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Q *I know as a patient with Sjögren's I am at a higher risk for Lymphoma, is there anything my dentist could be on the lookout for to help catch it early?*

A This is true; patients with Sjögren's have an increased risk for developing lymphoma. Most commonly, the lymphoma associated with Sjögren's is low-grade non-Hodgkin's B-cell in nature. Visiting a dentist regularly, at least twice a year, is essential, as early detection may affect treatment.

What does lymphoma in the mouth look like?

The tumors associated with non-Hodgkin's lymphoma usually present as non-tender, slow growing masses that may arise in several areas of the body including the neck or the oral cavity. In the mouth, lymphoma presents as a diffuse, non-tender swelling that may be described as boggy. Occurring with higher frequency in the gingiva, posterior (closer to the throat) hard palate and buccal vestibule (the area between the gums, teeth and cheek), these masses are often red or blue-purple in color.

So what does this mean?

As stated earlier, visiting a dentist regularly and routinely is extremely important for early detection. Additionally, when visiting your dentist, make sure to tell him/her of your history of Sjögren's. It is important that your dentist conducts a thorough and comprehensive head and neck examination, which includes palpating the cervical lymph nodes (lymph nodes in your neck) as well as lifting the tongue and assessing the lateral borders (teeth sides of the tongue), the hard palate, floor of the mouth, buccal vestibules, soft palate, gingiva and the remaining soft tissues in the oral cavity.

Is there anything I can look out for?

Yes. It is important to visit your physician if you notice a swelling in your neck that persists for more than two weeks. You should also visit your dentist if you notice a swelling in your mouth that remains for more than two weeks. As a rule of thumb, if you notice any lesions in your mouth that remain for more than two weeks, it is recommended that you visit your dentist.

Lauren Levi, DMD, dental oncologist

Q *I've heard of using enzymes to re-mineralize your teeth, would you recommend that for a Sjögren's patient?*

A Naturally occurring salivary enzymes work with minerals and proteins to maintain oral health. The idea of supplementing salivary enzymes for a Sjögren's patient is a good one, but at present the only way to increase salivary enzymes is to increase saliva output. Stimulated saliva is rich in minerals and enzymes to promote and maintain the health of hard and soft tissues.

Systemic stimulation with Evoxac/Civimeline or Salagen/Pilocarpine will provide increased salivary output for 1-6 hours. Sugar-free products that stimulate saliva include gums, candies or sprays are best with Xylitol or preferably where Xylitol is in the top three ingredients. Chewing gum for 5-10 minutes increase saliva flow for up to 90 minutes.

Demineralization was first identified about 100 years ago as a process where bacteria colonize and produce acids that break down the chemical structure of exposed tooth surfaces. Remineralization is the rebuilding of the chemical structure of tooth surfaces. This can be accomplished in several ways:

1. Fluoride varnish to rebuild early stage cavities, provides the largest dose with the least fluoride ingested by the patient.
2. Mineral paste with or without fluoride provides building blocks to rebuild tooth surfaces, and neutralizes acids. The mineral paste maintains a neutral pH when used every four hours.
3. Mineral buffering products as rinses or gum. These supplement missing saliva components to improve oral health by maintaining a neutral pH (acid level).

Conventional prevention includes the use of a power toothbrush (less abrasion, more strokes per minutes); an oral irrigation device for up to 99% plaque removal; or fuzzy floss to avoid tissue trauma, fluoride in some form or Xylitol therapy, and more frequent dental hygiene visits. Brushing the insides of the cheeks and lips with a power toothbrush stimulates the slick component of saliva for about 90 minutes.

Newer therapies include pre- and pro-biotics to create an oral environment where healthy bacteria thrive and pathogens are inhibited; green tea anti-inflammatory gel, rinse or gum to promote healthier tissue and cleaner teeth; and a recently introduced arginine (an amino acid) with calcium carbonate as a tasty chewable supplement. Pathogens are converted from acid-producing microbes to alkaline-producing microbes for a neutral pH and healthier tooth surfaces. It is also available in a professional desensitizing polish. Zero-calorie Erythritol is the newest member of the sugar alcohol group and should be available in toothpaste in the near future. Currently it is found as an additive to some sugar-free drinks and as a powdered sugar replacement.

JoAnn Snider, RDH