

# The Oral Cavity; an overlooked window into Diabetes Mellitus

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Dear Editor,

The implications of diabetes mellitus are far reaching and ripple through the entire sphere of health care provision. An overarching burden is placed on general medical practitioners to identify, diagnose and manage patients most at risk and who present with established disease.

In our practice of dentistry and oral and maxillofacial surgery, it is not uncommon to refer patients to their primary care physician in respect of intraoral findings, particularly findings pathognomonic of diabetes mellitus. The remit of general dental surgeons not only includes examination of the dental hard tissues but also routine examination and documentation of oral soft tissue health. Given the unprecedented prevalence of diabetes mellitus in society, we believe this practice is of immense importance in respect of diagnosing and monitoring the condition which may otherwise be overlooked. Similar to our colleagues in primary medical care, valuable information is garnered from long-term patient relationship and capacity to facilitate regular examination.

The oral cavity is often described as a mirror of general health.<sup>1</sup> Mucosal ulceration, fungal infection, delayed tissue healing, hyposalivation, (and subsequent root surface dental caries) and

symptoms such as dysgeusia and oral dysaesthesia are well documented manifestations of diabetes mellitus.<sup>2</sup> A growing body of evidence demonstrates that changes in the oral environment can indicate status of glycaemic control, particularly in respect of periodontal disease.<sup>3</sup> Interestingly however, a bi-directional relationship exists whereby periodontal disease is exacerbated as a result of diabetes mellitus, and equally established periodontitis has adverse effects on glycaemic control.<sup>4</sup>

Given the inextricable link between oral health and diabetes mellitus, we look forward to the mainstream acceptance of objective dental screening and greater collaboration between respective clinicians in the shared responsibility of the successful management of this condition.

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## CONFLICT OF INTEREST

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