Mouth Sores During Cancer Treatment

Mouth sores are common during cancer treatment. A dental visit before treatment, daily mouth care and soft foods help. Fever, chills, white patches during chemotherapy, bleeding that does not stop, or not being able to keep fluids down need a call to your care team right away, day or night.

This page is for people with mouth sores from cancer treatment. It covers why they happen, how to prevent and manage them, the dental problems that can follow head and neck radiation, and when to get help.

Why mouth sores happen

Cancer treatment can injure the cells lining your mouth and throat. Radiation to the head and neck can harm the salivary glands and the tissue in your mouth. Chemotherapy and immunotherapy can injure fast-growing cells there too, including in your mouth, throat, and lips. Doctors call these sores and irritation mucositis (say: myoo-koh-SY-tis). For more on mucositis, including how long it lasts, see Mucositis During Cancer Treatment.

Getting ahead of it before treatment starts

See a dentist before treatment begins, if there is time. Finishing any needed dental work first lowers your risk of infection later. NCI advises a cleaning and check-up before you start. Tell the dentist about your cancer treatment and try to get any dental work done first.

Timing matters. NCI says a checkup at least a month before cancer treatment begins usually allows enough time for the mouth to heal if any dental work is needed. The National Institute of Dental and Craniofacial Research (NIDCR) gives the same advice.

The reason is infection. NCI explains that cavities, broken teeth, loose crowns or fillings, and gum disease can get worse during cancer treatment. Bacteria live in the mouth and may cause an infection when the immune system is not working well or white blood cell counts are low. The exam checks for mouth sores or infections, tooth decay, gum disease, dentures that do not fit well, problems moving the jaw, and salivary gland problems. NCI says it is important to choose a dentist who has experience treating people with mouth problems from cancer treatment.

The daily mouth-care routine

During treatment, check your mouth every day for sores, redness, or white spots, and tell your team what you find. NCI says to tell your doctor or nurse as soon as you notice any changes, such

as pain or sensitivity. NCI's everyday mouth care during chemotherapy and radiation therapy:

- **Brushing.** Use a soft-bristle brush 2 to 3 times a day for 2 to 3 minutes, including where the teeth meet the gums. Let the brush air-dry between brushings.
- **Toothpaste.** Use a fluoride toothpaste with a mild taste. NCI notes that flavoring may irritate the mouth, especially mint. If toothpaste stings, brush with 1/4 teaspoon of salt in 1 cup of water instead.
- **Rinsing.** Rinse throughout the day with warm water, baking soda, and salt. NCI's summary suggests a rinse every 2 hours to ease soreness: 1/4 teaspoon of salt and 1/4 teaspoon of baking soda in 1 quart of water. Skip alcohol-based mouthwash.
- **Flossing.** Floss gently once a day.
- **Lips.** Use a lip cream with lanolin to prevent drying and cracking.
- **Dentures.** Brush and rinse them daily. Do not soak them in hot water, which can make them lose their shape.

If your platelet count is low, you may worry about brushing. NCI says most patients can safely brush and floss while blood counts are low, because regular mouth care prevents infections that make bleeding worse. Ask your dentist or doctor how to do it safely in your case.

Managing sores day to day

Choose soft, wet foods that are easy to swallow, and use gravy, sauces, or broth to soften dry foods. Avoid crunchy, salty, spicy, or sugary foods, and skip alcohol and alcohol-based mouthwash. NIDCR adds sharp or hot foods and tobacco to the list to avoid. Serving food chopped, ground, or blended shortens the time it has to stay in your mouth. Cold foods, like a smoothie or ice chips, can be soothing for some people. Ask your team about numbing sprays or lozenges if pain makes eating hard.

Eating less is easy when it hurts. NCI suggests between-meal snacks, foods high in calories and protein, and meeting with a nutrition counselor. People having chemotherapy and head or neck radiation together often need tube feedings. NCI notes that studies show patients do better if these feedings begin at the start of treatment, before weight loss occurs.

For a dry mouth, NIDCR suggests drinking lots of water, sucking ice chips, and using sugar-free gum or candy. Artificial saliva may also be needed. See Managing a Dry Mouth During Cancer Treatment.

Dental problems after head and neck radiation

NCI says radiation can cause short-term problems, but it may also cause permanent tissue damage that puts you at a lifelong risk of mouth problems.

Saliva is the link. NCI says the amount of saliva usually starts to drop within 1 week after radiation to the head or neck starts. The glands may partly recover during the first year, but recovery is

usually not complete, especially if the glands received direct radiation. Dry mouth and changes in the balance of bacteria in the mouth raise the risk of tooth decay. NIDCR suggests asking your dentist about fluoride gel to help prevent it.

NCI warns that oral surgery or other dental work can cause problems after radiation to the head or neck, because radiation can destroy very small blood vessels in the bone. Make sure any dentist you see knows your health history and the cancer treatments you had. Jaw stiffness from fibrosis (scarring and tightening of tissue) usually begins around the time radiation ends. NCI says treatment should begin as soon as possible to keep it from getting worse or becoming permanent. NIDCR's jaw exercise: three times a day, open and close the mouth as far as you can without pain, 20 times.

Why fever with mouth sores is different

Mouth sores can become an entry point for infection, especially when your blood counts are low from treatment. A fever with mouth sores is not something to wait out.

When to get help sooner

- **Call 911 or go to an emergency department if** you cannot swallow your own saliva, or your mouth or throat swells enough to make breathing hard. Do not drive yourself.
- **Call 911 if** you cannot keep fluids down or cannot drink, and you also feel confused or very drowsy, or you pass out. MedlinePlus (medlineplus.gov/ency/article/000982.htm) says severe dehydration is a life-threatening emergency, and lists confusion and passing out as reasons to call 911. Do not drive yourself.
- **Ring your care team at once, at any hour, if** your temperature reaches 100.4°F (38°C) or higher, or you feel chilled and shaky, during treatment. CDC's guidance is plain: fever during chemotherapy is a medical emergency. NCI says infections during treatment can be life threatening. If no one answers quickly, go to an emergency department and tell them you are in cancer treatment.
- **Call your care team right away, day or night, if** you cannot keep any fluids down, or you have not passed urine for 8 hours or more. MedlinePlus (medlineplus.gov/ency/article/003117.htm) lists not keeping any fluids down for 12 hours and no urine for 8 hours as reasons to contact your provider right away. With mouth sores, there is no need to wait 12 hours before calling.
- **Call your care team right away if** pain in your mouth, lips, or throat makes it hard to eat, drink, or sleep. NCI says it is important to call your doctor or nurse about this pain.
- **Call your care team right away, day or night, if** you see white patches or a white coating in your mouth, or a sore throat or chills, while you are having chemotherapy. These can be signs of infection, and a normal temperature is not a reason to wait.
- **Call your care team right away if** your gums or sores bleed and the bleeding does not stop after a few minutes. NCI (cancer.gov/about-cancer/treatment/side-effects/bleeding-bruising) lists bleeding from the mouth, and bleeding that does not stop after a few minutes, as serious problems to

call about. Call 911 if bleeding is heavy and will not stop with firm pressure. Do not drive yourself.

- **Call your care team the same day if** you are drinking much less than usual, you feel dizzy when you stand, or your urine is dark yellow. These can be early signs of dehydration (MedlinePlus (medlineplus.gov/ency/article/000982.htm)).
- **Call your care team within a day or two if** sores are slowly getting worse but you can still eat and drink.

Do not wait for your next scheduled visit for any of these.

What to ask your team

- Can I see a dentist who has treated people with cancer, at least a month before treatment starts?
- What rinse and mouth-care routine do you recommend for my treatment?
- My blood counts are low. How do I brush and floss safely?
- What pain relief options are safe with my other medicines?
- Should tube feeding start at the beginning of treatment, before any weight loss?
- What temperature or symptom means I should call immediately?
- Are there foods or products I should avoid completely during treatment?

Sources

- National Cancer Institute — Mouth and Throat Problems and Cancer Treatment (cancer.gov/about-cancer/treatment/side-effects/mouth-throat)
- National Cancer Institute — Oral Complications of Cancer Therapies (PDQ) Patient Version (cancer.gov/about-cancer/treatment/side-effects/mouth-throat/oral-complications-pdq)
- National Institute of Dental and Craniofacial Research — Cancer Treatments and Oral Health (nidcr.nih.gov/health-info/cancer-treatments)
- National Cancer Institute — Infection and Neutropenia during Cancer Treatment (cancer.gov/about-cancer/treatment/side-effects/infection)
- National Cancer Institute — Bleeding and Bruising and Cancer Treatment (cancer.gov/about-cancer/treatment/side-effects/bleeding-bruising)
- CDC — Watch Out for Fever (Preventing Infections in People With Cancer) (cdc.gov/cancer-preventing-infections/patients/fever.html)
- MedlinePlus — Nausea and vomiting in adults (medlineplus.gov/ency/article/003117.htm)
- MedlinePlus — Dehydration (medlineplus.gov/ency/article/000982.htm)

Source: National Cancer Institute - Mouth and Throat Problems and Cancer Treatment (cancer.gov/about-cancer/treatment/side-effects/mouth-throat)

Last updated: 2026-11-01

Online: cancerexplained.org/side-effects/mouth-sores-during-cancer-treatment

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