

Immunosuppression and oral health

Head and neck lesions have been encountered in more than 40% of patients with immunosuppression due to a variety of conditions. The most common clinical manifestation of immunosuppression is chronic dry mouth.¹ This condition can be either a direct result of an autoimmune disease, like Sjögren's syndrome, or the result of suppression of the immune system by drugs, such as those used to prevent rejection of transplants. Sjögren's syndrome is the second most common rheumatic autoimmune disease that is often first diagnosed due to an oral symptom.² Mouth dryness lasting more than three months, dental decay, fungal infections, oral ulceration and swelling of salivary glands are common oral signs of the disease. A study comparing Sjögren's patients to control subjects showed that they saw their dentists about twice as often, experienced about three times more dental disease and expended about three times more in treatment costs.³ There is some evidence indicating that Sjögren's patients have more severe markers for periodontal disease, such as bleeding on probing and clinical attachment loss.⁴

HIV is another autoimmune condition with many oral complications. Studies have documented an increase in the incidence of oral yeast infections, xerostomia, oral hairy leukoplakia, melanotic hyperpigmentation, angular cheilitis and gingival erythema.^{5,6} Commonly reported neoplasms in HIV patients include Kaposi's sarcoma and non-Hodgkin's lymphoma.⁷ The first recognized manifestations of HIV can often be the oral symptoms associated with dry mouth or fungal infections.

EBICP benefits for persons with suppressed immune systems

With an indicator for suppressed immune system, a participant is eligible for up to two additional dental visits in a benefit year for adult prophylaxis or periodontal maintenance. Participants are also eligible for topical fluoride application beyond the age limitation of the group contract. Coverage will be at the group-contracted benefit level. There is no end date on this additional coverage. There is no age requirement and the patient may be the subscriber, spouse or other covered dependent.

Organ, bone marrow and stem cell transplants have also been associated with oral conditions. Immunosuppressive drugs taken to prevent the reject of transplants can result in xerostomia, oral mucositis and gingival overgrowth.^{8,9,10} These patients require a higher degree of oral care prior to transplantation in order to eliminate sources of infection and a more intense maintenance after transplantation to prevent further medical and dental complications.¹¹

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The body of evidence shows that immunosuppression is associated with numerous oral complications that can increase both patient morbidity and treatment costs. Patients with autoimmune conditions or those taking immunosuppressive drugs require a higher degree of dental maintenance to prevent these complications and to detect oral conditions that may be early indicators of more serious problems. The most common oral complication is dry mouth, which is associated with a greater incidence of dental decay, mucositis and yeast infections. Early detection and prevention by more frequent recalls and topical fluoride treatments are key components to controlling these complications.

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