Diabetes Weds Oral Infection: An Unhappy Marriage

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Dear Editor,

On reading various articles related to diabetes in your esteemed journal,^[1-3] I would like to add the importance of oral infections associated with diabetes.

Diabetes mellitus (DM) is a chronic disease with serious long-term debilitating complications and no known permanent cure. The relationship between oral health and diabetes has been extensively studied, particularly with respect to periodontal disease and to a lesser extent, dental caries. Diabetes affects 18 million individuals in the United States and about 171 million individuals worldwide, and has reached epidemic status.^[4]

The onset of symptoms is rapid in type 1 diabetes; and includes the classic triad of polyphagia, polydipsia, and polyuria; as well as weight loss, irritability, drowsiness, and fatigue. Symptoms of type 2 diabetes develop more slowly and frequently without the classic triad; rather, these patients may be obese and may have pruritus, peripheral neuropathy, and blurred vision. Opportunistic infections, including oral and vaginal candidiasis, can be present. Adults with long-standing diabetes, especially those with poorly controlled hyperglycemia, may develop microvascular and macrovascular conditions that can produce irreversible damage to the eyes (retinopathy and cataracts), kidneys (nephropathy), nervous system (neuropathy and paresthesias), and heart (accelerated atherosclerosis), as well as recurrent infections and impaired wound healing. The most



common oral health problems associated with diabetes are tooth decay (caries), periodontal (gum) disease, salivary gland dysfunction, fungal infections, lichen planus and lichenoid reactions (inflammatory skin disease), infection and delayed healing, and taste impairment. Other pathology associated with diabetes includes oral infections other than those responsible for dental caries and periodontal destruction. Case reports on life-threatening deep neck infection from a periodontal abscess^[5] and fatal palatal ulcers^[6] exemplify theseverity of these conditions. There are also indications that patients with elevated salivary glucose levels carry candida intraorally more often than those with lower glucose levels. [7] More to add, a study of 40 patients with lichen planus found that 11 patients had overt or latent diabetes, compared with none of the control group, the implication being that diabetes may be related to the pathogenesis of lichen planus.[8]

Dental professionals must be aware of the various methods of treating effectively the oral complications of DM. Many treatments are no different from those recommended for patients without diabetes. However, managing patients with diabetes does require more effective follow-up, more aggressive interventional therapy rather than observation, regular communication with physicians/endocrinologists, and greater attention to prevention.

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