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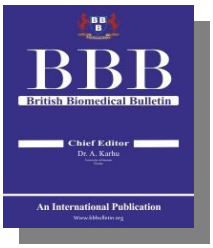

Original

Oral Pseudomembraneous Candidiasis in Infant: A Case Report

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ABSTRACT

Oral thrush also known as Oral Moniliasis, Oral Candidiasis, or Oral Candida albicans infection) is a fungal infection of the oral mucosa and tongue with Candida albicans. Causes a whitish lesion that adheres to an underlying erythematous area. The lesion may slightly bleed and become painful when it is scraped.

Introduction

Oral thrush may affect any person, however, it's more likely to affect infants. It is a commensal organism of normal oral flora which is capable of Opportunistic Infections (Hyphae). Early sign of host defense breakdown is neutropenia whereas risk Factors include antibiotics, immuno-suppression, diabetes, HIV, steroids, nutritional deficiency, Radiation/Chemothe-rapy.[1] Oral thrush may spread to the palate, gingival, tonsillar and oropharyngeal areas. Signs and symptoms of oral thrush may includes a whitish lesion that adheres to an erythematous area located on the tongue, inner cheeks, palate, gingiva, or tonsillar and oropharyngeal areas. The lesions may be described as cottage cheese-like or curdled milk. Pain may be felt and slight bleeding may occur when the lesion is scraped or vigorously rubbed.[1]

Case Report

A14 months old male patient visited our dental OPD with chief complain of white deposits on the right and left buccal mucosa since 2 days as reported by childs mother. On history, whitish deposits were present since 2 days without any associated pain or sensitivity, fever due to which patient was unable to eat. No past medical, dental and family history was reported as well as patient was not on mothers milk. On oral hygiene habits no oral hygiene measures were taken. On general physical examination, patient was moderately built and nourished. Conscious, uncooperative, well oriented with time, place. On intraoral examination, whitish curd like loosely adherent patches seen on right and left buccal mucosa. Dentition present was deciduous. Hence, a diagnosis of pseudomembraneous candidiasis was given. Patient mother was advised to apply Oracep OT thrice daily on the affected area for 3 days.

Discussion

Oral thrush is an infection in the mouth caused by a yeast germ called *Candida* spp. Oral thrush in babies is not usually serious and can generally be cleared with treatment same as in our case.[2] The infection is not very common in the general population. It is estimated that between 5% and 7% of babies less than one month old will develop oral candidiasis.[3] Under normal circumstances candida albicans is kept under control by bacteria. However, some factors or conditions may result in an overgrowth of Candida albicans. Candida albicans can also cause a yeast or thrush infection in the vagina, resulting in the exposure of an infant to the infection during the vaginal birthing process. It can also cause an infection in a woman's nipples, which can then be transmitted to an infant's mouth during breastfeeding but our patients mother did not give the history of breastfeeding.[4] Diagnosis is based on clinical and histopathological features.[5] Goal for oral thrush is to prevent the fast spread of the fungus. Treating infants and nursing mothers; Infant’s oral thrush is usually benign and does not necessitate treatment as it generally resolves by itself within two weeks. However, when persistent it necessitates treating both infant and the breast-feeding mother.[6] Nystatin Lozenge (pastille) of 200,000 to 400,000 units taken 3 to 5 times a day that dissolves slowly in the mouth for adults and children. They should not be chewed or swallowed. Hence lozenges should not be given to children under 5 years of age. Nystatin Oral Suspension of 400,000 to 600,000 units for adults and children four times a day that is held in the mouth for as long as possible then swallowed. Infants are treated with 200,000 units three times a day. Fluconazole

(Diflucan™) a synthetic antifungal agent in a regimen of 150 mg every other day for 3 doses, followed by weekly 150-200 mg for 6 months.[7]

Conclusion

Multiple and widespread candidal infectious lesions can be observed on the oral cavity. Hyperplastic and nodule-like lesion with irremovable whitish patches and deep fissure are the most common oral manifestations of these patients. Dentists, otolaryngologists and pediatricians should be familiar with the clinical appearances to make an accurate diagnosis. Potential systemic disorders should be concerned to avoid the reoccurrence of oral candidiasis.

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Figure 1&2. Shows whitish curd like deposit on right and left buccal mucosa

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Figure 3. Shows post operative picture after 2 days