



Common Oral Disorders

For CHO/SN





LEARNING OBJECTIVES

Identify common disorders of oral cavity

Causes and symptoms of those diseases

Signs of those oral disorders

Management of common oral disorders



LEARNING OBJECTIVES



DENTAL CARRIES / TOOTH DECAY

Introduction

- Appears as brown or black discoloration on the tooth, which gradually becomes a cavity
- Affects both baby and adult teeth
- Due to added secondary bacterial infection, there may be pus discharge from cavity with foul odor





Clinical Features

- Pain on chewing on that particular side
- Food lodgment on or in between teeth
- Sensitivity to hot & cold food or drink
- Swelling, referred pain, severe discomfort and associated fever on leaving the decay untreated
- Cavity/hole on the tooth or in between two teeth
- Broken tooth
- Tooth pain on touch



DENTAL CARIES/TOOTH DECAY



Risk Factors

- Consumption of sweet and sticky food (refined carbohydrates)
- Frequent in-between snacking
- Lack of proper oral hygiene



DENTAL CARRIES/TOOTH DECAY



ROLE OF CHO IN HANDLING TOOTH DECAY



Do

- Identify the black/brown spot/discoloration or cavity
- Identify any pain/pus discharge
- Provide pain relief
 - Warm (not hot) saline rinses
 - Clove oil application inside the tooth cavity by placing a piece of cotton soaked in clove oil
 - Paracetamol, Ibuprofen etc.





- Refer to the nearest health facility where the dentist is available in case you see the following:
 - Increased sensitivity to hot and cold food for more than 2 weeks
 - Pain and swelling around teeth for more than a week
 - Pus discharge
 - Black/ brown spots/discoloration on tooth





Advise

- Rinsing mouth thoroughly with water after every meal and snacks
- Brushing of teeth twice a day with pea-sized toothpaste
- Avoid self-medication or pain killers
- Avoid intake of extreme hot and cold food & drinks
- Reduce consumption of sugary and sticky diet
- Avoid placing camphor/tobacco/petroleum products/salt at the site of pain
- Avoid picking objects using any teeth





EARLY CHILDHOOD CARIES/ NURSING BOTTLE CARIES



Introduction

- Also called nursing caries, nursing bottle caries, baby bottle tooth decay
- Cavities are mostly seen on upper front teeth but can affect other teeth also
- Only seen in small children, mainly in those who are drinking bottled milk
- ECC leads to early loss of milk teeth, delayed eruption of permanent teeth, difficulty in eating, pain, abscess, and malnourishment



Clinical Features

- White spots on teeth initially along the gum line
- Brownish/black discoloration

Risk Factors

- Teeth exposed to sugary liquids for long periods of time
- Children who fall asleep with a bottle in their mouth or who drink sweetened liquids many times a day
- Lack of proper oral hygiene
- Frequent consumption of sticky/sweet food in-between meals
- Prolonged bottle-feeding



ROLE OF CHO IN CASE OF NURSING BOTTLE CARRIES



Do

- Identify white/brown spots/discoloration/pain/pus discharge
- Refer to the nearest health facility where the dentist is available in case



Advise

- Avoid letting baby sleep with nipple or bottle in the mouth
- Cleaning of gum pad/gums and teeth with clean cloth after breast feeding
- Avoid bottle feeding
- Brushing of teeth twice a day with soft bristle toothbrush
- Use of cup for milk feeding as early as possible, preferably before one year of age



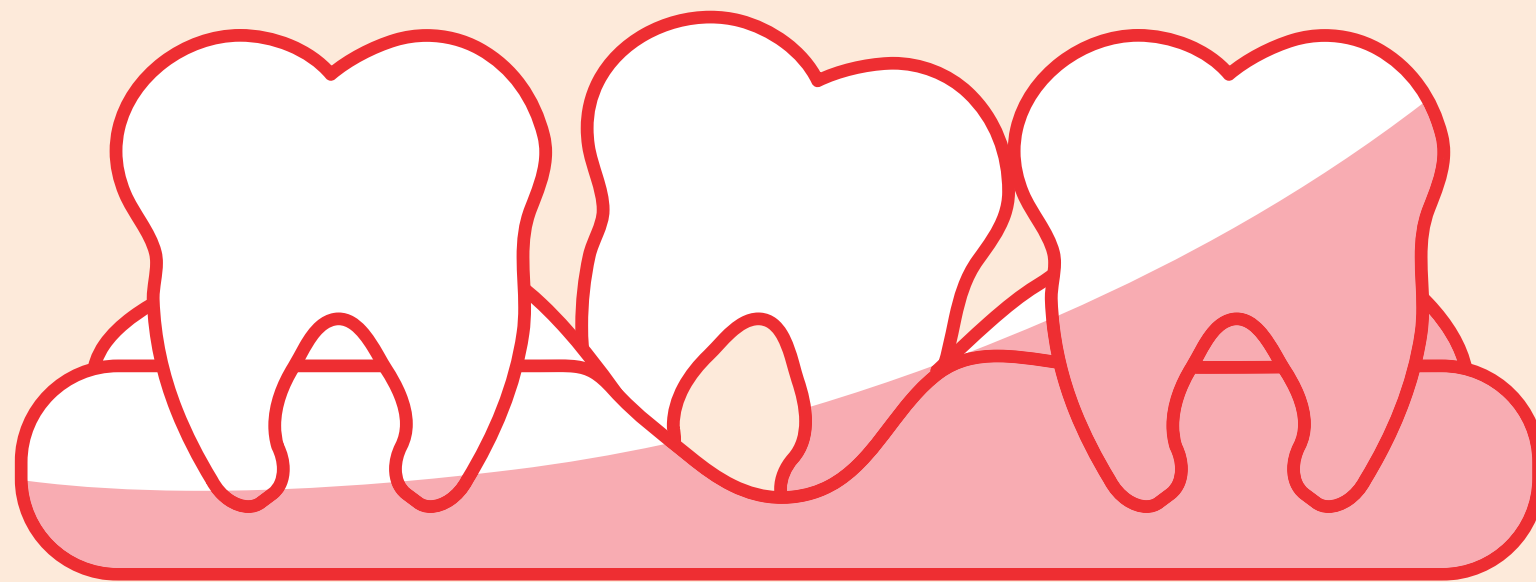
PERIODONTAL DISEASES/ GUM DISEASES

Introduction

- Healthy gums are coral pink in color
- Edges are firmly attached around the tooth and do not bleed on normal brushing
- When oral hygiene is neglected, gums tend to swell and bleed



- Early-stage of the disease is called Gingivitis



- If Gingivitis is not treated, the disease may progress to involve the surrounding bone, leading to a gap between the gum and the tooth known as a pocket, leading to Periodontitis or Pyorrhoea (in children, Juvenile Periodontitis)



Causes

- Gum diseases are caused by plaque accumulation
 - Bacteria present in plaque form toxic substances that may cause inflammation of gums
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- If plaque is not removed regularly, it may harden to form tartar
 - Tartar with its rough surface attracts further deposition of plaque and bacteria, sustaining the inflammation and destruction of supporting bone



ABNORMAL GROWTH, PATCH OR ULCERS



Oral Ulcers/Aphthous
Ulcer (Recurring
Aphthous Stomatitis)



White Patch/
Leukoplakia

ORAL ULCERS

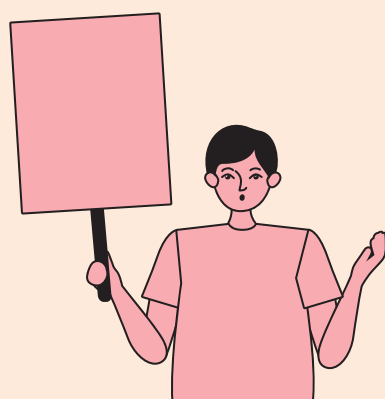


Introduction

- Characterized by recurring ulcers confined to the oral mucosa in patients with no other signs of disease
- A person presenting with symptoms of recurring oral ulcers should be asked for a history of systemic diseases
- If the systemic condition is ruled out, Recurrent Aphthous Stomatitis (RAS) is usually the most common condition

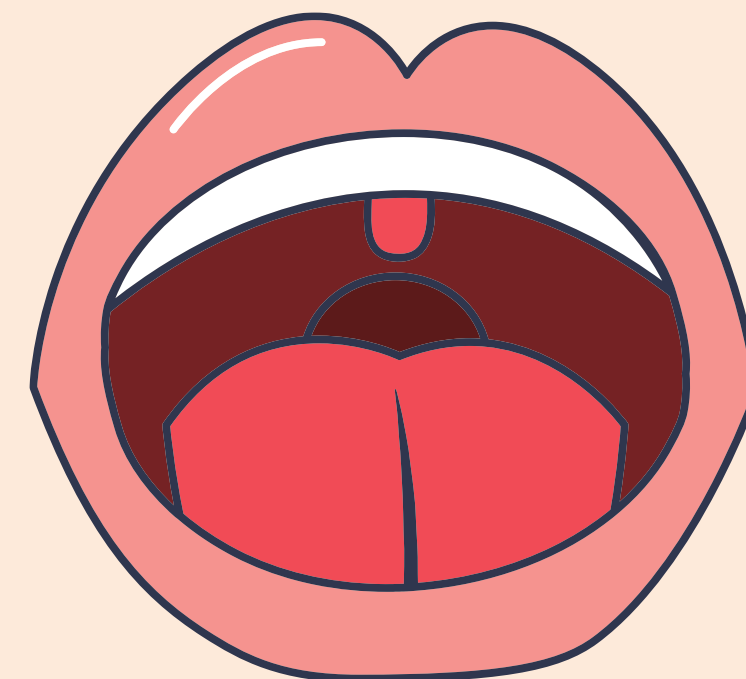


ORAL ULCERS



Causes

- Trauma or tissue damage- damage from vigorous brushing, ill-fitting dentures, biting with teeth inside the mouth
- Stress
- Allergic reactions and hormonal changes
- Nutritional deficiency- deficiency of vitamin B-12, iron, folate & zinc
- Infections- Bacterial, viral or fungal infection causes oral ulcers
- Foods & drinks- Some foods and drinks releases acid causing ulcers



ORAL ULCERS



Clinical Features

Symptoms

- Restricted mouth opening
- Decreased tongue movements associated with lesion over the base of the tongue or near the floor of the mouth

Signs

- Patch of white or grey color over the inner surface of lips, cheeks, gums, or tongue
- Thick, hard, and raised surface over the lesion

ORAL ULCERS



ROLE OF CHO IN HANDLING WHITE PATCH

Do

- Identify white to red patches on the tongue, inner lining of lips, and cheeks
- Redness may be a sign of cancer. Refer immediately to the dentist if you see any patches or patches with red spots
- For all abnormal growths, patches and ulcers follow the protocols as per the population-based screening program for NCDs

Advise

- Stop smoking or chewing tobacco and alcohol
- Intake of food rich in antioxidants such as spinach and carrots
- Maintain good oral hygiene by brushing and mouth rinsing





ORAL CANCER

Introduction

- Tobacco chewing is the single most important risk factor for oral cancer
- Other risk factors include alcohol use, betel nut chewing, and chronic trauma to oral mucosa by a sharp tooth or ill-fitting dentures
- Chronic exposure to these risk factors causes changes in the oral mucosa and these changes are visible as pre-cancerous lesions. Over a period of time, malignancy may develop in these lesions



Clinical Features

Symptoms

- Pain, burning sensation, occasional bleeding and difficulty in opening mouth and chewing
- Late stages: small, hard and painful swellings over neck
- Later stage: mouth opening is severely reduced to admit one finger at a time

Signs

- Small ulcer or tumour in either gums, lips, tongue, palate, cheeks
- Metastasis to lymph nodes in the neck and appears as small, hard and painful swellings over neck



ROLE OF CHO IN HANDLING ORAL CANCER



Do

- Community level active screening of all adults above 30 years of age for oral cancer (as a part of the screening of non-communicable diseases) and repeat screening activities every year
- Reporting and referral of suspected persons for confirmation of diagnosis and management
- Conduct awareness sessions for your area, especially for school children and at Gram Sabha, during cultural fests, etc.





Advise

- Counseling of tobacco cessation and follow up of referred persons
- Advise all those above 30 years to have annual oral screening to pick up early lesions





STRUCTURAL DEFORMITIES

Trismus (Restricted Mouth Opening)

Jaw Dislocation

Irregular arrangement of teeth

Missing tooth/teeth



TRISMUS (RESTRICTED MOUTH OPENING)

Inability to open the mouth fully or restriction of normal opening of mouth or lock jaw

Causes

- Muscle spasm
- Infections of oral cavity
- Oral ulcers
- Oral premalignant lesions
- Oral Cancer
- Oral cysts with un-erupted third molars
- Fracture of jaw
- Tetanus

Sign & Symptom

- Pain in the jaw, even without movement
- Difficulty in eating and swallowing foods
- Difficulty in brushing the teeth





JAW DISLOCATION

Very painful condition and occurs when the lower part of jaw moves out from its normal location

Causes

- Excessive yawning
- Opening mouth too wide for eating

Sign & Symptom

- Severe pain at rest and during movements of the jaw
- Difficulty in eating and swallowing
- Difficulty in speaking
- Drooling of saliva



IRREGULAR ARRANGEMENT OF TEETH

Introduction

The irregular arrangement of teeth leads to serious oral health problems

Different types of misalignment are:

- Crowded teeth
- Overbite
- Underbite
- Space between teeth



Crowding (Crooked teeth)

Causes

- Early loss of milk teeth due to dental decay
- Habits such as thumb and finger sucking, tongue thrusting, mouth breathing, nail-biting
- Abnormally shaped or impacted teeth
- Prolonged use of bottle feeding in early childhood





Sign & Symptom

- Abnormally forward or backward teeth
- Gaps between the teeth
- Uneven crowded teeth
- Cross bite/reverse bite
- Asymmetry of the face
- Frequent biting of the inner cheeks or tongue
- Difficulty in pursing lips
- Difficulty in keeping teeth clean because they are crowded





MISSING TOOTH / TEETH



Introduction

Jaws without teeth are called 'edentulous'

They are of two types:

- **Partially edentulous**- when a few teeth are missing from either from the upper or lower jaw
- **Completely edentulous**- when all teeth are missing



MISSING TOOTH/TEETH



Causes

- Neglected, long-standing decay of teeth
- Untreated gum diseases, mobile teeth
- Trauma or road traffic accidents



Untoward effects of missing teeth

- Migration of other teeth in the edentulous areas leading to malocclusion
- Some sharp cusps of isolated teeth may cause a traumatic ulcer
- Difficulty in chewing & eating
- Compromised aesthetics



MISSING TOOTH/TEETH



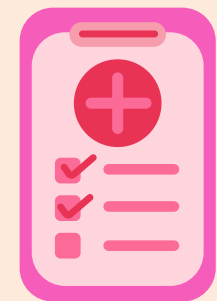
ROLE OF CHO IN STRUCTURAL DEFORMITIES OF TEETH



Do

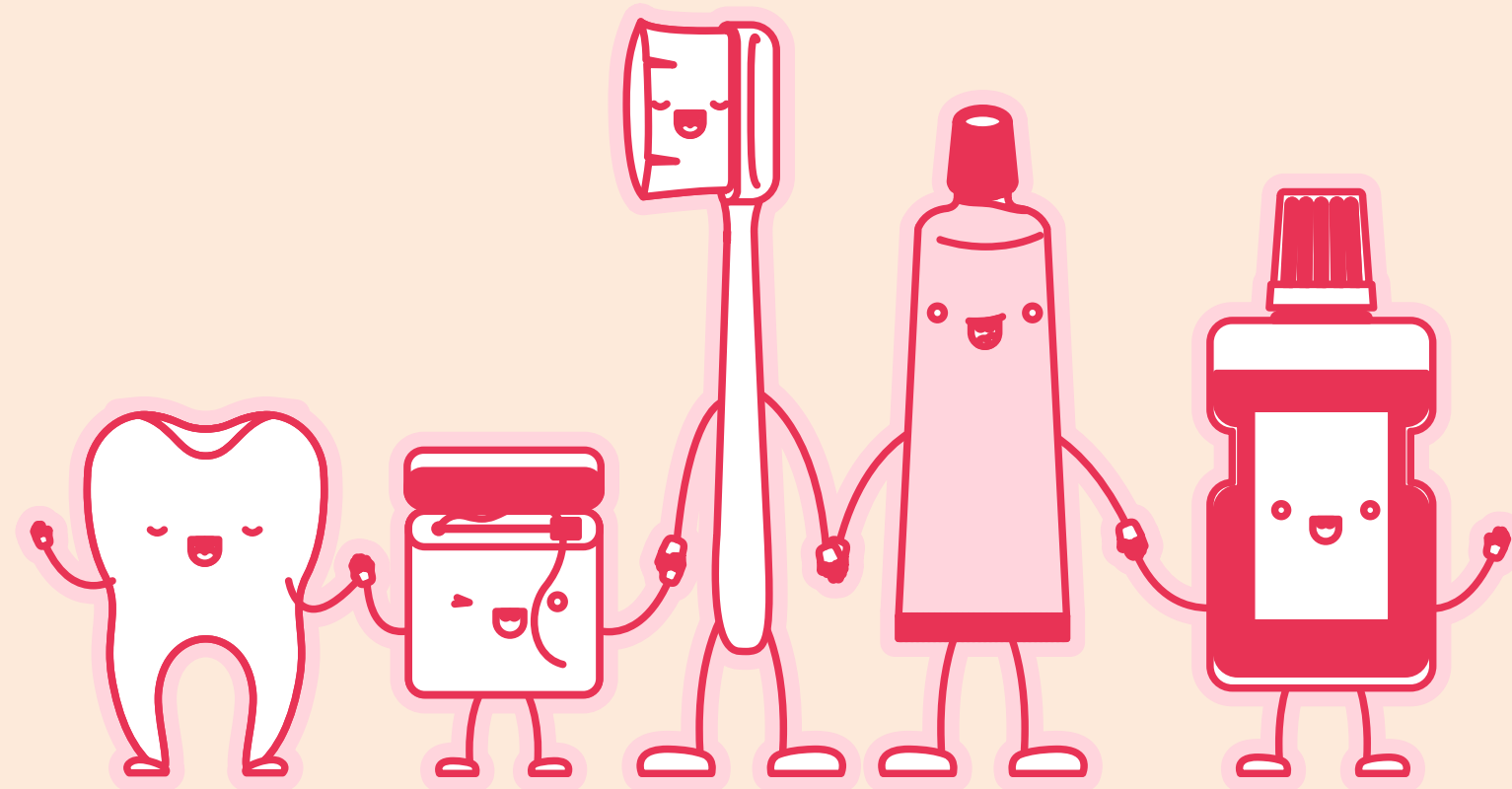
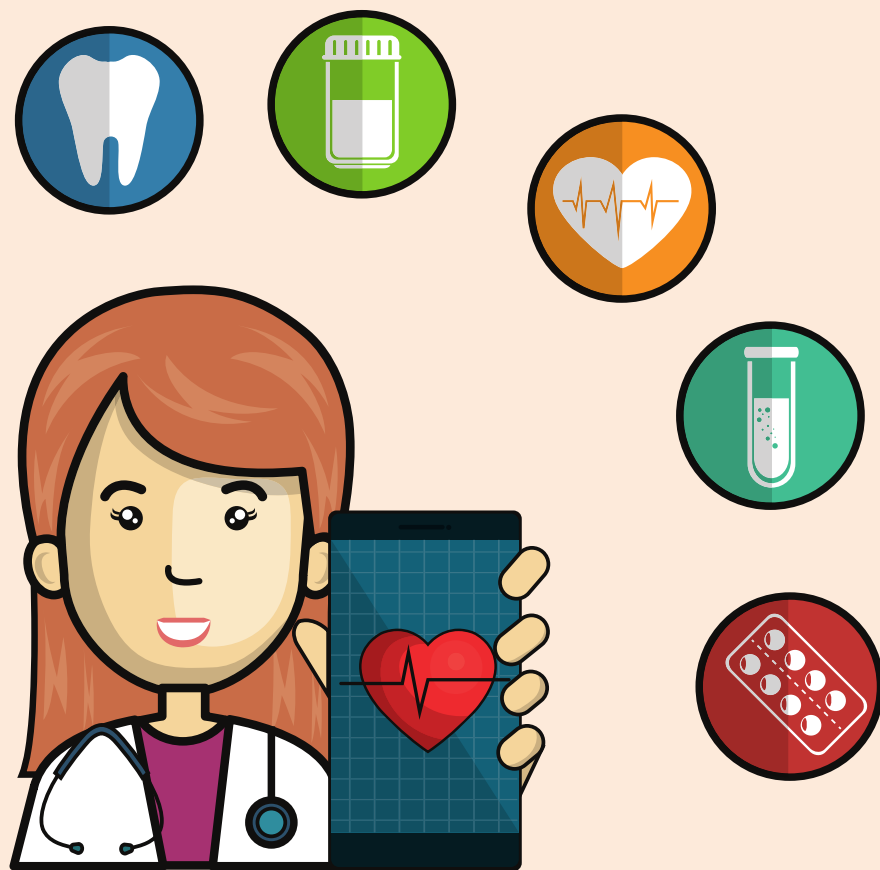
- Ask the person to put three fingers together (index, middle, and ring fingers) in the mouth one above the other, and assess the extent of the mouth opening
- Refer to a nearby health facility where the dentist is available for further treatment
- Identify wrong habits, if any
- Referral to the higher center for replacement of missing teeth
- If a person is using dentures, look for ulcers/ epulis/ candidiasis and give symptomatic relief
- Look for faulty dentures, if any, and advice corrections such as sharp edges, loose dentures





Advices

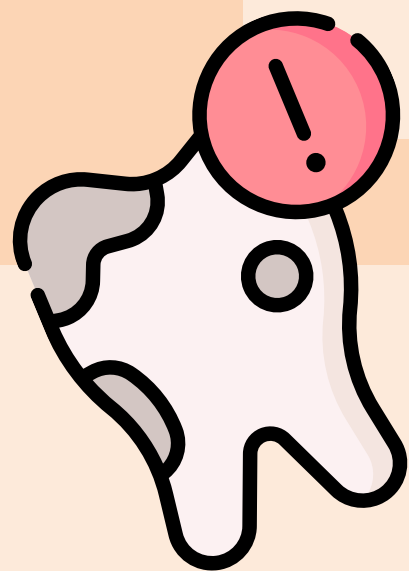
- Advise parents to stop bottle feeding children
- Health education about untoward effects of missing teeth
- Advice on maintaining good oral hygiene to prevent tooth decay





DENTAL FLUOROSIS

- Teeth have brownish-yellow spots on them and sometimes they also have rough surfaces and jagged margins
- Could be due to the presence of the high amount of fluoride in the drinking water supply
- Excessive fluoride gets incorporated into the developing teeth and manifests in various forms like chalky white teeth, brownish-yellow stains, and pitting on the surface





- Many areas in our country have more than the normal limits of fluoride
- Cases of fluorosis are seen in clusters or groups in the same village or locality
- If the fluoride level is greater than 4 PPM (Parts Per Million) can also cause more debilitating conditions like skeletal fluorosis

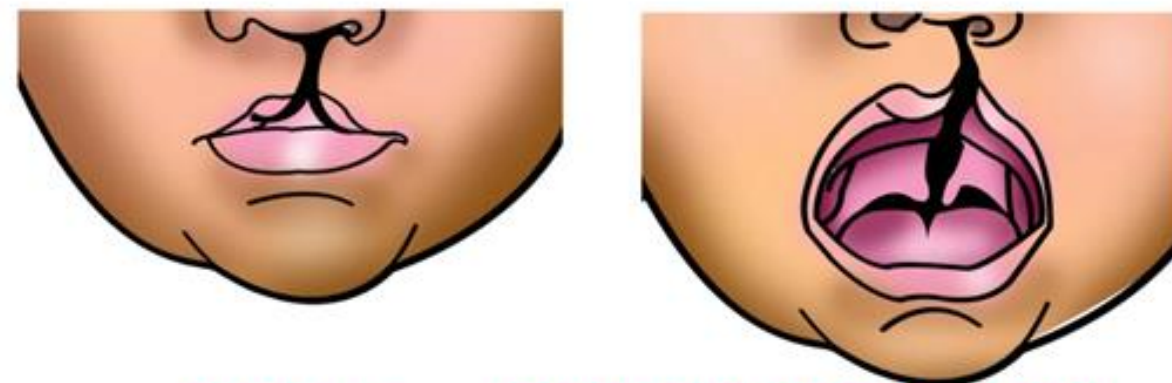
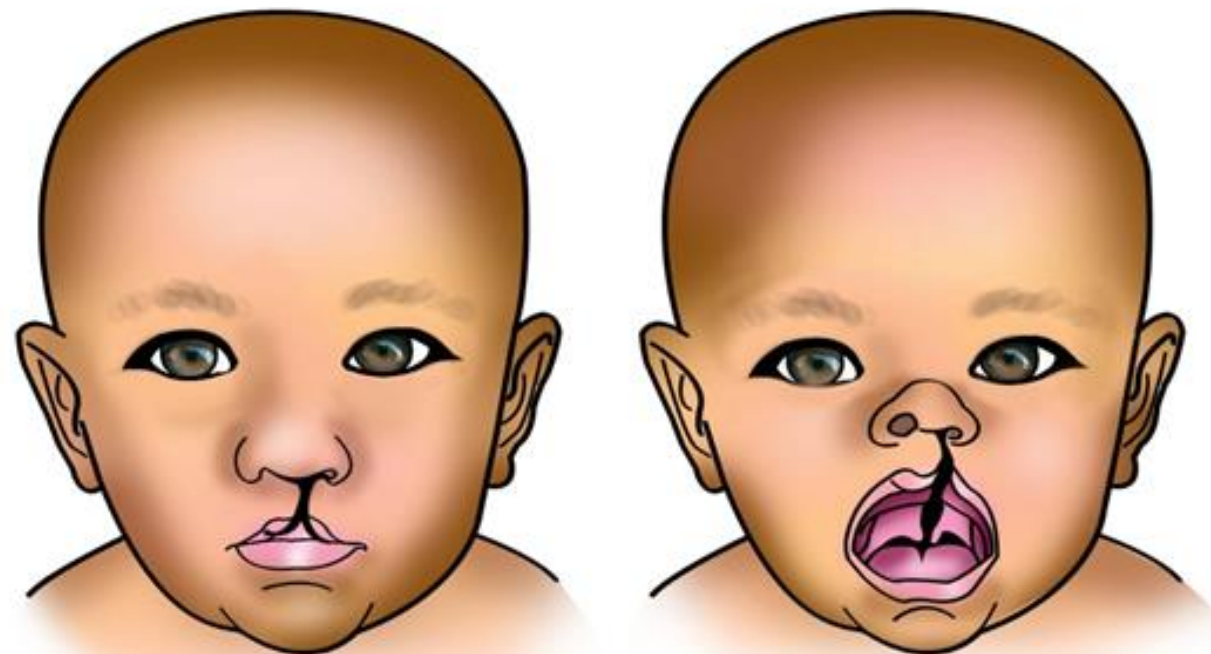


DENTAL FLUOROSIS



CLEFT LIP OR PALATE

Cleft lip or Palate



Cleft Lip

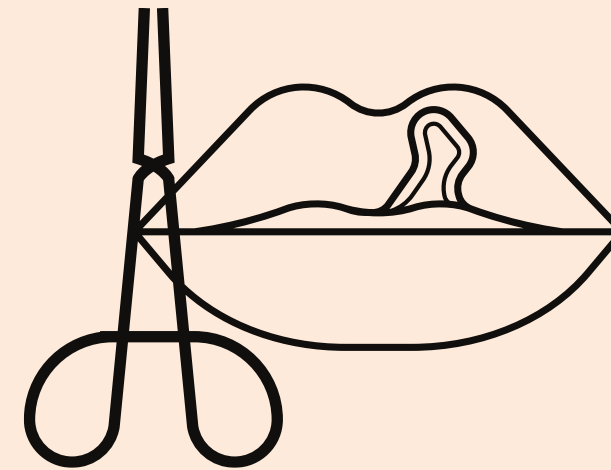
Cleft Lip and Cleft palate

Cause:

- Genetic disorders
- Deficiency of folic acid during pregnancy
- Smoking and drinking alcohol during pregnancy

Signs & Symptoms:

- Spilt lip/palate or both
- Difficulty in feeding, swallowing, and speech
- The unpleasant appearance of the face



ROLE OF CHO IN CLEFT LIP/PALATE

Do

- Refer identified cases to RBSK teams and dental surgeon
- Detail examination of all systems from head to toe for screening of other deformities



Advise

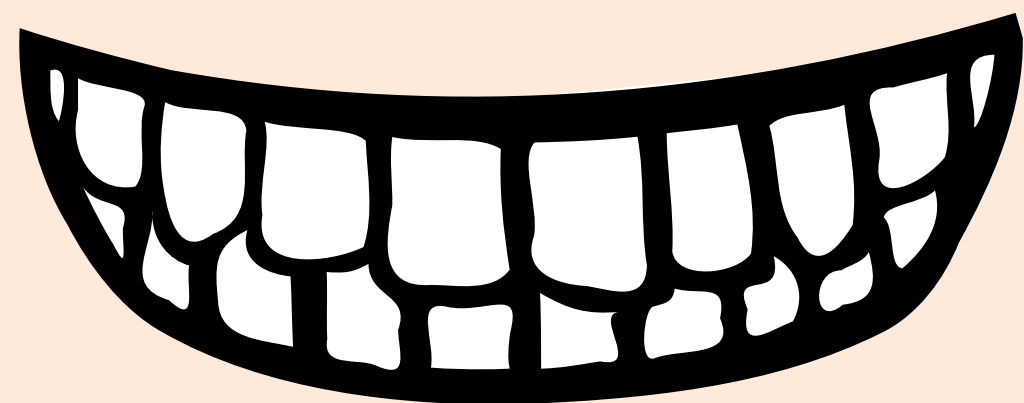
- Advise pregnant women to take the full course of Iron Folic Acid tablets during pregnancy



DENTAL FLUOROSIS: REQUIREMENT OF OPTIMUM FLUORIDE AND CLINICAL FEATURES

Introduction

- Optimum level of fluoride (1 PPM) is beneficial for dental health
- Optimal amount of fluoride ion gets incorporated into the tooth enamel making it less prone to dissolution by bacterial products, acids



Clinical Feature

- Chalky white teeth
- Brownish-yellow stains
- Pitting over the surface of the tooth



ROLE OF CHO IN DENTAL FLUOROSIS

Do

- Report such cases to PHC MO, send water samples from respective villages or localities for testing the presence of high fluoride levels in water
- If high fluoride levels are confirmed, then assist your PHC MO in further management regarding defluoridation of water, conduct awareness sessions in community, etc.

Advise

- Advise on use of very little (pea size) toothpaste for brushing
- Advise on use of alternative source of water for drinking in fluoride endemic areas



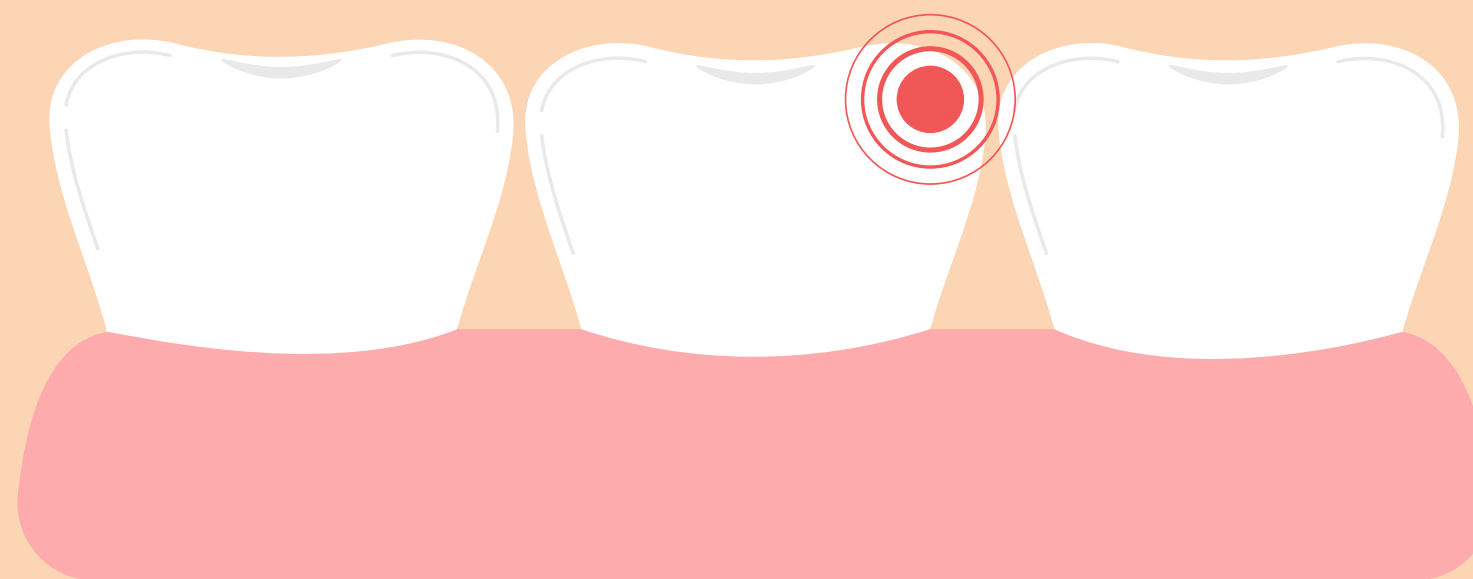
DENTAL EMERGENCIES: TOOTH/PULPAL PAIN

- Spontaneous, strong, often throbbing pain, elevated by touch, food and lasts longer even after the stimulus is removed
- Pain tends to radiate to the ear, temple, or cheek and patients often have difficulty identifying the exact location of pain
- Pain may subside spontaneously, but the patient should still be referred for dental advice because the pulp has probably necrosed, dental abscess may follow





- Causes may include dental abscess, loose tooth, or trauma
- Treatment options such as Root Canal Treatment or tooth extraction may be required for some patients
- At the HWC-SHC, the management will include identification of the cause and location of pain, and pain control using analgesics





DENTAL EMERGENCIES: TOOTH/PULPAL PAIN

Periapical abscess

- An abscess may present sometimes with facial swelling, fever, and illness
- Incision and drainage of fluctuant abscess and treatment with antimicrobial agents (such as amoxicillin) and analgesic medication is indicated, which can be done at PHC/CHC level



TOOTH INJURY/AVULSION



Fractured Tooth

- Fracture of the tooth involving pulp will need management similar to that of tooth/pulpal pain

Avulsed Tooth

- Avulsed permanent anterior teeth can be replanted successfully in a child up to 16 years
- Avulsed milk tooth should not be replanted





ROLE OF CHO IN DENTAL EMERGENCIES



Do

- Symptomatic relief
- Arresting bleeding, suturing if required
- Swelling/ abscess- antibiotic and analgesic and drainage if required



Advise

- Avoid self-medication
- Avoid picking teeth / in between teeth
- Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain
- Avoid application of heat or any pain relief balm at the site of swelling



ORAL THRUSH (CANDIDIASIS)

Common oral fungal infection and mostly in patients with immuno-compromised and poorly nourished patients

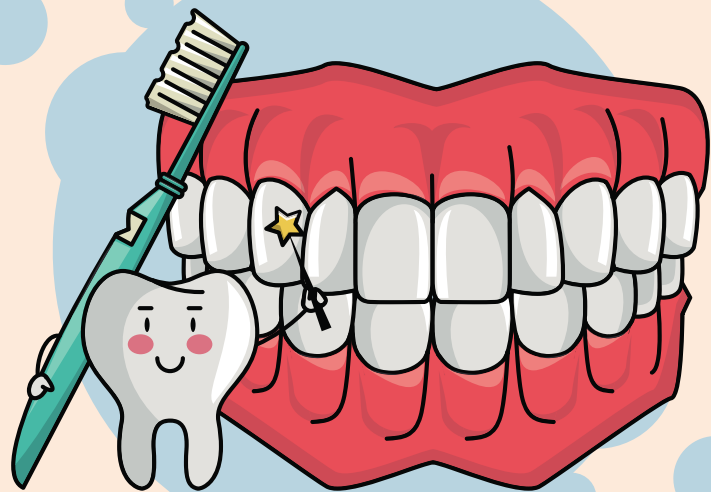
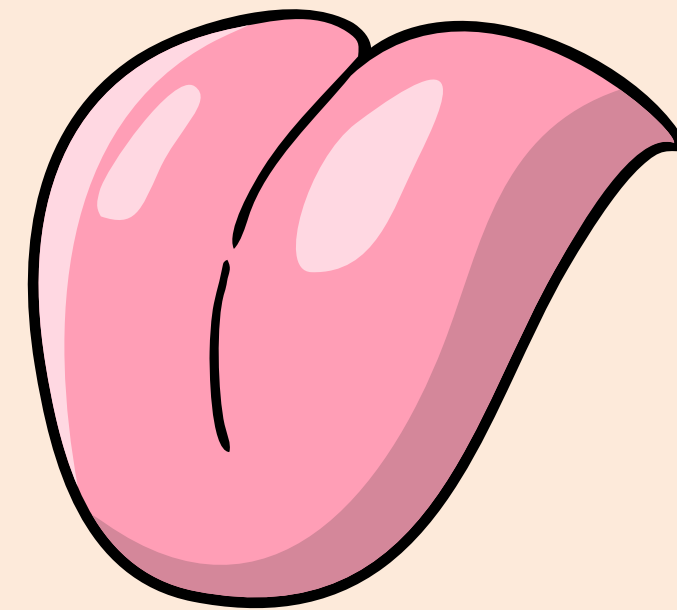
Risk factors

- Poor oral hygiene, especially in individuals using artificial teeth- dentures
- Diabetes, Nephrotic syndrome
- Patients with HIV-AIDS or cancer
- Patients on long term oral or inhaled steroids
- Smoking
- Undernutrition
- Newborns with low birth weight
- Unnecessary and prolonged use of antibiotics



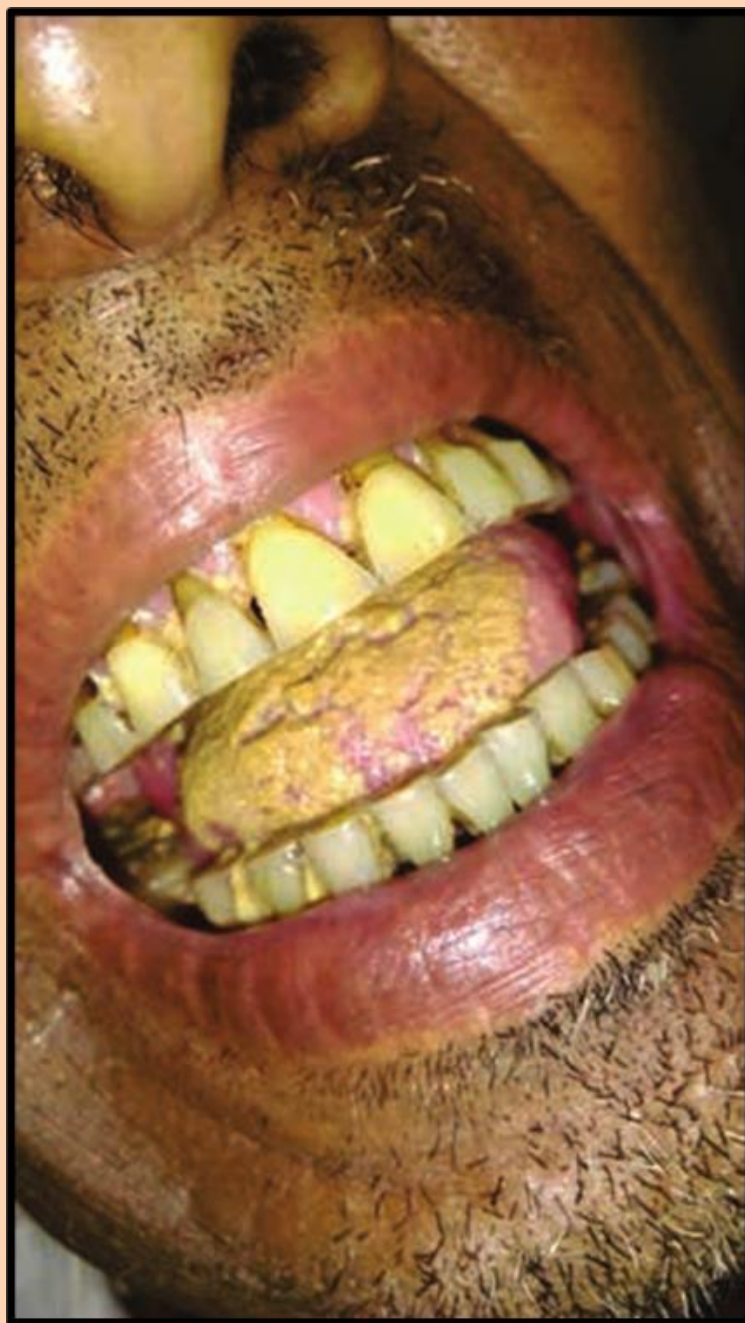
Clinical Feature

- Patchy white layers on the tongue, inner surface of cheeks and lips, soft and hard palate



- In individuals wearing dentures, redness will be observed on the palate and at the corners of the lip

ORAL THRUSH (CANDIDIASIS)



ORAL THRUSH (CANDIDIASIS): MANAGEMENT AT HWC

- Clinical assessment with detailed examination and screening tests for Diabetes, HIV-AIDS, Undernutrition, and Cancer in adults
- Assessment of nutrition with weight gain, feeding practices, adequacy of breastfeeding, etc. in newborns



- Discuss with PHC-MO and suggest topical anti-fungal medications for both adults and newborns and call for follow up within 07-10 days for repeat evaluation
- Advise rinsing mouth with warm saline
- Refer to the dentist for patients with ill-fitting dentures
- Do not try to remove white patches in the mouth by scrubbing or by any method, because these white patches are adhered well and can lead to bleeding

ORAL THRUSH (CANDIDIASIS):
MANAGEMENT AT HWC



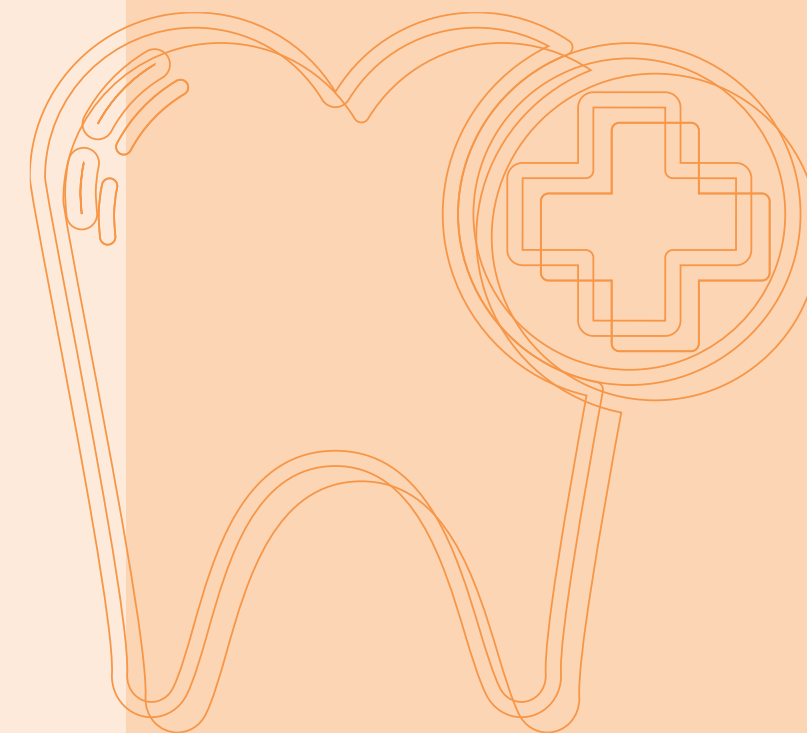
LINKAGE BETWEEN ORAL HEALTH AND GENERAL HEALTH

- Oral cavity is the intersection of medicine and dentistry and the window into the general health of a patient
- Many diseases and medications impact the oral cavity, and pathologic conditions in the mouth have a great systemic
- There is an association between periodontal disease and certain other systemic conditions, including, diabetes, pregnancy-related complications, osteoporosis, and kidney disease





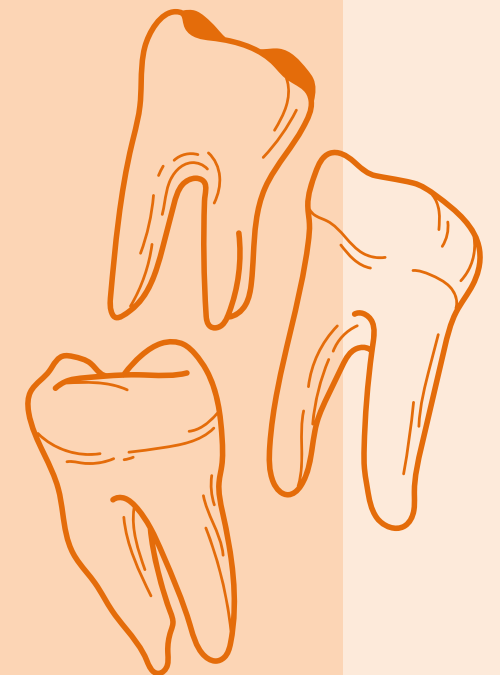
- Local signs of diabetes, HIV/AIDS, and hepatitis can be seen in the mouth
- Oral diseases can have systematic effects
- Some of the risk factors contributing to poor general and oral health are common such as tobacco use, excessive alcohol use, and poor diet/nutrition
- Burden of oral and general diseases can be decreased simultaneously by eliminating these common risk factors



DIABETES

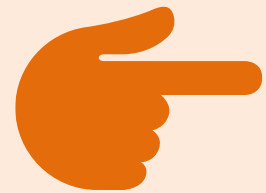


- Increased prevalence of gum disease among patients with diabetes
- Delayed wound healing including cases of periodontal abscesses and oral ulcers in diabetic patients with poorly controlled sugar level
- Often a reason for the postponement of dental procedures in patients with diabetics

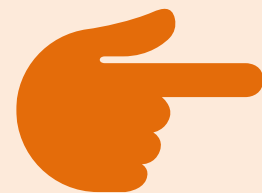
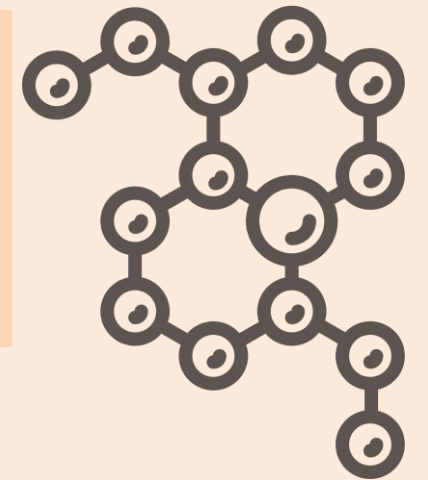




HORMONES AND ORAL HEALTH



Imbalance in adrenal and thyroid hormone levels may affect the oral cavity and can impact the development or progression of gum diseases



Hormonal changes occur throughout a woman's life during puberty, menstruation, pregnancy, and menopause



Fluctuating female hormone levels can impact conditions inside the mouth, allowing bacterial growth, increasing blood flow to gingival tissues, and aggravating health issues

HORMONES AND ORAL HEALTH





HORMONES AND ORAL HEALTH

Puberty

During puberty, there is surge in production of the female sex hormones which can increase the blood flow to the gums and change the way gum tissue reacts to irritants in plaque, causing the gum tissue to become red, tender, swollen, and more likely to bleed during brushing

Pregnancy

An increased level of progesterone is considered to cause gum diseases, especially during the second to the eighth month of pregnancy. Gums may feel sore, itchy, or may even bleed while brushing. Also, pregnancy sometimes may be associated with overgrowth of gum tissue leading to formation of pregnancy epulis/granuloma

Menopause

As a result of the decline in female hormone levels, women in this phase may experience the burning sensation of mouth or tongue, dryness of mouth





MEDICINES AND ORAL HEALTH

- Some drugs have a bad effect on periodontal tissues
- Drug-induced gingival overgrowth, gum hypertrophy, is a well-known adverse effect of medications like phenytoin, cyclosporine, and calcium channel blockers
- Long term use of immunosuppressant medicines like steroids results in an increased risk of infections in gums, dental cavities, and an increased burden of oral candidiasis



- Inhalation of corticosteroids by MDI for treatment of asthma is associated with more risk as compared to oral ingestion of steroids, because of direct deposition of steroids over oral mucosal surfaces
- Dry mouth, abnormal bleeding from gums, altered taste, inflammation of soft tissues of the mouth, enlarged gums, color change of teeth and gums are some of the common side effects of antibiotics, antihistaminics, oral contraceptives medicines



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Thank You

