

CKD RELATION WITH ORAL HEALTH

Decay and gum disease can trigger infections that can cause complications for people with kidney disease.

Oral disease is common in adults with CKD, potentially reflects low use of preventative dental services, and may be an important determinant of health in this clinical setting.

<https://academic.oup.com/ndt/article/29/2/364/1912745>

With the increased availability and use of dialysis, renal transplantation, and other advancements, many oral manifestations of renal failure and uremia are observed less frequently.

However, as the signs and symptoms of renal disease can be observed in the oral cavity, the dentist can play an important role in the diagnosis and treatment of these patients. Early diagnosis and prompt treatment of oral disease are mandatory and will minimize the need for extensive dental care.

CKD patients had poor oral hygiene, gingival and periodontal status. In contrast, dental caries was significantly lower in CKD patients than the control group. Good oral health condition mitigates the risk of infection, contributing to a better quality of life among CKD patients.

<https://www.ijcmph.com/index.php/ijcmph/article/view/6447>

Patients and guardians should be informed about the role of oral hygiene in reducing the risks of oral infections, septicaemia, and endocarditis.

The presence of undiagnosed periodontitis may have significant effects on the medical management of the End Stage Renal Disease patient. Periodontitis has been found to contribute to systemic inflammatory burden including the elevation of C-reactive protein (CRP) in the general population.

<https://pubmed.ncbi.nlm.nih.gov/18173441/>

Oral complications have been observed in CKD patients, such as changes in salivary composition including elevated levels of urea, potassium and phosphate and reduced levels of calcium, reduced salivary flow, salivary pH, which tends to be more alkaline, and increased dental calculus formation.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6441594/>

Atherosclerotic complications, including myocardial infarction and stroke, are highly prevalent and associated with increased systemic inflammation in patients who are receiving renal hemodialysis maintenance therapy. In the general population, evidence suggests periodontitis can contribute to systemic inflammation and may contribute to atherosclerotic complications. Moderate-to-severe periodontitis appears to be highly prevalent in the renal hemodialysis population, effective periodontal therapy may reduce systemic inflammation and thereby become a treatment consideration for this population.

<https://pubmed.ncbi.nlm.nih.gov/19824568/>