

Orofacial Manifestations in Patients with Inflammatory Rheumatic Diseases

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DESCRIPTION

Cavities occur as a result of the local dissolution of hard tooth substances. This is caused by the acid produced by the bacteria in the biofilm of the tooth, which ultimately leads to cavities. Biofilms are composed of microorganisms containing highly cariogenic mutans streptococci and a matrix consisting mainly of extracellular polysaccharides. Destructive acids are produced when fermentable carbohydrates reach these biofilms, each leading to tooth damage. If this process is infrequent, the body's natural ability to remineralize prevents the formation of caries. Therefore, the main risk factors include the presence of cariogenic biofilms and the frequent consumption of fermentable carbohydrates. Exposure to optimal levels of fluoride reduces risk, and normal salivation and salivation protection systems are also important to counteract caries-causing factors. In countries with systematic national oral disease prevention programs, the cumulative overall effect of these programs is reflected in epidemiological figures showing a reduction in caries and an increase in the proportion of individuals without caries. However, it is difficult to determine the effect of a particular activity or method of a program because multiple program components often run at the same time. For example, in developed countries, virtually everyone uses fluoride-added toothpaste, and it is unethical to withdraw this precaution from a group of people just to assess the effectiveness of another fluoride regimen. It is a target. In addition, other factors affect the reduction of tooth decay. Lifestyle changes, sugar consumption habits changes, living conditions improved. Several promising measures are underway for the factors that cause the two most important oral disorders, caries and periodontitis. Attempts to control biofilm formation with that microflora are a high priority. One line of research is to identify pathogenic bacteria and replace them with genetically engineered less pathogenic bacteria or eradicate them with antibiotics or disinfectants. Preventing tooth decay with vaccines is not a new

idea and is an ongoing effort. Other ideas include the use of plants or genetically engineered bacteria that release components that target pathogens. Functional foods, which contain various elements in foods, may be another future option for combating oral diseases. Pilot studies or small studies appear to be promising, but it will still take years before such methods become potentially useful in the population, as large-scale clinical trials have not begun. Saliva is considered useful as a diagnostic tool and enables non-invasive assessment of a variety of oral and systemic disorders. Devices have been developed to identify various bacteria in saliva and their virulence factors, drugs, metabolites, hormones, oral cancer biomarkers, inflammatory mediators and more. Future developments may lead to other affordable and effective devices. Efforts are ongoing to assess information on socio-behavioural and risk factors in oral hygiene. The caries risk assessment model is also tested on a case-by-case basis. You can use your existing knowledge to identify who needs specific action. Another strong trend is the use of evidence-based reviews. Of course, this type of research is not limited to oral health. Several reviews have already been conducted and the general conclusion is that the number of randomized clinical trials is limited, especially in established clinical procedures. This trend will change as the quality of future oral hygiene research improves, but such research may not solve all research problems. Community-based participatory research is another approach that can be used to improve oral hygiene research. It is necessary to distinguish between the treatment of cavities and the treatment of the process of illness that leads to cavities.

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CONFLICTS OF INTEREST

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