

Oral Candidiasis

Fungal infection of the oral mucous membranes

Oral Candida

- Oral candida infections occur as the result of opportunistic proliferation of *Candida albicans*.
- This infecting fungus is present in very small quantities within our oral cavities as part of our natural flora and fauna
- Oral thrush is commonly seen in infants and is not considered abnormal

Oral Candida

- Oral candida in adults is abnormal and only occurs as the result of immunocompromisation.
- It may be suggestive of AIDS, advancing age, general poor health, results of chemotherapy, immunosuppressive therapy and congenital immune system abnormalities

Oral Candida

- In immunocompromised patients, the infection may cause a massive coating of the mouth and tongue.
- Typically, it causes the development of white, cottage cheese-like plaques that can be scraped off.
- Once scraped off, they reveal an underlying erythematous area with pinpoint bleeding.

Oral Candida

- The incidence of oral candida has increased significantly over recent years. The increase is directly related to the number of HIV cases worldwide.
- It is thought that the numbers of oral candida cases has doubled in the last ten years
- Spread of the infection to other areas has also increased, including disseminated candida. Disseminated candida has a mortality rate of approximately 70%.

Oral Candida

- Symptoms include whitish plaques in the mouth and on the tongue
- Slow increase in number and size of plaques
- Investigations of the scrapings reveals *Candida* fungus

Treatment

- Treatment revolves around two aims:
 - To improve immune function where possible as in the cases of poorly controlled Diabetes
 - Direct treatment of the infection – this is usually achieved with the use of topical anti-fungal drugs such as Nystatin and Clotrimazole. These drugs are applied directly on to the lesions or used as a mouthwash
 - Resistant infections may require IV administration of Ketoconazole

Prognosis & Complications

- Oral candida can be cured but the long term prognosis of the patient is dependent upon the underlying immune compromising disease.
- Complications may include:
 - Disseminated Candida
 - Oesophageal Candida
 - Meningitis, Candidal
 - Endocarditis, Candidal

Oral Candida

Oral thrush



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