Types of Bacterial Infections of The Oral Mucosa

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Oral Mucosa and Infections

- The oral mucosa serves as a protective lining in the mouth, acting as a barrier to pathogens, toxins, and injuries. Despite its protective role, it is vulnerable to bacterial infections due to constant exposure to oral bacteria.
- Factors like poor oral hygiene and immune suppression can lead to bacterial overgrowth, causing infections ranging from mild to severe. Prompt diagnosis and treatment are essential.

Risk Factors for Oral Bacterial Infections

- Poor Oral Hygiene: Bacteria accumulation due to insufficient brushing/flossing.
- Smoking: Reduces immune response and blood flow, increasing susceptibility.
- **Dry Mouth (Xerostomia):** Lack of saliva increases bacterial growth.
- Immunosuppression: Conditions like HIV/AIDS, diabetes, and immunesuppressing medications heighten infection risk.
- Malnutrition: Vitamin deficiencies, especially Vitamin C, weaken the mucosa.

Diagnosis of Bacterial Oral Infections

- Patient History: Medical/dental history and lifestyle factors.
- Clinical Examination: Visual inspection, palpation, identification of signs like ulcers, pus, and gum recession.
- Microbiological Testing: Swab/biopsy for bacterial identification.
- Radiographic Imaging: X-rays/CT scans for deeper infections.

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A- Periodontitis

- Severe gum infection damaging tissue and bone.
- Caused by bacteria like Porphyromonas gingivalis, Tannerella forsythia, and Aggregatibacter actinomycetemcomitans.
- Symptoms: Red, swollen gums, bleeding, bad breath, gum recession, and tooth loss.

Aetiology of Periodontitis

Caused by plaque accumulation leading to tartar, causing inflammation.

• Risk factors:

- Poor oral hygiene
- Smoking
- Genetic predisposition
- Systemic conditions like diabetes
- Medications reducing saliva flow

Pathophysiology of Periodontitis

- Bacterial infection in the gingival sulcus triggers immune response, destroying gum tissue and bone.
- Deep pockets form, harbouring bacteria, leading to tooth loss if untreated.

Clinical Features and Diagnosis of Periodontitis

- **Symptoms:** Swollen red gums, bleeding, bad breath, gum recession, loose teeth, pain.
- Diagnosis: Clinical examination and X-rays. Periodontal pockets deeper than 4mm indicate periodontitis.

B- Stomatitis

- Inflammation of the mouth's mucous membranes affecting cheeks, gums, tongue, etc.
- Causes include bacterial infections like angular cheilitis caused by Staphylococcus aureus or Streptococcus species.

Types of Stomatitis

- Aphthous Stomatitis (Canker Sores): Small painful ulcers inside the mouth.
- Herpetic Stomatitis: Caused by herpes virus, leading to painful blisters, common in children.
- **Denture Stomatitis:** Caused by prolonged denture wear.
- Allergic/Irritant Stomatitis: Triggered by irritants like mouth wash or allergens.

Causes of Stomatitis

Ocauses include:

- Infections (viral, bacterial, fungal)
- Poor oral hygiene
- Nutritional deficiencies
- Medications (e.g., antibiotics)
- Autoimmune conditions (e.g., lupus)
- Irritants (tobacco, spicy foods)

Symptoms and Diagnosis of Stomatitis

- Symptoms: Painful sores, redness, swelling, difficulty eating, bad breath.
- Diagnosis: Physical exam, medical history, and possibly blood tests or biopsies for recurrent cases.

C-Ludwig's Angina

- Severe, rapidly spreading cellulitis under the tongue.
- Aetiology: Arises from untreated dental infections, typically lower molars. Caused by *Streptococcus* and *Staphylococcus*.

Pathophysiology of Ludwig's Angina

- Infection spreads from the teeth to the connective tissues of the lower jaw.
- Swelling can obstruct the airway, leading to respiratory failure if untreated.

Clinical Features and Diagnosis of Ludwig's Angina

- Symptoms: Severe swelling under the chin, pain, difficulty breathing/swallowing, fever.
- Diagnosis: Clinical examination and CT scans to assess the extent of infection.

D-Necrotizing Ulcerative Gingivitis (NUG)

 Caused by bacterial overgrowth, particularly Fusobacterium and Prevotella. Associated with poor oral hygiene, stress, smoking, and malnutrition

Actiology and Risk Factors of NUG

- Risk factors include:
 - Poor hygiene
 - Smoking
 - Stress
 - Immunosuppression
 - Fatigue

Pathophysiology of NUG

- Bacteria invade gingival tissues, causing inflammation, necrosis, and ulceration. Rapidly progressing infection causing necrosis of gum tissue.
- Progression can lead to deeper periodontal involvement and bone loss.

Clinical Features of NUG

• **Symptoms:** Sudden onset of gum pain, ulcerations, bleeding, foul breath, grey pseudomembrane, fever.

Diagnosis of NUG

Origination of symptoms or clinical presentation of symptoms such as necrotic ulcerations and foul breath.

Further tests may be required in severe cases

E. Pericoronitis

- Infection of soft tissue surrounding a partially erupted tooth, usually wisdom teeth.
- **Symptoms:** Pain, swelling, trismus, bad breath. Severe cases can spread to cheek and throat.

Complications of Bacterial Oral Infections

- Abscess Formation: Severe pain, swelling, fever. Can spread to jawbone or other organs.
- **Sepsis:** Life-threatening infection, causing organ failure. Symptoms: Fever, rapid heart rate, confusion.
- Systemic Spread: Bacteria can infect organs like the heart or lungs, causing secondary infections.
- Loss of Teeth and Bone Resorption: Advanced infections can destroy bone, causing tooth loss and complicating future dental treatments

Thank You