

Oral Cavity Parasite Prevalence and Risk Factors in Pregnant Women

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Abstract

We aimed to study the frequency and threat factors of oral depression protozoa (*Trichomonas tenax* and *Entamoeba gingivalis*) in pregnant women in Lorestan fiefdom, western Iran. The current study putatively displayed the high frequency of oral depression spongers (*E. gingivalis* and *T. tenax*) in pregnant women in Lorestan fiefdom, Western Iran. Mindfulness of the main threat factors for oral depression spongers especially teeth brushing is necessary in enriching public and oral health approaches in pregnant women. Therefore, dental interpreters and gynecologists must be alert of these threat factors to precisely identify and manage oral health enterprises in pregnant women to help the oral conditions and infections.

Keywords: *Entamoeba gingivalis*; *Trichomonas tenax*; PCR; Microscopy; Lorestan

Introduction

It has been proven that during gestation, a number of pathophysiological and mechanical variations similar as reduction in the respiratory volumes, hormonal changes, vulnerable System differences, stress, and micro biome markedly increase the vulnerability to infections, like hepatitis E contagion, influenza contagion, and *Plasmodium* spongers [1].

Studies reported that gestation increase the threat of dental health problems, similar as unseasonable birth, depressions, gingivitis, periodontitis. For illustration, elevating the progesterone and estrogen during gestation results in periodontium hyper-vascularization and latterly revision in product of collagen which makes the goo towel more susceptible to colonization of microorganisms and biofilm conformation [2]. The mortal oral depression contains multitudinous microorganisms so that a set of different bacterial and viral agents, like the oral microbiome, live inside the goo pillars. *Entamoeba gingivalis* and *Trichomonas tenax* are considered as anaerobic protozoan spongers observed in mortal oral depression. These spongers have no tubercle forms; therefore, they can transmit between individualities, generally through slaver, kissing or defiled dishes, food, and drinking water, toothpicks, goo or other implements. Both *E. gingivalis* and *T. tenax* are oral protozoa that live near teeth, on dental shrine, epoxies and indeed tonsils, which can be an index of oral health status [3].

Discussion

In the course of gestation colorful physiologic changes be in the women's body, that may beget serious goods on oral health; so that oral and dental health care should be given special attention in pregnant women. Then, we aimed to assess the frequency and threat factors of oral depression protozoa (*E. gingivalis* and *T. tenax*) in pregnant women in Lorestan fiefdom, western Iran. Our results showed that *E. gingivalis* and *T. tenax* spongers were set up in 41 (20.5) and 46 (23) of the pregnant women by bitsy and PCR test, independently. Frequency of *T. tenax* in down pattern cases with periodontal complaint appertained to Dental Clinics in Tabriz megacity was 18.8 by PCR assay [4]. On the other hand, former studies related to the frequency of these spongers in the area under study showed that, the frequency of *E. gingivalis* and *T. tenax* in periodontitis cases was 17.1 and 14.5 [5], independently where; this frequency among cases appertained to Khorramabad Dental conventions with at least one decayed tooth was 15.4 and 10.7, independently. latterly, this difference in frequency indeed in the study

area, in addition to the preliminarily mentioned cases (sample size, type of sample collected, and study system), is substantially due to the low position of oral and dental hygiene in pregnant women, which causes an advanced frequency of these spongers. In the present study, there was no significant relationship between age, education, month of gestation, flossing, use of mouthwash and frequency of oral protozoa in pregnant women [6-7]. Still, a significant correlation between was observed among those living in pastoral regions ($p < 0.001$), brushing teeth ($p = 0.037$) and frequency of oral protozoa in pregnant women. In harmonious with our findings, a significant correlation between teeth brushing and the frequency of *E. gingivalis* and *T. tenax*. Former studies have reported people living in pastoral regions poor due to lack of attention to oral health; further frequency of tooth loss and goo conditions was observed [8]. Also, our findings showed that there was a significant correlation between living in pastoral regions and the frequency of *E. gingivalis* and *T. tenax*; this considerable frequency in pastoral communities may be due to some factors similar as the low compliance with health norms, lower educational position, further contact between people, and lack of access to health services. To understand the oral depression status or conditions of our people, oral examination is the most direct system, but there are still problems that may impact the results of oral examination similar as examination styles, slice styles, slice rates, and fresh budgets. Fortunately, the National Health Insurance (NHI) was enforced in Taiwan in 1995, and the penetration rate has reached 99.9 of the entire population [9-10]. Since the perpetration of NHI, the cases' medical records, including the types of conditions, have been stored in the NHI database. Thus, we've the occasion to prize the medical records from the NHI database and to dissect the dental use for conditions of pulp and periapical apkins and their charges for the associated dental treatments. We hope that the results of this study can be used as a reference for the expression of a better public oral health care policy in the near future [11]. In the present

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Conclusion

The current study putatively displayed the high frequency of oral depression spongers (*E. gingivalis* and *T. tenax*) in pregnant women in Lorestan fiefdom, Western Iran. Mindfulness of the main threat factors for oral depression spongers especially teeth brushing is necessary

in enriching public and oral health approaches in pregnant women. Therefore, dental interpreters and gynecologists must be alert of these threat factors to precisely identify and manage oral health enterprises in pregnant women to help the oral conditions and infections. For conditions of pulp and periapical apkins. The out-patient visits and the medical charges among the 18 age groups showed analogous trend [15].

References

- Hugoson A, Koch G (1979) Oral health in 1000 individuals aged 3–70 years in the community of Jönköping, Sweden: a review. *Swed Dent J* 3: 69-87.
- Hull TE, Robertson PB, Steiner JC, del Aguila MA (2003) Patterns of endodontic care for a Washington state population. *J Endod* 29: 553-556.
- Cheng FC, Chiang CP (2022) The dental use by pediatric patients in the National Health Insurance of Taiwan in 2020. *J Dent Sci* 17: 951-957.
- Cheng FC, Chiang CP (2022) Analysis of emergency dental visits of pediatric patients in the National Health Insurance of Taiwan in 2020. *J Dent Sci* 17: 942-950.
- Björndal L, Reit C (2004) The annual frequency of root fillings tooth extractions and pulp-related procedures in Danish adults during 1977-2003. *Int Endod J* 37: 782-788.
- Lai WH, Ho SC, Weng TY, Huang ST (2009) Profile of nonsurgical root canal treatment under the National Health Insurance in Taiwan in 2006. *J Dent Sci* 4: 187-190.
- Guneri P, Epstein JB, Kaya A (2011) The utility of toluidine blue staining and brush cytology as adjuncts in clinical examination of suspicious oral mucosal lesions. *Int J Oral Maxillofac Surg* 40 (2): 155-161.
- Gupta A, Singh M, Ibrahim R, Mehrotra R (2007) Utility of toluidine blue staining and brush biopsy in precancerous and cancerous oral lesions. *Acta Cytol* 51(5): 788-794.
- Allegra E, Lombardo N, Puzzo L, Garozzo A (2009) The usefulness of toluidine staining as a diagnostic tool for precancerous and cancerous oropharyngeal and oral cavity lesions. *Acta Otorhinolaryngol Ital* 29: 187-190.
- Awan KH, Morgan PR, Warnakulasuriya S (2011) Utility of chemiluminescence (ViziLite) in the detection of oral potentially malignant disorders and benign keratosis. *J Oral Pathol Med* 40: 541-544.
- Feng X, Sambamoorthi U, Wiener RC (2017) Dental workforce availability and dental services utilization in Appalachia: a geospatial analysis. *Community Dent Oral Epidemiol* 45: 145-152.
- Feng X, Sambamoorthi U, Wiener RC (2017) Dental workforce availability and dental services utilization in Appalachia: a geospatial analysis. *Community Dent Oral Epidemiol* 45: 145-152.
- Mejia GC, Elani HW, Harper S (2018) Socioeconomic status, oral health and dental disease in Australia, Canada, New Zealand and the United States. *BMC Oral Health* 18: 1-9.
- Northridge ME, Kumar A, Kaur R (2020) Disparities in access to oral health care. *Ann Rev Public Health* 67: 513-535.
- Tchicaya A, Lorentz N (2014) Socioeconomic inequalities in the non-use of dental care in Europe. *Int J Equity Health* 13: 7.