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| **Name:** |
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| 7A-2 |
| **Pathology Question:** |
| What causes denture stomatitis? |
| **Report:** |
| -Common disorder affecting denture wearers- Multifactorial cause including: mucosal trauma from poor denture fit, older age of denture user, increased age of denture, poor denture hygiene, use of maxillary vs mandibular dentures, female gender, and bacterial and fungal infection (mostly Candida albicans)-More specifically for denture hygiene not removing at night and not soaking in dilute sodium hypochlorite will cause denture stomatitis- Of fungal species only Candida albicans was found in the biofilm for denture stomatitis patients-Notably the hyphal form over the mycelial form of Candia albicans is found in denture stomatitis- The effectiveness of antifungal therapies is what leads us to belive that Candida plays a significant role in the etiology of denture stomatitis- Scratches, cracks, and imperfections in dentures also create a place for Candida to grow -Newton’s Classification for Denture stomatitis are: Type I is petechiae dispersed throughout palatal mucosa in contact with denture, Type II is erythema without hyperplasia, and Type III is generalized erythema with papillary hyperplasia |
| **References:** |
| Barbeau, J., Séguin, J., Goulet, J. P., de Koninck, L., Avon, S. L., Lalonde, B., ... & Deslauriers, N. (2003). Reassessing the presence of Candida albicans in denture-related stomatitis. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology*, *95*(1), 51-59.Gendreau, L., & Loewy, Z. G. (2011). Epidemiology and etiology of denture stomatitis. *Journal of Prosthodontics: Implant, Esthetic and Reconstructive Dentistry*, *20*(4), 251-260. |