



Oral Hygiene at Obstructive Sleep Apnea Syndrome Patients

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Introduction

Poor oral hygiene and periodontal status are consistently associated with the bad evolution of chronic obstructive pulmonary disease (COPD) [1], infectious dental focuses being a possible risk factor for COPD exacerbations and the aggravation of the disease. The co-existence of COPD and obstructive sleep apnea syndrome (OSA) could influence the prognostic of OSA and the survival. Moreover, these patients presents often worsening respiratory failure, cardiovascular and other comorbidities [2].

Materials and Methods

A total of 50 hospitalized patients for COPD exacerbation were investigated for OSA. All the patients were screened for OSA using nocturnal polygraphy (Figure 1). Among them, 14 of the patients were diagnosed with OSA and they were included in the study (one female, 13 males). The median (interquartile range) age was 63 (57-68) years. They were oral clinical examined. Simplified Oral Hygiene Index (OHI-S) was calculated with values between 0 and 6.

Results and Discussion

Among all, 35.71% of the patients (n=5) claim that can't make it brush their teeth every day,

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Figure 1: Preparing for polygraphy.



Figure 2: Male patient with poor oral hygiene status and incorrect fixed prosthetic restorations.



Figure 3: Male patient with poor oral hygiene, plaque and calculus accumulation.

42.85% (n=6) have OHI-S between 3.0-6.0 meaning poor oral hygiene (Figures 2 and 3) and 42.85% of the patients (n=6) with OHI-S between 1.3-3.0 with fair oral hygiene. In periodontal disease epidemiology, the risk factors are represented by: lack or poor oral hygiene, smoking, retentive factors like incorrect fixed orthodontic appliances and prosthetics, rough or un-adapted restorations, some associate general diseases [3].

Conclusion

In the coexistence of periodontitis, COPD and OSA, the patient might have a negative evolution. An interdisciplinary team work,

including the dentist, is a key of improving the patient quality of life and of preventing periodontal disease. Daily routine oral hygiene and visiting regularly the dentist (who can apply professional preventive methods for periodontal disease every six months) is the first step to a better oral health status.

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