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內文：

Introduction

- Oral candidiasis is known to be one of the causes of painful stomatitis.
- Poor oral hygiene and denture cleanliness → Candida albicans biofilm adheres denture base.
- Simple denture adjustment cannot resolve.
- Management methods for oral candidiasis and fabrication of new dentures.

Outline of the case

1. Patient: 60-year-old female.
2. First visit: 30 August 2004.
3. Chief complaint: Difficulty in mastication due to poor fitting dentures.
4. Medical history: Oral medication for high blood pressure since 1994, surgery for myocardial infarction in 2002.
5. Family history: No specific remarks.
6. Current denture history: A local dentist fabricated dentures for the patient in October 2003. After repeated denture adjustments by this dentist failed to improve the instability of the dentures, the patient visited our clinic on the recommendation of a friend who was a patient at our clinic at that time.
7. Present condition:
 - General status:
Average height and weight, normal nutritional status.
 - Extraoral findings:
Bilateral angular stomatitis (length:approximately 10 mm).
 - Intraoral findings:
 - 24, 25 crown fracture, residual roots. 23 PFM crown; 26 metal crown. Mandible was edentulous.
 - Both maxillary and mandibular dentures.
 - Entire oral mucosa was red and inflamed. Tongue was also red, with a smooth surface.

- Severe pain while wearing dentures.



Fig. 1. Oral view at first visit—mild redness seen over the entire mucosa.



Fig. 2. Glossitis due to candidiasis (before treatment)—the entire surface of the tongue was smooth.

8. Clinical diagnosis: Maladaptation of dentures.
9. Treatment and follow-up:
 - A. September 2004: occlusal adjustment and tissue conditioning. Oral hygiene and denture cleaning instruction.
 - B. March 2005: new dentures were fabricated, followed by denture adjustment.



Fig. 3. Intraoral photography in new denture insertion after adjustment.

- C. Patient's angular stomatitis or redness and pain on the oral mucosa did not improve.



Fig. 4&5. Angular stomatitis due to candidiasis (before treatment) showing redness and cracking at the angles of the mouth.

Suspecting oral candidiasis, we then conducted a diagnostic test using Stomastat.

- D. Obtained a definitive suspicions of oral chronic atrophic (erythematous) candidiasis
- Clinical observation:
Erythema in the oral mucosa was found to correspond to the contact surface of the denture.
 - Laboratory findings:
The Stomastat result is positive (yellow) showed.
- E. 5 g of 2% Florid® (Miconazole) gel for 7 days was administrered.
- F. Asked patient apply 2 tubes Florid® gel (total 200mg Miconazole) /day to the mucosa, tongue, dentures and the angles of the mouth
10 days: redness and symptom improved.
2 weeks: the dose was decreased less than 1 tube.
Then once every 2-4 days depending on symptoms.
Symptoms resolved after about 2 months (Stomastat detected no C. albicans).
- G. No problems were found during continuous monthly check-ups.
- H. New dentures fabricated in January 2006 and April 2008 avoid any recurrence.

Discussion

- Oral candidiasis: white elevated mossy substance attached to the tongue or oral mucosa. Pain, discomfort or taste disorder.
- Inappropriate denture cleaning → biofilm (denture plaque) accumulation.
- Some studies have reported that 33–82% of cases of denture stomatitis presenting with angular stomatitis, glossitis, redness and swelling of the mucosal tissue.
- Oral candidiasis occurs frequently in

- Elderly
- decreased protection against infection
- compromised immune systems
- In the case:
 - Maladapted dentures
 - Persistent angular stomatitis and mucosal redness and pain were not improved by treating the dentures
 - Severe bilateral angular stomatitis (10mm deep cracks and redness)
 - Wound dehiscence on mouth opening
 - Mild glossitis
- Florid® (Miconazole) gel:
 - Easy application
 - Fluid resistance in the oral environment
- Symptoms started to be alleviated 10 days after application. the application time was reduced for a month and the patient was examined every 2 weeks.
- Although redness at the angles of the mouth remained, the patient reported that denture use was less painful.



Fig. 6. Angular stomatitis (after treatment) showing remaining redness, but no cracking.

Fig. 7. Right angular stomatitis (after treatment) showing healing of the deep crack, and normal appearance except for redness.

- Although transient mild pain in the oral mucosa when she was in poor physical condition, no recurrence of the angular stomatitis.
- Considering recurrence of oral candidiasis due to biofilm development on deteriorated dentures → new dentures fabrication every 1 or 2 years.
- In this case, the patient had been suffering from angular stomatitis with crack formation inducing severe pain on mouth opening for 10 years. Her chief complaint was denture pain that had not resolved over a long period of time.
- Many dentists tend to approach treatment by focusing on the patient's chief

complaint, narrowing treatment options.

- Many patients do not provide enough information to allow an accurate diagnosis to be made because of previous routine dental experiences and self diagnosis.

Conclusion

- We report a case of oral candidiasis presenting as long-term discomfort while wearing dentures.
- The patient's symptoms were improved by a combination of conventional denture fabrication and medication for oral candidiasis.
- We report the treatment process, including a literature review.

| 題號 | 題目 |
|-------|---|
| 1 | 下列何種藥物較少使用於治療 fungal disease? (A) Amphotericin B (B) Nystatin (C) Chloramphenicol (D) Miconazole |
| 答案(C) | 出處：DIFFERENTIAL DIAGNOSIS of ORAL and MAXILLOFACIAL LESIONS 5 th p62 |
| 題號 | 題目 |
| 2 | 下列描述 Candidiasis 常見的特徵，何者為非? (A) The pseudomembranous type is the most acute type. (B) At least 50% of patients complain of oral burning and infections. (C) This disease is more common in patients over 40 years of age. (D) This disease occurs most frequently between the ages of 20 and 40. |
| 答案(D) | 出處：DIFFERENTIAL DIAGNOSIS of ORAL and MAXILLOFACIAL LESIONS 5 th p61 |