ORAL TUMOURS IN DOGS AND CATS

Oral tumours in dogs and cats can arise from the soft tissues, bones, or teeth of the mouth, including the upper (maxilla) or lower (mandible) jaw, tongue, or pharynx. Unfortunately, many oral tumours are malignant.

In dogs, the most common malignant oral tumours are malignant melanoma and squamous cell carcinoma.
In cats, squamous cell carcinoma is the most common.

Other malignant oral tumours include:

- Fibrosarcoma
- Osteosarcoma
- Multilobular osteochondrosarcoma
- Mast cell tumour

Benign oral tumours are also relatively common. These include:

- Acanthomatous ameloblastoma
- Peripheral odontogenic fibroma (previously called fibromatous epulis)

Treatment depends on tumour type and location. Surgery is usually the first-line treatment, though radiation therapy, chemotherapy, and immunotherapy may be indicated—especially for malignant tumours.

Oral tumours account for approximately 3–12% of all tumours in cats and about 6% in dogs.

Signs to Watch For:

- A visible mass in the mouth
- Excessive drooling or bleeding from the mouth
- Bad breath (halitosis)
- Facial swelling or bulging of one eye
- Difficulty eating, weight loss, or pain when opening the mouth
- Nasal discharge (especially if bloody)
- Loose teeth (without dental disease)
- Enlarged lymph nodes under the jaw

Diagnostic Steps:

To assess the tumour and your pet's overall health, your veterinarian may recommend:

1. **Physical examination** – to assess tumour size, lymph nodes, and general health.
2. **Blood tests** – to check for systemic illness or suitability for anaesthesia.
3. **Needle aspiration or biopsy** – to obtain cells or tissue from the mass and lymph nodes.

4. **Imaging** – CT scan, dental X-rays, or MRI to determine the extent of tumour invasion and plan surgery.
5. **Chest X-rays or CT** – to check for metastasis to the lungs.

Treatment Options:

Surgical removal is often the primary treatment. The type of surgery depends on the tumour's location, size, and behaviour.

Mandibulectomy – Removal of part of the lower jaw:

- Various types depending on how much of the jaw is affected.
- Suitable for tumours affecting the lower jawbone.
- Dogs tolerate this well and quickly adapt to the change in jaw structure.

Maxillectomy – Removal of part of the upper jaw:

- Can involve removal of the nose, orbit, or part of the skull in advanced cases.
- May be combined with other treatments depending on the tumour.

Margins:

- Benign tumours: 1 cm surgical margin
- Malignant tumours: 2–3 cm margins are typically recommended

Other therapies (for malignant tumours) may include:

- **Radiation therapy** – post-op or for non-resectable tumours
- **Chemotherapy** – for specific tumour types or metastatic disease
- **Immunotherapy** – especially for malignant melanoma

Aftercare & Recovery:

Most pets are discharged within 2–5 days post-surgery.

Home care includes:

- Use of an Elizabethan collar for 10–14 days may be needed to prevent wound interference
- Pain relief and possibly antibiotics
- Soft or water-soaked food for 2–3 weeks
- Avoid toys or chewing until fully healed
- Feeding tubes may be used in some cases, especially cats or patients with extensive surgery

Follow-up:

- Recheck and suture removal at 10–14 days
- Periodic monitoring for recurrence or complications

Possible complications:

- Incision breakdown
- Nose bleeding (common after maxillectomy)
- Increased drooling
- Swelling under the tongue
- Mandibular drift or jaw misalignment
- Difficulty eating (usually resolves within days)
- Facial nerve damage or head tilt (less common, may be permanent)

Prognosis:

Prognosis varies by tumour type, size, location, and whether metastasis is present.

- **Malignant melanoma:** Local control can be achieved in ~75% of cases; metastatic disease often follows and may require additional therapies.
- **Squamous cell carcinoma:** Prognosis depends on size and location—earlier detection and removal offer the best outcomes.
- **Fibrosarcoma:** Frequently recurs unless wide margins or post-op radiation is used.
- **Benign tumours:** Often cured with surgery alone.

Despite the invasiveness of oral surgery, most dogs and cats recover very well, both cosmetically and functionally. They adapt quickly, and owners typically report excellent post-operative quality of life.