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# MOLECULAR STUDIES ON INFECTION WITH TRICHOMONAS TENAX IN RESPECT TO ORAL HEALTH OF PATIENTS WITH VARIOUS SYSTEMIC DISEASE REQUIRING IMMUNOSUPPRESSIVE THERAPY

**Monika Dybicz**
Medical University of Warsaw, Poland

**Trichomonas tenax, cosmopolitan flagellate inhabiting human oral cavity, is the etiological agent of oral trichomonosis associated with gingival and periodontium deterioration. The protozoan was also detected in lymph nodes, submaxillary glands, tonsils, bronchi, lungs, mammary gland and liver. Most of the patients with less frequent location of the trichomonad infection had decreased immunity due to chronic diseases and transplant surgery. The occurrence of T. tenax in the oral cavity of patients with systemic disorders, genetic diseases, HIV/AIDS, rheumatoid arthritis, and renal transplant has been described. The aim of the study was to investigate the prevalence of infection with Trichomonas tenax identified by molecular techniques amplifying the region of ITS1-5.8S rRNA-ITS2 specific for T. tenax. The study included 498 persons: 261 women and 157 men aged from 6 to 82 years categorized into four groups: diabetic, renal transplant, rheumatoid arthritis patients and the control group. Higher T. tenax incidence in all studied patients was revealed in comparison with generally healthy patients of control group with a proper immune system (12.0-14.1%, and 10.2%, respectively). However, these prevalence differences are not very significant; similar results were obtained in other studies conducted on similar groups of patients, as well as in other diseases. Comparative assessment of results in our study indicated that the frequency of infection with T. tenax differ depending on the human age, with the higher prevalence of it in adults; no trichomonads were found in persons under 32 years of age. All infected with T. tenax showed symptoms of gingival and periodontium deteriorations. Simultaneously, renal transplantation, diabetes, rheumatoid arthritis and related therapy do not affect T. tenax incidences and no increased risk of the infection has been observed in the patients; the permanent medication used due to main disease should be taken into consideration as likely inhibitory factor.**

### Biography

Monika Dybicz has completed her PhD at the age of 28 years at Medical University of Warsaw, Poland. She is an assistant of professor at the Department of General Biology and Parasitology (Medical University of Warsaw, Poland). She has published more than 35 papers in scientific journals.

mon.tu@gmx.net