A Case Report of Sjörgens Syndrome and Pseudo Halitosis

Hikmet Solak1* 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 componds 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 non oral 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 ophtalmology, ear nose and
trouch, 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 dean 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 odor 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 defance 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


2. Yaegaki K, Coil JM (2000) Examination, classification, and treatment of

3. Tonzetich J (1977) Production and origin of oral malodor: A review of


production by pathogenic and non-pathogenic strains of oral


1285.


in volatiles from healthy mouths and mouths with periodontitis. Clinical
Chemistry 27(6): 842-845.

diagnoses, and treatments. Journal of the California Dental Association

report of tooth wear associated with a patient’s inappropriate efforts to
reduce oral malodor caused by endodontic lesion. International Journal

Educa Dent 17(4): 370-386.


1168-1172.


diagnoses, and treatments. Journal of the California Dental Association

of Helicobacter pylori DNA in the saliva of patients complaining of
