessions of radiotherapy and one cycle of cetuximab the patient returned with a pain in the mouth and throat, difficulty swallowing and talking, feeling of dryness, mild burning, red and swollen gums, hicker saliva in the mouth and whitish patches on the tongue surrounding erythematous area **(Figure 1)**. Radiotherapy was temporarily suspended until full recovery. When restarted the treatment, he again had severe mucositis (grade 3) induced by cetuximab, and in this moment the drug definitely excluded. Then, the patient completed treatment with only radiotherapy and had good tolerance.

Cetuximab is an epidermal growth factor receptor (EGFR) inhibitor used for the treatment of advanced metastatic colorectal cancer and head and neck cancer. It is a chimeric monoclonal antibody and when combined with radiotherapy increases in the treatment-related toxicity. Toxicities can include oral mucositis, dysphagia, pain and skin reactions. Excessive toxicity of mucosa causes the treatment interruption sometimes, impairing the effectiveness of the treatment and sometimes the patient does not receive the full course of combined therapy. The patient received treatment with oral hygiene protocols, benzidamine, cryotherapy and daily laser therapy. Besides that, it is very important reinforcing the importance of good oral care throughout cancer treatment.

Figure 1 Oral mucositis lesion on the buccal mucosa of a patient receiving radiation therapy to the head and neck region plus cetuximab by treatment to squamous cell carcinoma on the base of tongue. Note the presence of ulceration covered by a whitish pseudomembrane.