

The Effect of Oral Care Intervention in Mucositis Management Among Pediatric Cancer Patients: An Updated Systematic Review [Letter]

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Dear editor

We read this article¹ follows a systematic method of reviewing oral care interventions for mucositis management in pediatric cancer patients, which includes data collection from multiple studies and in-depth analysis. The article presents results from eight relevant studies, providing empirical evidence on the effectiveness of various oral care agents such as honey, olive oil, and andiroba gel in reducing the severity of mucositis. The article provides practical recommendations for the use of effective oral care interventions, which can be applied in clinical practice to improve the quality of care of pediatric cancer patients and is very useful for the development of nursing science.

However, after I took a good and careful look, it turned out that there were variations in the types of oral care interventions used in each study, including frequency and duration, which could affect the results and make comparisons between studies difficult. This is in line with what was conveyed by Dr. Kelsie Endicott, 2024 about Strategies for Writing Literature review.² He said that literature review has synthesis. It is explained that the composition or combination of parts or elements so as to form a whole. While this article also uses critical appraisal tools to evaluate the quality of studies, there is still the possibility that some studies have weak or biased methodologies that can affect the overall results. This is quoted from what Allan Gaw³ said about Writing an effective literature review. He says that A literature review should be a synthesis of the papers you have read to tell a meaningful story about the literature, not a simple list of paraphrases of what each paper said. This means that a literature review must be of quality and not just a simple story that has no meaning and may be biased. In addition, this study only included experimental studies, so it did not consider data from observational studies that might provide additional insights into patient experience and intervention effectiveness.

I recommend that the authors develop a more standardized oral care intervention protocol for use in future studies. This will help in comparing results between studies and provide more consistent recommendations. In addition, the authors also conduct studies with a longitudinal design to evaluate the long-term effects of oral care interventions on mucositis and patients' quality of life, and use more robust methodology to improve the validity of the study results.

Disclosure

The author reports no conflicts of interest in this communication.

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