CONCLUSIONS

Prophylactic use of LLLT was

1. Able to prevent progression of oral mucositis towards higher grades significantly lesser number of patients who received laser therapy experienced severe grades of oral mucositis.

2. Able to decrease the oral mucositis associated pain, significantly lesser number of patients who received laser therapy experienced severe oral pain.

3. Able to decrease the supplement analgesics need for oral pain.

4. Able to decrease the oral mucositis associated total parenteral nutrition need.

5. Able to decrease the severe oral mucositis associated radiation break.

6. Able to decrease the oral mucositis associated mouth and throat soreness and hence improved various oral functions like phonation, deglutition, brushing, etc.

7. Able to improve the quality of life of head and neck cancer patients receiving Concurrent Chemoradiotherapy.

Hence, Low-level laser therapy can be considered a non-traumatic modality for the prevention and treatment of Oral Mucositis and its associated morbidities.
CLINICAL IMPLICATIONS AND RECOMMENDATIONS

Low level laser therapy should be used as a therapeutic modality to prevent and treat the cancer therapy induced oral mucositis. Those center who can avail this facility it should be used as safe modality because no patient reported any side effects with LLLT. Initial dosages of 1.8J should be delivered as a preventive measure until grade one OM appears. For grade 1 OM dosages of 1.8-3J should be used as a preventive as well as therapeutic modality. When OM grades will be 2-4 dosage of 3J should be used at the periphery of the mucositis lesions and 5J should be used over of the lesion.

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“Walk in the path of truth, it will always keep your moral high.”