PREVALENCE OF HALITOSIS AMONG THE PATIENTS PRESENTING IN THE OUTDOOR DEPARTMENT

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ABSTRACT:
Bad breath, also known as halitosis, is a symptom in which a noticeably unpleasant breath odour is present. It can result in anxiety among those affected. This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, symptoms and presence of halitosis were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 100 patients presenting in the emergency department were included in this study i.e., 50 males (50%) and 50 females (50%). The mean age of the patients was 30.45±2.12 years. Out of these patients, ten patients presented with halitosis. Further workup was advised accordingly.

Keyword: Halitosis
INTRODUCTION:
Bad breath, also known as halitosis, is a symptom in which a noticeably unpleasant breath odour is present. It can result in anxiety among those affected. It is also associated with depression and symptoms of obsessive compulsive disorder. The concerns of bad breath may be divided into genuine and non-genuine cases. Of those who have genuine bad breath, about 85% of cases come from inside the mouth. The remaining cases are believed to be due to disorders in the nose, sinuses, throat, lungs, esophagus, or stomach. Rarely, bad breath can be due to an underlying medical condition such as liver failure or ketoacidosis. Non-genuine cases occur when someone feels they have bad breath but someone else cannot detect it. This is estimated to make up between 5% and 72% of cases.
The treatment depends on the underlying cause. Initial efforts may include tongue cleaning, mouthwash, and flossing. Tentative evidence supports the use of mouthwash containing chlorhexidine or cetylpyridinium chloride. While there is tentative evidence of benefit from the use of a tongue cleaner it is insufficient to draw clear conclusions. Treating underlying disease such as gum disease, tooth decay, or gastroesophageal reflux disease may help. Counselling may be useful in those who falsely believe that they have bad breath. Estimated rates of bad breath vary from 6% to 50% of the population. Concern about bad breath is the third most common reason people seek dental care, after tooth decay and gum disease. It is believed to become more common as people age. Bad breath is viewed as a social taboo and those affected may be stigmatized. People in the United States spend more than $1 billion per year on mouthwash to treat the condition.
Bad breath is when a noticeably unpleasant odour is believed to be present on the breath. It can result in anxiety among those affected. It is also associated with depression and symptoms of obsessive compulsive disorder. The most common causes are odour producing biofilm on the back of the tongue or other areas of the mouth due to poor oral hygiene. This biofilm results in the production of high levels of foul odours. The odours are
produced mainly due to the breakdown of proteins into individual amino acids, followed by the further breakdown of certain amino acids to produce detectable foul gases. Volatile sulfur compounds are associated with oral malodour levels, and usually decrease following successful treatment. Other parts of the mouth may also contribute to the overall odour, but are not as common as the back of the tongue. These locations are, in order of descending prevalence, inter-dental and sub-gingival niches, faulty dental work, food-impaction areas in between the teeth, abscesses, and unclean dentures. Oral based lesions caused by viral infections like herpes simplex and HPV may also contribute to bad breath (1-3).

MATERIAL AND METHODS:
This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, symptoms and presence of halitosis were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
A total of 100 patients presenting in the emergency department were included in this study i.e., 50 males (50%) and 50 females (50%). The mean age of the patients was 30.45±2.12 years. Out of these patients, ten patients presented with halitosis. Further workup was advised accordingly.

DISCUSSION:
The most common location for mouth-related halitosis is the tongue. Tongue bacteria produce malodourous compounds and fatty acids, and account for 80 to 90% of all cases of mouth-related bad breath. Large quantities of naturally occurring bacteria are often found on the posterior dorsum of the tongue, where they are relatively undisturbed by normal activity. This part of
the tongue is relatively dry and poorly cleansed, and the convoluted microbial structure of the tongue dorsum provides an ideal habitat for anaerobic bacteria, which flourish under a continually-forming tongue coating of food debris, dead epithelial cells, postnasal drip and overlying bacteria, living and dead.

When left on the tongue, the anaerobic respiration of such bacteria can yield either the putrescent smell of indole, skatole, polyamines, or the "rotten egg" smell of volatile sulfur compounds (VSCs) such as hydrogen sulfide, methyl mercaptan, allyl methyl sulfide, and dimethyl sulfide. The presence of halitosis-producing bacteria on the back of the tongue is not to be confused with tongue coating. Bacteria are invisible to the naked eye, and degrees of white tongue coating are present in most people with and without halitosis. This is accomplished by subgingival scaling and root planing and irrigation with an antibiotic mouth rinse. The bacteria that cause gingivitis and periodontal disease (periodontopathogens) are invariably gram negative and capable of producing VSC.

Methyl mercaptan is known to be the greatest contributing VSC in halitosis that is caused by periodontal disease and gingivitis. The level of VSC on breath has been shown to positively correlate with the depth of periodontal pocketing, the number of pockets, and whether the pockets bleed when examined with a dental probe. Indeed, VSC may themselves have been shown to contribute to the inflammation and tissue damage that is characteristic of periodontal disease. However, not all patients with periodontal disease have halitosis, and not all patients with halitosis have periodontal disease. Although patients with periodontal disease are more likely to suffer from halitosis than the general population, the halitosis symptom was shown to be more strongly associated with degree of tongue coating than with the severity of periodontal disease. Another possible symptom of periodontal disease is a bad taste, which does not necessarily accompany a malodour that is detectable by others (4-6).
REFERENCES:


