Prevalence of mouth- dental lesions in hemodialysed patients

A .Tahiri , S. Koundach, A. Khalfaoui, N. Mtioui, S. El khayat, M. Zamd, G. Medkouri, M. Benghanem Gharbi, B. Ramdani

Nephrology ,Hemodialysis and kidney Transplantation Service - CHU Ibn Rochd Casablanca (Morocco)

INTRODUCTION

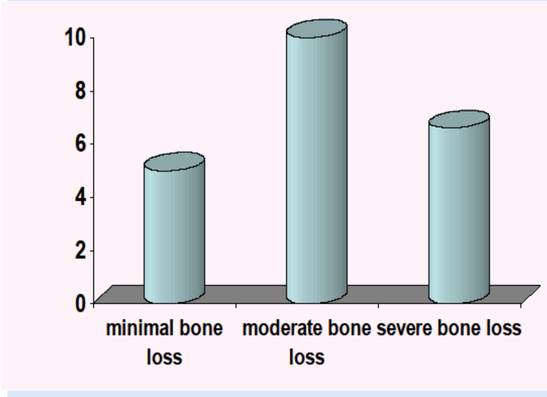
Mouth dental diseases involve a wide range of clinical anomalies affecting the mouth, the mucus, teeth, and periodontal tissues. A defective dental condition is often observed in hemodialysed patients.
The objective of our survey is to assess the mouth dental condition of the hemodialysed patients admitted within the frame of the renal pregraft assessment because the mouth dental lesions constitutes a genuine risk of sceptic complications after renal transplantation. It is now clearly established that the mouth dental pathologies in addition to the usual general and regional complications are correlated to the development of malnutrition and inflammation favouring arteriosclerosis.

MATERIAL and METHODS

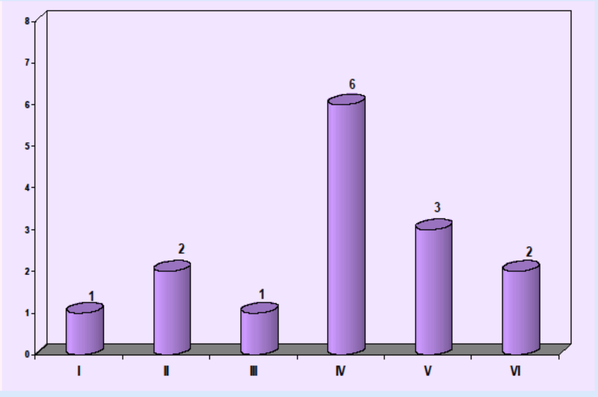
It is a descriptive study involving 60 hemodialysed patients in different units of the Kingdom of Morocco and who registered in our department within the scope of renal pregraft. We have carried out an enquiry based on an interrogatory fulfilled by a nephrologist in order to analyze the functional complaints of these patients, their food intake habits and their call for medical dental care as well as dental clinical exam with a panoramic cliché preformed by a surgeon dentist.

RESULTS

The mean age of the patients was 47.7 years. there were 28 men and 32 women. The mean duration in hemodialysis was 5.8 years with extremes between 6 months and twelve years.
The mean CAO index (average of the total number of decayed teeth, lacking due to decay or definitely obturate) was 15.6 and the mean number of teeth was 21.4.
11.6 % the patients admitted never having brushed their teeth . 26.6% reported having had gingival bleeding and incriminated dialysis sessions as being responsible for these bleedings. 31.6 % of the patients complained about dryness of the mouth.
15 % of the case showed lesions of the mouth mucus among which one was candidosis in 3.3 % of the cases. 56.6 % of the patients who benefited from stomatological care and mostly from sessions of scaling.
The periodontal bone loss was minimal in 5 % of the cases , moderate in 10 % severe in 6.6 % of the case.
Hence, this osseous loss affected these patients in variable severity stages, ranked from I to VI (fig 1).



Bone loss



Increasing severity

DISCUSSION

According to several studies, certain uremic patients have a rather low mouth dental hygiene levels, combined to various noxious factors, some comorbidities such as diabetes, local inflammation, and the presence of aggressive prothesis.
On the other hand, in patients having chronic kidney failure certain characteristics linked to uremic status are combined to these, mainly oldness in dialysis and the age at its onset, as well as the susceptibility to infections linked to the depression of immunity.
All these causes more or less associated together , favor not only the local but also regional and general complications. Our patients ought to be apprehended in the different consequences of a defective mouth dental condition.
Any periodontal bone loss that is mainly linked to a local inflammation condition due to the lack of hygiene and of care may favor loss of teeth, that is common as premature in hemodialysed subjects.

CONCLUSION

The prevention of local regional and systemic complications of the defective mouth dental condition in patients candidates to renal graft relies on screening and precocious charge of any mouth dental lesion in patients with chronic kidney failure in preterminal stage.

52 ERA

758--SP

L7) Dialysis. Epidemiology, outcome research, health services research.

Abdessamad TAHIRI

DOI: 10.3252/pso.eu.52era.2015

ePosters supported by F. Hoffmann- La Roche Ltd.

52nd ERA-EDTA CONGRESS London2015 UNITED KINGDOM MAY 28TH -31ST

PosterSessionOnline.com