

Ask the Dentist

Got a question for a dentist?

If you have a question you would like answered by a Ministry of Health-approved dentist, send it to us at enquiries.anjar@gmail.com. This issue, your questions are answered by orthodontist, implantologist, oral surgeon, aesthetics and laser dentist at Imperial Dental Specialist Centre, **Dato' Dr. How Kim Chuan** and aesthetic laser dentist, **Dr. Arlena Lee**.

SOMETHING BAD THIS WAY COMES

My teenage son is beginning to have bad breath. While I do ask him to brush his teeth twice a day, his halitosis seems to be continually persistent. Since his oral hygiene is probably fine, could it possibly be his diet? Please tell me how I can reduce his bad breath and whether I need to change his dietary or oral health-care habits.

Bad breath, medically termed as halitosis, is a common complaint from patients and it affects 50-60 percent of the world population. It causes personal as well as social repercussions. 90 percent of the causes for halitosis originates from the oral cavity and some 10 percent is of extra oral origin. Most commonly, dentists are the first line of consultation.

The most common cause of halitosis would be dental conditions such as poor oral hygiene, caries, gum disease such as gingivitis, periodontitis, and pathological causes of infection following surgical procedures which result in bacteria metabolisms releasing volatile sulfur compounds (VSC) that cause bad breath. Social habits such as smoking predisposes some people to hairy tongue that traps bacteria leading to halitosis. The frequent consumption of food such as garlic and onions also leaves residue that causes bad breath.

Once all of these causes have been excluded and the halitosis persists, we would advise on seeking medical consultation as systemic disease may be suspected, ranging from the nasal cavity to the digestive system. Certain medication such as diabetic medication causes dry mouth and predisposes patients to bad breath as well.

Last but not least, it is crucial to seek professional help in cases of chronic halitosis. Based on the cause of halitosis, it is a curable condition once the source is identified and attended to. Maintaining good oral hygiene by means of proper tooth brushing twice a day, flossing and using mouthwash and a tongue scraper would help to ensure good oral hygiene.



Poor oral hygiene leading to gingivitis.

GUMS, PREGNANCY AND HORMONES

I am in my early thirties and am now pregnant. Since becoming pregnant, my once healthy gums have become more inflamed, sensitive and bleed easily while brushing. Does this mean I have a dental problem or are my hormones to blame? Furthermore, could these problems be early signs of a deeper issue?

Pregnancy gingivitis is a common problem and up to 40 percent of pregnant mothers have experienced it throughout the course of their pregnancy. And to answer your question, it is a combination of hormonal and oral hygiene factors.

During pregnancy, the alteration of hormones causes gingivitis-related bacteria to overgrow. At the same time, the gums are susceptible to inflammation. In a normal situation, some plaque retentive factors such as poorly done fillings or plaque may not cause gingivitis, but this conditioned is heightened in pregnancy.

Recent studies have also shown correlation of gingivitis and premature babies. Researchers concluded that the bacteria from the mouth that travel to the blood stream may cause premature contraction of the uterus. More often, good oral hygiene practices of meticulous brushing, flossing and usage of mouth rinse allows optimum oral hygiene and keeps gingivitis at bay. It is strongly advisable for pregnant mothers to visit the dentist early in their pregnancy to ensure optimum oral hygiene in order to avoid the need of complicated dental procedures during pregnancy. After all, labour pain is bad enough to deal with without the toothache!

