

Practices for Mechanical Oral Hygiene and Prevention of Oral Diseases

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DESCRIPTION

Influenza viruses are known to infect via epithelial cells of the upper respiratory tract. The oral cavity is anatomically close to the upper respiratory tract, and it is likely that viruses pass through the oral cavity to infect the upper respiratory tract. Some researchers have suggested that colonization with certain pathogenic bacteria, such as Staphylococcus aureus and Streptococcus pneumoniae, may affect the risk of influenza viral illness, and may be associated with oral hygiene and/or or condition may play an important role in respiratory viral infections. Therefore, the aim of this study was to investigate whether oral hygiene/condition affects influenza infection. We conducted a retrospective observational study of a Japanese community cohort consisting of her NHI recipients who entered data into the National Health Insurance Database and underwent annual health/dental examinations. A trained dentist assessed oral hygiene/condition and tested saliva samples using the LION Dental Saliva Multi-Test (SMT) Kit. Influenza infection was identified based on diagnoses recorded in the KDB. Correlations between influenza infection and oral hygiene, dry mouth, or different saliva test results were examined by multivariate analysis adjusting for confounding factors such as sex, age, recent smoking, alcohol consumption, BMI, HbA1c, and red blood cells with influenza infection. A logistic regression model showed that age was significantly correlated with influenza infection. Furthermore, oral hygiene had a nearly significant effect on influenza infection with subjects with poor oral hygiene having a higher risk of influenza infection than subjects with good oral hygiene. In addition, subjects whose saliva was weakly acidic and/or contained high levels of protein had a lower prevalence of influenza infection. The results of this study suggest that maintaining good oral health may be one of the key factors in preventing and reducing influenza infections.

Allogeneic hematopoietic cell transplantation also known as stem cell or bone marrow transplantation is a cell therapy used to treat a variety of malignant and non-malignant hematological disorders. Chronic graft versus host disease is a common immune-mediated complication of alloHCT and can affect various organs of the body, with approximately 70% of affected patients exhibiting oral function. Oral manifestations of cGVHD include lichenoid lesions (diagnostic features), erythema, pseudomembranous ulcers, superficial mucous cysts, salivary hypofunction, xerostomia, orofacial sclerosis, trismus, and painful, acidic, it includes increased sensitivity to hard, chewy foods. Patients with oral cGVHD are also at increased risk of developing secondary diseases such as oral candidiasis, dental caries, and oral squamous cell carcinoma. Faced with these complex oral health challenges, dental hygienists can play a key role in optimizing patient oral health management from pre-stem cell transplantation through survival. Optimal care includes a comprehensive medical history, thorough extra oral and intraoral examination, detailed hard and soft tissue assessment, oral health and nutritional assessment, and provision of patient-centered oral health instruction and preventive therapy. Appropriate monitoring and treatment of oral cGVHD requires a collaborative therapeutic approach between dentistry, oncology, and oral drug providers. The purpose of this review is to provide an overview of alloHCT and its oral health considerations, focusing on the etiology, signs and symptoms of oral cGVHD, and treatment considerations for dental teams.

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CONFLICT OF INTEREST

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