

September is Oral Health Month!

ORAL HYGIENE AWARENESS



SEPTEMBER IS ORAL HEALTH MONTH

MOUTH ULCERS & THE WORLD OF DENTISTRY

WHAT ARE MOUTH ULCERS AND HOW CAN THEY AFFECT US?

Mouth ulcers, also known as aphthae or canker sores, affect around 1 in 5 people. These are usually small, shallow lesions on the lining of the mouth but painful sores which occur inside the mouth, exposing sensitive nerve endings and making it difficult to eat, drink or even talk. Most people will experience a mouth ulcer at some point in their life either caused by a minor injury or recurring ulcers (aphthous stomatitis). During more extreme outbreaks of mouth ulcers, some people may experience fever, sluggishness, and swollen glands.



There are three main types of mouth ulcer

- Once-off ulcers, usually caused by a sensitivity or minor injury. This type can range in size from about 2 millimeters (mm) up to 8 mm across. These ulcers typically take up to 2 weeks to get better and will cause minor pain.
- Recurring mouth ulcers (aphthous stomatitis): These ulcers affect about 1 in 5 people, often first appearing during childhood or adolescence. In many cases the cause or trigger is unknown.
- Herpetiform ulcers are a subtype of aphthous ulcers and get their name because they resemble the sores associated with herpes. Unlike herpes, HU is not contagious. HU ulcers recur very quickly, and it may appear that the condition never gets better.

Causes

Acidic foods, such as citrus fruits, may aggravate mouth ulcers. The exact cause of mouth ulcers is still not known and varies from person-to-person. Still, there are some common causes and several factors that may aggravate mouth ulcers, including the following:

- Quitting smoking
- Citrus fruits and other foods high in acidity or spice
- Biting the tongue or inside of the cheek
- Braces, poor-fitting dentures, and other apparatus that may rub against the mouth and gums
- A deficient filling
- Stress or anxiety
- Hormonal changes during pregnancy, puberty, and menopause



- Medications including beta-blockers and pain killers
- Genetic factors
- Some people may develop ulcers as a result of a different medical condition or a nutritional deficiency.
- Conditions such as celiac or Crohn's disease, vitamin B12 or iron deficiency, or a weakened immune system may all trigger ulcers to form.

Mouth ulcers and oral hygiene.

Maintaining a good oral care routine when you have a mouth ulcer is important, it helps to prevent a secondary infection and speed up healing. It may be uncomfortable, so use a very soft toothbrush and look for a non-foaming toothpaste. Finish off by rinsing the mouth twice a day, with salt water or an alcohol-free mouthwash

DENTURES, IMPLANTS, CROWNS AND BRIDGES

There are different ways to replace missing teeth in the mouth .They can be replaced by removable or fixed prosthesis.

Removable dentures

Dentures, commonly known as false teeth, can be constructed when the patient is missing a few or all the teeth in the mouth.

Partial dentures are for those missing a few teeth and complete of full dentures are for those missing all the teeth be it in the upper jaw, lower jaw or both.



complete denture



partial denture

DENTAL IMPLANTS

They are titanium screws that are positioned in jaw bones underneath the gums to replace missing teeth or to support dentures . Below is the images of implants replacing missing teeth.



Implants can also be used to support dentures. They are screwed into the jawbones and on the dentures and then fitted to each other for function; this is illustrated in images below



CROWNS AND BRIDGES

These are fixed prosthetic devices made to replace missing or damaged teeth. A crown is placed on a tooth that is damaged or fractured whereas a bridge is used to replace a missing tooth or teeth.



crown



bridge

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