

# Oral health in general practice



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It is a common misconception amongst both medical and dental practitioners that oral disease only refers to dental caries and periodontal disease. The oral cavity not only consists of teeth and gingivae, but includes the tongue, mucosa, salivary glands, lips, masticatory muscles, jawbones and several soft tissue elements. Oral health implies being free of diseases and conditions affecting all of these tissues.

Many systemic diseases have oral symptoms. These may be the only presenting sign of systemic disease or the first sign of an underlying disease process. It is therefore important that a proper oral examination should be an integral part of patient evaluation in a medical practice.

Lesions in the oral cavity can be the first sign of immunodeficiency diseases like HIV/AIDS. The presence of certain oral lesions namely pseudomembranous candidiasis, Kaposi sarcoma, non-Hodgkin lymphoma, oral hairy leukoplakia and specific periodontal disease are strong-

ly associated with immune suppression and should direct the practitioner towards further investigations. It is clear from the implications that are associated with the presence of these oral lesions that the practitioner should be aware of the criteria needed for making a definite diagnosis. Oral lesions are also used to monitor disease progression in HIV/AIDS, especially where the CD4 count and viral load determination are not possible. This is for obvious reasons very relevant for the South African practitioner.

Cancer of the upper aerodigestive tract is a problem in developing countries, including South Africa. This is a problem in spite of the easy accessibility of the oral cavity for clinical examination. The oral mucosa should be examined for the presence of potentially malignant lesions (white or red lesions) in high-risk patients (any smoker and patients older than 40 years of age) with special emphasis of the high risk areas (floor of mouth, lateral borders of the tongue and soft palate complex).

A growing proportion of the population is expected to reach the age of 70 years or older resulting in changes of the hard and soft tissue of the head and neck that may have certain consequences for patients. These include epithelial atrophy, nutritional deficiencies, xerostomia, mucosal varicosities and a susceptibility to a variety of infections and skin diseases that affect the oral mucosa.

Apart from all the information that can be obtained by a thorough oral examination, there is furthermore growing evidence of an association between chronic oral infections and serious health problems like heart disease, stroke, adverse pregnancy outcomes and diabetes.

The writings of Plato and Hippocrates mention that physicians were aware that the mouth was the barometer of someone's well-being. This view is supported by the United States Surgeon General through his statement that the mouth is a mirror for general health and well-being due to the large quantity of information that can be obtained from examining oral tissues.<sup>1</sup> This implies that oral health is integral to general health and that it is not possible to be healthy in the absence of oral health.

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## **References**

1. U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.