



A Case Report of Sjörgens Syndrome and Pseudo Halitosis



Hikmet Solak^{1*} and Tamer Yılmaz²

¹Department of Restorative Dentistry, Turkey

²Department of Biochemistry, Turkey

*Corresponding author: Hikmet Solak, Department of Restorative Dentistry, Turkey

Submission: 📅 June 27, 2018; Published: 📅 July 23, 2018

Abstract

Halitosis is a condition that has health and social implications. The origin of breath malodour problems are related to both systemic and oral conditions. In some cases malodor is not physically detected, but the patient still feels that they have bad breath. Halitosis is one of common reason for social problems between couples, In this case report, we describe a family case of non oral pathological halitosis caused by sjörgen syndrome, and pseudo halitosis.

Keywords: Malodor; Sjörgens syndrome and pseudo halitosis

Introduction

Halitosis is a general term used to describe any disagreeable smell of expired air from the mouth [1]. This situation is termed as oral malodor, bad breath, halitosis, fetor ex ore etc. The origin of breath malodour problems are related to both systemic and oral conditions but primarily associated with the condition of the oral cavity [2-4].

Halitosis is a condition that has health and social implications that may periodically affect most of the adult population. The origin of breath malodour problems are related to both systemic and oral conditions [2,3].

In the large majority of cases, oral malodor originates in the oral cavity as the result of microbial metabolism [3-5]. Malodor of oral etiology may result from food impaction, diet, loss of oral hygiene, neurologic and gastrointestinal disorders, various systemic diseases, metabolic or hormonal changes, hepatic or renal insufficiency, pulmonary diseases gastroenterological pathologies and use of certain drugs [6-8].

The general consensus on oral etiology is commonly depending on volatile sulfure compounds anaerobic bacterial flora such as hydrogen sulfide and methyl mercaptan. Additionally, methylamine, dimethylamine, propionic acid, butyric acid, indole, scatole, and cadaverine have been reported to cause oral malodor [9-10].

To evaluate the level of oral malodor in patients complaining of halitosis, VSC levels have typically been measured, along with an organoleptic test [11,12]. To diagnose halitosis, a simple classification with corresponding treatment needs to be developed

[2], which includes the categories of genuine halitosis, pseudo halitosis, and halitophobia. In some cases malodor is not physically detected, there is no local or systemic problem. This situation is termed as imaginary halitosis, delusional halitosis, pseudo-halitosis, non-genuine halitosis, halitophobia, olfactory reference syndrome (ORS), psychogenic halitosis, body odor psychosis (depression and hypochondriasis) [2-14]. This classification refers to a situation where no real breath problem exists, but the patient still feels that they have bad breath.

Genuine halitosis is sub classified as physiological or pathological halitosis, and pathological halitosis is sub classified as oral or nonoral pathological halitosis. Oral pathological halitosis is caused largely by periodontal disease [15], and its treatment requires periodontal treatment in addition to dental and oral care, oral hygiene instruction, and counselling. Additionally, dental treatment may be necessary to correct faulty restorations that could contribute to poor oral health [2-17].

Halitosis is one of common reason for social problems between couples, In this case report, we describe a family case of non oral pathological halitosis caused by sjörgen syndrome, and pseudo halitosis. Husband is complaining from his wife's malodor, Wife claimed her husband also having a malodor, This situation began to effect their relationship. We examined both of them [18].

Family Case

The wife was 47 years old. She don't have any remarkable medical or surgical history. She visited our clinic complaining of

breath odor. She had been examined by our oral radiology and diagnosis department and oriented to periodontology clinic. We performed periodontal treatment including scaling and root planning. We also performed Class II composite filling. Her breath malodor never decreased. Under the control of our oral hygienist we cleaned her teeth several times, but we cannot able to reduce her breath malodor. There was no any valid dental abnormal findings to explain her situation.

She had a feeling of dry mouth. She need to drink water continuously. She had been studied for opthalmology, ear nose and trout, and gastrointestinal, hepatic, neurological and respiratory diseases in releated departments. She had undergone computed tomography of sinuses, and laboratory analyses. With the help of the salivary gland biopsy and The presence of SS-A (Anti-Ro) antibody Sjörgen's Syndrome was diagnosed. The Husband was 52 years old. He also didn't have any remarkable medical or surgical history either. He attempted using oral sprays, carnation seed, to reduce or mask his breath odor, chewing mint gum for long periods to clean his mouth, and brushing his teeth with a large, hard bristled brush minimum 3 times a day.

Next he had been examined by our oral radiology department first for any type of dental problems. We performed an oral examination again to identify if any cause of the oral malodor. There was no any valid dental abnormal findings. Than we examined his breath adodor with using an organoleptic test (18) as described [19,20]. We cannot detected any malodor. His periodontal conditions were good. Extensive tooth wear was seen and the patient had a little hypersensitivity in some teeth. We explained that his tooth wear seemed to be caused by his inappropriate odor-reducing methods. We showed him how to brush his teeth without damaging the tooth surfaces and recommended a special toothpaste that prevents.

We performed our organoleptic test for both husband and wife 3 times and every time we found husband dont have any malodor. But the wife kept on having it because Sjörgen's Syndrome. We thought the wife create a kind of defiance mechanism against her husband to get ride of his complain about malodor.

Conclusion

Halitosis is one of common reason for social problems between couples. This family is a typical case to demonstrate the social issue of malodor within a couple.

References

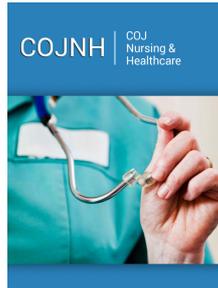
- Sanz M, Roldan S, Herrera D (2001) Fundamentals of breath malodour. *J Contemp Dent Pract* 2(4): 1-17.
- Yaegaki K, Coil JM (2000) Examination, classification, and treatment of halitosis: clinical perspectives. *J Can Dent Assoc* 66: 257-261.
- Tonzetich J (1977) Production and origin of oral malodor: A review of mechanisms and methods of analysis. *J Periodontol* 48(1): 13-20.
- Scully C, Porter S, Greenman J (1994) What to do about halitosis. *BMJ* 308(6923): 217-218.
- Tonzetich J, McBride BC (1981) Characterization of volatile sulphur production by pathogenic and non-pathogenic strains of oral Bacteroides. *Arch Oral Biol* 26(12): 963-969.
- Yaegaki K, Sanada K (1992) Biochemical and clinical factors influencing oral malodor in periodontal patients. *J Periodontol* 63(9): 783-789.
- Attia EL, Marshall KG, (1982) Halitosis. *Can Med Assoc J* 126(11): 1281-1285.
- Fatih A, Yusuf D, Ahmet UA (2016) Giant rhinolith: An Unusual case of pediatric halitosis, case report. *Ann Otolaygol Rhinol* 3(2): 1088-1100.
- Kleinberg I, Westbay G (1990) Oral malodour. *Critical Reviews in Oral Biology and Medicine* 1(4): 247-259.
- Kostelc JG, Zelson PR, Preti G, Tonzetich J (1981) Quantitative differences in volatiles from healthy mouths and mouths with periodontitis. *Clinical Chemistry* 27(6): 842-845.
- Lee S, Zhang W, Li Y (2007) Halitosis update: A review of causes, diagnoses, and treatments. *Journal of the California Dental Association* 35(4): 258-260.
- Yoneda M, Uchida H, Suzuki N, Mine M, Iwamoto T, et al. (2009) A Case report of tooth wear associated with a patient's inappropriate efforts to reduce oral malodor caused by endodontic lesion. *International Journal of Dentistry* 2009(1): 1-5.
- Richter JL (1996) Diagnosis and treatment of halitosis. *Compend Contin Educ Dent* 17(4): 370-386.
- Iwu CO, Akpata O (1990) Delusional halitosis. Review of the literature and analysis of 32 cases. *Br Dent J* 168(7): 294-296.
- Goldberg S, Kozlovsky A, Gordon D, Gelernter I, Sintov A, et al. (1994) Cadaverine as a putative component of oral malodor. *J Dent Res* 73(6): 1168-1172.
- Kostelc JG, Preti G, Zelson PR, Brauner L, Baehni P (1984) Oral odors in early experimental gingivitis. *J Periodont Res* 19(3): 303-312.
- Quiryren M, Dadamio J, Van den Velde S, De Smit M, Dekeyser C, et al. (2009) Charesteristic of 2000 patients who visited a halitosis clinic. *J Clin Periodontol* 36(11): 970-975.
- Lee S, Zhang W, Li Y (2007) Halitosis update: a review of causes, diagnoses, and treatments. *Journal of the California Dental Association* 35(4): 258-260.
- Suzuki N, Yoneda M, Naito T, Iwamoto T, Masuo Y, et al. (2008) Detection of *Helicobacter pylori* DNA in the saliva of patients complaining of halitosis. *J Med Microbiol* 57(Pt 12): 1553-1559.
- Suzuki N, Yoneda M, Naito T, Iwamoto T, Hirofuji T (2008) Relationship between halitosis and psychologic status. *Oral surgery, oral medicine, oral pathology, oral radiology and endodontology* 106(4): 542-547.
- Aylıkçı BU, Çolak H (2013) Halitosis: From diagnosis to management. *J Nat Sci Biol Med* 4(1): 14-23.



Creative Commons Attribution 4.0
International License

For possible submissions Click Here

[Submit Article](#)



COJ Nursing & Healthcare

Benefits of Publishing with us

- High-level peer review and editorial services
- Freely accessible online immediately upon publication
- Authors retain the copyright to their work
- Licensing it under a Creative Commons license
- Visibility through different online platforms