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### DISEASES OF THE ORAL MUCOSA AND CONNECTION WITH DIABATES: AN EPIDEMIOLOGICAL OVERVIEW

**Carla Mannu, Cinzia Casu and Riccardo Botta**

Private Practice, Italy

**D**iabetes is a disease often associated with multiple oral soft tissues pathologies. Recent studies report contrasting prevalence values on this association. To date it is not clear whether oral diseases are a consequence or a predisposing factor to diabetes, but their association is known. High blood glucose concentrations may underlie infectious, inflammatory and autoimmune diseases and may also alter the normal process of cellular repair. All this gives rise to changes in the endothelium, resulting in alteration of the oral biofilm and oral mucosal. A review of 2017 showed that 50% of clinical studies have found multiple alterations of the oral mucosa in patients with diabetes (DM). A review of 2016 was found that the pathologies of the oral mucosa had a prevalence of 44% in patients with diabetes type 1 (T1D), and 25% in the control group. The most common oral diseases associated with diabetes, and therefore more common in daily clinical practice, are: oral Candidosis, oral Lichen planus, fixed tongue, Coated tongue, migrant Glossitis, Hairy Leucoplakia, Burning Mouth Syndrom, Recurrent Aphthous Stomatitis, Xerostomia, Disgeusia and finally Halitosis. In particular, as regards oral candidosis, the *Candida* is an important fungal pathogen, which can cause the onset of systemic infectious diseases, oral and vaginal, predominantly in the elderly and in immunocompromised patients. In the oral cavity it mainly colonizes the buccal mucosa, palate, and, more rarely, the tongue. The species of *Candida* are over 150, and are usually found in a state of commensalism, only some species are pathogenic. Among the most common species we have *C. Albicans*, *C. dubliniensis* (isolated in HIV +), *C. glabrata* (frequent in the elderly). In 40% of healthy subjects, there is no sign of infection, Candidosis infection occurs when there is an imbalance between the immune defenses by the patient and the onset of systemic factors (protracted antibiotic therapies in the time and/or xerostomia) or local (smoke, use of dental prostheses, repeated trauma and poor oral hygiene) that can favor the colonization of the fungus. We would like to report some epidemiological data on the literature on the connection between diabetes and oral disease, with the aim to underline the importance of interdisciplinary work between dentists and diabetologist.

### BIOGRAPHY

Carla Mannu has completed a master's degree in Biological Sciences obtained with honors at the University of Cagliari – Italy. She worked 2 years to Oral Biotechnology Laboratory (OBL) and to DNA Sequencing Service (DSS), University of Cagliari. From 2012 to present (six years) she worked in the diabetes unit in the St Michele Hospital, Cagliari, as a researcher about Type 1 Diabetes, and as a local Clinical Study Coordinator of clinical trial and as a clinical data manager. She, in addition to running diabetes research still working with several dentists in the field of related diseases. She has published more than 10 papers in reputed journals.

[ginzia.85@hotmail.it](mailto:ginzia.85@hotmail.it)



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