

Recognizing the Relationship Between Disorders in the Oral Cavity and Systemic Disease



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KEYWORDS

• Oral cavity • Oral disorder • Systemic disease • Trauma • Pediatric dentistry

KEY POINTS

- Systemic disease may present with signs in the oral cavity. Its recognition contributes to the diagnosis of that illness during clinical examination.
- Medical and dental providers collaborate in the care and management of children with systemic illness that involves the oral cavity.
- When acute-onset oral cavity symptoms that families do not attribute to primarily dental conditions occur, children may present at their pediatrician office, an urgent care facility, or an emergency department. These providers then need to provide first-line interventions for dental conditions.

INTRODUCTION

The mouth as the portal to the rest of the body has long justified the link between oral and systemic health. Today, the expansion of interdisciplinary care as a means to provide better care has reemphasized the need to have once-siloed disciplines, at a minimum, be aware of key health indicators traditionally outside their realm. More focused to this article, provision of simpler services, in the past restricted to peculiar providers, are now shared among providers. Examples include blood pressure monitoring by dental providers and the application of fluoride varnish by pediatric providers. This emerging crossover of service provision demands better understanding of how oral and systemic health relate to one another; can be synergistic in patient health; or, if ignored, can lead to potential problems.

Oral conditions can affect or be a manifestation of systemic health. For example, children with multiple decayed teeth (caries) can have difficulty with learning, have

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| Table 1 | | | |
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| Infectious diseases | | | |
| Systemic Disease | Orofacial Lesions/Conditions | Location | Significance |
| Primary herpetic gingivostomatitis HSV-1 | Diffuse swelling and erythema Multifocal vesicles and superficial ulcers Acute pharyngitis Lymphadenopathy Keratoconjunctivitis | Gingiva, oral mucosa, lip vermillion Gingiva, oral mucosa, lip vermillion, perioral skin Oropharynx Cervical, submandibular nodes Eyes | May be very painful and interfere with nutrition and hydration Fever, malaise, irritability are common findings Oral hygiene is important to prevent secondary bacterial infection and delayed healing Risk of disseminated disease in neonates and immunocompromised Recurrent HSV is common; occurs on lip vermillion, gingiva, palate |
| Varicella Varicella-zoster virus | Single to multiple, mildly tender, oral vesicles, ulcers Widespread, pruritic macules, vesicles, pustules, crusting of skin Rhinitis Pharyngitis Tender, erythematous gingivitis (uncommon) | Oral mucosa Face and trunk that spreads to extremities Nasal skin, mucosa Oropharynx Generalized gingivae | Fever, malaise, headache are common findings Oral and lip vermillion lesions precede widespread skin lesions Risk for bacterial skin infections, pneumonia, encephalitis Herpes zoster (recurrent varicella-zoster virus) is uncommon in children |
| Infectious mononucleosis Epstein-Barr virus | Exudative pharyngitis Tonsillar hyperplasia Necrotizing ulcerative gingivitis Necrotizing pericoronitis Palatal petechiae Lymphadenopathy Rhinitis | Oropharynx Pharyngeal and lingual tonsils Generalized gingivae Mandibular molar operculum Hard and soft palate Cervical, submandibular nodes Nose, nasal mucosa | Fever, malaise, fatigue, headache, myalgia, hepatosplenomegaly are common findings Complications include thrombocytopenia, splenic rupture, autoimmune hemolytic anemia, aplastic anemia, myocarditis Latent virus associated with malignancies |

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