

Graft versus host disease and the mouth

What is graft versus host disease?

Graft versus host disease (GvHD) is a process that can happen after a bone marrow or stem cell transplant has taken place, using cells taken from a donor. GvHD does not mean that the transplant has failed but it suggests that the immune cells from the donor (graft) are recognised by the tissues and organs of the recipient (host) as 'foreign', and have mounted an attack against them.

GvHD may affect one part of the body or several. This leaflet focuses on mouth problems associated with GvHD.

What are the symptoms of mouth GvHD?

Mouth symptoms can present as pain, sensitivity, reduced mouth opening and/or dry mouth. The intensity and severity of the symptoms vary from person to person.

What does mouth GvHD look like?

The most common appearance is of white patches which look like lacy white lines, usually on the inside of the cheeks or sides of the tongue. These are often not painful and may be present for a long time before being noticed. The other forms can look red or yellow and ulcerated. The red and ulcerative forms may be quite large and can be painful and sore when in contact with food.

Other symptoms include a dry mouth as GvHD can affect the salivary glands. This can lead to difficulty in chewing and swallowing foods, and you may also notice changes in taste. Dry mouth can lead to an increased risk of developing tooth decay, especially along the gum line and between the teeth.

In addition, you may notice tiny recurrent blisters called mucocelles in your lips and roof of the mouth that come and go at mealtimes. These are typically more of a nuisance than actually painful.

Finally, in some patients who develop tightening of their skin due to GvHD, the same change may affect the soft tissues inside your mouth. When this happens, your mouth may be difficult, and even painful, to open normally.

How is mouth GvHD diagnosed?

Usually the oncologist or the oral specialist can diagnose mouth GvHD by connecting the clinical findings with your medical history. In some circumstances a small sample from inside your mouth (a biopsy) may be necessary.

Can mouth GvHD be cured?

There is no cure. The condition tends to get worse if your body is stressed, both physically (such as having a cold) and emotionally. Mouth GvHD can persist for many years, although it tends to remain stable after the first couple of years.

Is mouth GvHD serious?

There is an increased risk of developing mouth cancer with mouth GvHD. It is important that you ensure that your mouth is checked on a regular basis by a dentist or oral specialist, so that any early changes can be spotted.

What treatments can I use for pain relief?

For mild discomfort, the following topical treatments can be used to alleviate discomfort:

- Anaesthetic (analgesic) mouthwashes are available and particularly helpful if used before meals. Benzydamine (eg, Diffiam™) mouthwash may be helpful.
- Topical steroids which can be applied locally to your mouth are helpful for most patients. These are available as mouthwashes, sprays, pastes and small pellets which dissolve in your mouth.
- If your gums are affected, it is important that you keep your teeth as clean as possible by regular and effective tooth brushing. If not, a build-up of debris (known as plaque) can make your gum condition worse. Your dentist/dental hygienist will be able to give oral hygiene advice and will arrange for scaling of your teeth as necessary.
- An antiseptic mouthwash or gel such as Chlorhexidine mouthwash (eg, Corsodyl®) may be recommended to help with your plaque control, particularly at times when your gums are sore. If possible avoid a mouthwash containing alcohol.

For moderate to severe mouth discomfort, general treatments (taken by mouth) may be required for several months or years. Your specialist will discuss with you risks and benefits of the different medication options available.

What treatments can I use to treat my mouth dryness?

If your mouth feels dry, avoid caffeinated or alcoholic beverages and drink plenty of water throughout the day. There are specific 'dry mouth products' that are available over the counter such as Biotene® and Oralieve® that may relieve dry mouth symptoms.

Your dentist will advise you to use a higher strength fluoridated toothpaste such as Duraphat® 5000ppm and may suggest additional forms of fluoride application to strengthen your teeth against decay.

What can I do?

If your mouth is sore it is usually best to avoid spicy, acidic or salty foods, as these may irritate your mouth. However there are no specific foods that actually make the condition get worse.

If your dentures are poorly fitting or you have sharp or fractured teeth, these should be smoothed, adjusted or removed by your dentist to prevent trauma to your mouth.

Although mouth GvHD is not an infectious disease, to avoid developing infections of the ulcerated areas in the mouth and to avoid delayed healing, it is important to maintain good oral health. You should keep your teeth clean by using a soft brush and small interdental brushes. Choose a toothpaste with a mild flavour and free from the foaming, sodium lauryl sulphate (SLS) eg, Oranurse®. Oranurse® can be purchased directly from the online sales distributor Dent-O-Care or alternatively from Amazon online.

Further Information

If you require any further information or advice you can contact the department:

Oral Medicine Department
University Dental Hospital of Manchester
Higher Cambridge Street
Manchester M15 6FH

☎ Tel: (0161) 393 7732. The department is open Monday to Friday 9.00 am to 5.00 pm.