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| **Name:** |
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| **Group:** |
| 6A-2 |
| **Pathology Question:** |
| What is the pathogenicity of Diabetes Mellitus? |
| **Report:** |
| Insulin, made by the pancreas, helps glucose get into the cells so that it can be used for energy. Diabetes is the ultimate metabolic disorder in which blood glucose levels are above normal. This can happen because the pancreas is not making enough insulin (type 1), or the body can’t use its own insulin as well as it should (type 2). Other types of diabetes include prediabetes and gestational, both of which are reversible.  Glucose binds to hemoglobin to be able to reach targets all over the body. Diabetes is characterized by high blood glucose since the body isn’t making or using insulin to lower it. HbA1c stands for Hemoglobin A1c or glycated hemoglobin. A normal HbA1c is below 5.7%, whereas someone with diabetes will have an HbA1c of 6.5% or higher. HbA1c can be used as a means for diagnosis and disease management.  With regard to oral health, diabetes is a systemic risk factor for periodontal disease. Dentists can suggest a target HbA1c to lower the risk of oral health complications for diabetic patients. Other oral manifestations of diabetes include xerostomia, fruity/ketone breath, burning sensation in the mouth, impaired wound healing, infections, and parotid gland enlargement. |
| **References:** |
| Jankins, Daniel B (2018, July 10). Diabetes and Oral Health. In *DEIN 7130: Oral Medicine and*  *Diagnosis 1: Summer 2020* [Powerpoint slides].  Bryan, L. B. (2019, October 11). Non-surgical periodonal therapy. In *DEIN 7114: Introduction*  *to Clinical Practice 1: Fall 2019* [Powerpoint slides].  “Oral Health Topics: Diabetes.” *American Dental Association*, www.ada.org/en/member- center/oral-health-topics/diabetes. |