



## Oral Healthy in Denture Users: Denture Stomatitis

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**Received:** June 21, 2019; **Published:** July 01, 2019

**DOI:** 10.31080/ASDS.2019.03.0582

Any natural or synthetic surface is susceptible to colonization by various microorganisms and biofilm accumulation [1]. The maintenance of oral health requires special attention, discipline and frequency, even in total edentulous individuals rehabilitated with total dentures, to avoid unpleasant odors, inflammations and infections.

The denture stomatitis (DS) is the main infection. This pathology is characterized by edema and chronic erythema of the mucosa covered by denture [2]. Although the etiology is multifactorial, the ability of *Candida* spp. in adhering to the resin of the prosthetic base and forming structured biofilms is considered one of the factors responsible for the development of the disease [2]. When the DS is not controlled, it can contribute to the development of systemic diseases, such as: chronic obstructive pulmonary disease [3], bacterial endocarditis, aspiration pneumonia and gastrointestinal infection [2,4]. In addition to aggravating infections in individuals with Diabetes mellitus, AIDS or other immunosuppressive diseases [5,6]. The local symptoms of DS are burning sensation, dry mouth, unpleasant taste, halitosis, pain and/or bleeding from the mucosa. However, in most cases, the disease presents asymptotically.

The control of DS can be accomplished with the use of antifungal and/or adequate hygiene of the prostheses and oral cavity. The prolonged use of antifungals can cause hepatotoxic and nephrotoxic effects and when the treatment is suspended the recurrence of the inflammation occurs due to the recolonization by *Candida* spp. of the palate mucosa, due to the non-eradication of fungi adhering to the prosthetic surface, making it a reservoir of microorganisms. Thus, it becomes evident the need to prevent the disease and consequently the establishment of an efficient protocol of hygiene with clinical feasibility, reduced costs and easy handling [7,8].

For the disinfection protocol for dentures, only brushing is not enough for cleaning, being recommended its association with immersion in disinfectant solutions, especially for the elderly and/or those with movement difficulties. The association of methods aims to promote more efficiently the biofilm control and quantity of microorganisms.

For the denture, there are own brushes, with bristles on both sides of one end, helping to reach all regions properly. As auxiliary agent, neutral liquid soaps or dentifrices with reduced abrasiveness may be employed. Brushing the prosthesis should be performed after meals and before bedtime or at least 3 times/day, lasting two minutes. In association, the prosthesis must be immersed before the last brushing of the day in sodium hypochlorite solution at 0.25% or 0.5%, for 20 minutes [9], or alkaline peroxide solution for 3 to 5 minutes, according to the manufacturer. After that, it is important to remove them at night, leaving in a container with clean water [9], so that the mucosa relaxes and passes this period without being compressed, allowing the small blood vessels dilate, and that come in contact with the saliva, receiving stimuli of the tongue.

For the oral cavity, use brushes with soft bristles, brushing and massaging the entire seating area covered by the dentures [8], gingiva and tongue for 1 minute after the main meals, with dentifrices or only water. To complement, it is indicated the use of oral mouthwash [2], preferably once a day, before bed.

Prevention is the best way to ensure a healthy and disease-free life. The well-oriented patient is essential for good results. The dentist is the professional able to guide, maintain and take care the oral health of denture users, having the necessary awareness to be the main agent in this process of DS prevention and treatment.

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**Volume 3 Issue 8 August 2019**

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