Oral condition of patients admitted to the Intensive Care Unit of the Barretos Cancer Hospital

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Conclusion

The oral health conditions of these patients are precarious prior to admission to this ICU. Dental follow-up is important to avoid further damage, minimizing the risk of infections and consequently reducing hospital costs, providing a better quality of life and making possible studies to elaborate oral care protocols specific to this population.

Introduction

The oral health condition reflects on the health of the organism as a whole, poor oral hygiene can aggravate numerous systemic diseases, since the mouth can become the focus of infection and dissemination of pathogens. The patient admitted to the ICU, due to his general poor condition has his defenses compromised, being vulnerable to several complications.

Material and Methods

The patient was evaluated at the time of admission to the ICU, before receiving any instruction regarding oral hygiene. Patients who met the inclusion criteria were invited to participate in the study, was applied a sociodemographic questionnaire, followed by the collection of medical record information. The intraoral examination was performed in the sequence to verify presence of teeth, dental prostheses and oral lesions and posterior measurement of DMFT index (decayed, missing and filled teeth), plaque index (biofilm) and periodontal index. Sixty-nine patients were evaluated.

DMFT

The mean DMFT obtained in this study was 25.97 teeth, higher than the mean analyzed by the National Oral Health Survey in Brazil, a low schooling level and a lower family income, are directly related to the worst DMFT indexes.

The high index of visible biofilm plaques (69.04%) is of concern, since the colonization of potentially pathogenic bacteria may be adhered, a relevant factor if this patient is conditioned to mechanical ventilation, since microorganisms adhered in this biofilm can be found in patients with VAP. 85.71% of patients in this ICU had periodontal changes (Picture 2).

Picture 1 - Biofilm, periodontal disease, cavities, restorations and dental missing in patients undergoing invasive mechanical ventilation.

Picture 2 – Biofilm and periodontal disease in patients undergoing invasive mechanical ventilation.

Picture 3 – Pseudomembranous candidiasis and herpes simplex

The patterns of lesions found are those caused by local viral and fungal infections, traumatic lesions and oral alterations that expose patients to risks and discomfort. (Picture 3)