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Dermatología



Dr. Francisco Torres Lear

La trayectoria del Dr. Torres Lear es la historia de un descubrimiento vocacional inesperado. Aunque se licenció en Medicina con la firme intención de ser cardiólogo, el destino intervino mientras preparaba el MIR: aprobó el acceso a Odontología y lo que comenzó como un paso intermedio se transformó en su verdadera pasión. En la estomatología descubrió un “trabajo artesano de la salud” que le cautivó por completo, haciéndole comprender que había nacido para esta profesión.

Su enfoque va más allá de lo clínico; su mayor satisfacción reside en mejorar la autoestima, el bienestar y la calidad de vida de sus pacientes. Defensor acérrimo de la prevención y la higiene diaria, el Dr. Torres lidera el Centro Dental Torres bajo una premisa clara: para conseguir la felicidad del paciente, primero hay que cuidar a las personas que trabajan en la clínica, dotándolas de los mejores medios en una organización sólida y humana.

Titulación

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Cuatro proyectos de investigación en distintos temas de la especialidad

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Referencias
científicas



Referencias científicas

Abe M, Mitani A, Hoshi K, Yanagimoto S. Screening for Systemic Diseases Associated with Dental Self-Care in Japanese Adolescents. *J Clin Med.* 2024 Oct 12;13(20):6087. doi: 10.3390/jcm13206087. PMID: 39458036; PMCID: PMC11508616.

ABSTRACT

Background: Toothbrushing is important for maintaining oral health and preventing periodontal disease. However, the association between toothbrushing and systemic diseases remains unclear in adolescence. In this study, the association between dental self-care (frequency and duration of toothbrushing) and systemic diseases/disorders in adolescents was examined.

Methods: We conducted a retrospective review of mandatory medical questionnaires administered during legally mandated freshman medical checkups between 2017 and 2019 at the University of Tokyo, Japan. Out of 9376 total responses, 9098 cases involving individuals under the age of 20 were included in the analysis. Respondents were classified into three groups based on their daily toothbrushing frequency: "1 time or less", "twice", and "3 times or more". For the duration of each toothbrushing session, they were classified into three groups: "1 min or less", "2-3 min", and "4 min or more". A statistical analysis was performed by Pearson's χ^2 test and multinomial logistic regression analysis.

Results: Regarding frequency of daily toothbrushing: The χ^2 test showed no significant relationship between frequency of toothbrushing and 17 systemic diseases/disorders. A multivariate analysis found that gingival bleeding and sex were independent factors. The risk of gingival bleeding decreased dramatically with increased frequency of toothbrushing (odds ratio (OR): 0.428; 95% confidence interval (CI), 0.366-0.501; $p < 0.001$). Regarding the amount of time spent on toothbrushing: The χ^2 test showed atopic dermatitis and arrhythmia were significantly associated with the duration of toothbrushing ($p = 0.032$ and $p = 0.016$, respectively). In the multivariate analysis, atopic dermatitis, gingival bleeding, and sex were independent factors regarding the duration of toothbrushing; longer brushing time was associated with a lower risk of atopic dermatitis (OR: 0.731, 95% CI: 0.578-0.924, $p = 0.009$) and a lower risk of gingival bleeding (OR: 0.643, 95% CI: 0.567-0.729, $p < 0.001$).

Conclusions: Dental self-care was most strongly associated with gingival bleeding, while the risk of atopic dermatitis was found to increase with shorter toothbrushing times. The results suggest that dental self-care during adolescence is important not only for oral health but also for general health.

Allihaibi M, Niazi SA, Farzadi S, Austin R, Ideo F, Cotti E, Mannocci F. Prevalence of apical periodontitis in patients with autoimmune diseases: A case-control study. *Int Endod J.* 2023 May;56(5):573-583. doi: 10.1111/iej.13902. Epub 2023 Feb 22. PMID: 36747086.

ABSTRACT

Aim: The purpose of this case-control study was to compare the prevalence of apical periodontitis (AP) in patients affected by autoimmune disorders (AD) (inflammatory bowel disease [IBD], rheumatoid arthritis [RA] and psoriasis [Ps]) with the prevalence of AP in subjects without AD. The prevalences of AP in patients taking biologic medications, conventional medications and no medication were also compared.

Methodology: Eighty-nine patients (2145 teeth) with AD were investigated and the control group included 89 patients (2329 teeth) with no systemic diseases. Full dental panoramic tomograms were used to determine the periapical status of the teeth. Additional variables investigated included patient's socio-demographic characteristics, medications taken by AD patients, the decayed, missing and filled teeth (DMFT) index. The chi-square test and logistic regression analysis were used to evaluate the correlation between AD and AP. p -Values lower than .05 were considered to be statistically significant.

Results: The prevalence of AP was 89.9% in AD patients and 74.2% in control subjects (odds ratio [OR] = 3.75, $p = .015$). The DMFT score was found to be significantly higher in the AD group ($p = .004$). Patients with RA had the highest risk of being affected by AP, whereas those with IBD had the lowest risk. Multiple binary logistic regression analysis indicated that the teeth of AD patients who were not taking any medication or were being treated with biologic disease-modifying anti-rheumatic drugs (bDMARDs) had a higher risk of being affected by AP than did the teeth of the control subjects (OR = 1.42 and OR = 2.03, respectively; $p = .010$). The teeth of patients taking conventional DMARDs (cDMARDs) were less affected by AP compared with those of patients taking bDMARDs.

Conclusions: Patients with AD, whether treated or not with biologic medications, showed a higher prevalence of AP than did those in the control group. The DMFT index score, which was higher in AD patients compared with controls was identified as a significant predictor of AP prevalence.

Asokan S, Rai R, Boppe A, Umamaheswari G. Evaluation of the Role of Oral Mucosal Direct Immunofluorescence and Salivary Desmoglein 1 and 3 Enzyme-Linked Immunosorbent Assay in Patients With Oral Mucosal Pemphigus. *Indian Dermatol Online J.* 2022 Sep 5;13(5):617-619. doi: 10.4103/idoj.idoj_44_22. PMID: 36304655; PMCID: PMC9595166.

ABSTRACT

Background: Pemphigus vulgaris (PV) is characterized by antibodies against desmosomal adhesion proteins desmoglein (Dsg) 1 and 3 which can be detected by direct immunofluorescence (DIF) or enzyme-linked immunosorbent assay (ELISA). Oral lesions usually precede cutaneous lesions and an early diagnosis can prevent mortality and morbidity. Dsg antibodies can be detected by ELISA in saliva of patients with oral mucosal pemphigus. This study compares oral mucosal DIF with the salivary Dsg1 and 3 ELISA.



Materials and methods: A total of 26 biopsy and/or DIF-proven PV patients with oral erosions without cutaneous lesions were included in the study. Biopsy of oral mucosa was taken for DIF by standard method. Saliva sample was obtained and processed for ELISA. The results were then compared.

Results: Out of 26 patients, 22 (84.6%) had a positive oral mucosal DIF and four patients (15.4%) had negative DIF. Nine patients (34%) had positive salivary Dsg3 ELISA. Seven patients (27%) had positive salivary Dsg1 ELISA. Taking oral DIF as the gold standard, the sensitivity of salivary Dsg1 ELISA was 31.8% and of salivary Dsg3 ELISA was 40.9%.

Conclusion: Although DIF is the gold standard for the diagnosis of PV, salivary Dsg1 and 3 ELISA can also be used in the diagnosis of oral pemphigus.

Azzolino D, Felicetti A, Santacroce L, Lucchi T, Garcia-Godoy F, Passarelli PC. The emerging role of oral microbiota: A key driver of oral and systemic health. *Am J Dent.* 2025 Jun;38(3):111-116. PMID: 40455948.

ABSTRACT

Purpose: To describe the existing literature on the emerging role of the oral microbiota in shaping both oral and systemic health.

Methods: A narrative review was performed. PubMed, EMBASE and Scopus databases were searched for relevant articles published in the English language.

Results: The oral microbiota plays a crucial role in both oral and systemic health, yet its composition and functions have been underexplored compared to the gut microbiota. The oral cavity harbors a diverse range of microorganisms, including bacteria, fungi, viruses, archaea, and protozoa, which interact within biofilms to influence oral health. The microbiome is influenced by various factors such as diet, oral hygiene, smoking, alcohol consumption, socioeconomic status, pregnancy, and genetics. Dysbiosis in the oral microbiota has been linked to a range of oral diseases, including dental caries, periodontal diseases, oral candidiasis, and even oral cancer. Additionally, oral bacteria can impact systemic health, with emerging associations to cardiovascular disease, respiratory conditions, and various cancers. Effective management of oral dysbiosis involves strategies such as mouthwashes, dietary modifications, and supplementation with probiotics and prebiotics, which can modulate the microbiota, enhance immune responses, and reduce pathogenic growth.

Clinical significance: Oral microbiota dysbiosis, beyond its role in mediating oral diseases, is emerging as a driver of a range of systemic health conditions, including cardiovascular disease, respiratory conditions, and various cancers. A holistic approach combining regular oral hygiene, balanced nutrition, and microbiome-targeted interventions is essential for maintaining oral health and potentially preventing associated systemic diseases.

Benz K, Baulig C, Knippschild S, Strietzel FP, Hunzelmann N, Jackowski J. Prevalence of Oral and Maxillofacial Disorders in Patients with Systemic Scleroderma-A Systematic Review. *Int J Environ Res Public Health.* 2021 May 14;18(10):5238. doi: 10.3390/ijer-ph18105238. PMID: 34069099; PMCID: PMC8156713.

ABSTRACT

Background: Systemic scleroderma is a rare chronic autoimmune disease of unknown aetiology. The aim of this study was to identify the prevalence of orofacial pathognomonic conditions in patients with systemic scleroderma using only randomised prospective studies that investigated the treatment of oral and maxillofacial changes, highlighted associations between the disease and Sjogren's syndrome, and/or analysed the effect of oral hygiene.

Methods: The literature was systematically reviewed based on Cochrane Library, EMBASE, PubMed, Scopus, and Web of Science articles published up to March 2020. The primary endpoint of this analysis was defined as an estimation of the prevalence of oral mucosal changes in different areas of the oral cavity (oral mucosa, tongue, lip, periodontal status, bones, and other regions) in patients suffering from scleroderma. Therefore, a systematic literature search (Cochrane Library, EMBASE, PubMed, Scopus, and Web of Science) was conducted and limited by the publication date (1950-03/2020) and the publication language (English). Extracted frequencies were pooled using methods for meta-analysis. In order to obtain the highest level of evidence, only prospective study reports were considered to be eligible.

Results: After full-text screening, 14 (766 patients) out of 193 publications were eligible for the final analysis. Twelve studies produced reliable results in the final data sets. Calculation of the pooled effect estimate (random effects model) revealed a prevalence of 57.6% (95% CI: 40.8-72.9%) for the main area "lip". For the area "oral mucosa", a prevalence of 35.5% (95% CI: 15.7-62.0%) was calculated. The prevalence for "other regions" was only based on studies with salivary changes and was calculated to be 25.4% (95% CI: 14.2-41.3%).

Conclusion: The most pathognomonic conditions in the orofacial region in patients with systemic scleroderma affect the lips, oral mucosa, and salivary glands.

Capodiferro S, Limongelli L, Favia G. Oral and Maxillo-Facial Manifestations of Systemic Diseases: An Overview. *Medicina (Kaunas).* 2021 Mar 16;57(3):271. doi: 10.3390/medicina57030271. PMID: 33809659; PMCID: PMC8002330.

ABSTRACT

Many systemic (infective, genetic, autoimmune, neoplastic) diseases may involve the oral cavity and, more generally, the soft and hard tissues of the head and neck as primary or secondary localization. Primary onset in the oral cavity of both pediatric and adult diseases usually represents a true challenge for clinicians; their precocious detection is often difficult and requires a wide knowledge but surely results in the early diagnosis and therapy onset with an overall better prognosis and clinical outcomes. In the current paper, as for the topic of the current Special Issue, the authors present an overview on the most frequent clinical manifestations at the oral and maxillo-facial district of systemic disease.



Chandra Nayak S, Latha PB, Kandanattu B, Pypmallil U, Kumar A, Kumar Banga H. The Oral Microbiome and Systemic Health: Bridging the Gap Between Dentistry and Medicine. *Cureus*. 2025 Feb 12;17(2):e78918. doi: 10.7759/cureus.78918. PMID: 40091996; PMCID: PMC11909285.

ABSTRACT

The oral microbiome, consisting of a mixture of bacteria, fungi, and viruses, is an important contributor to oral and systemic health. Microbial balance disruptions are associated with oral pathologies like dental caries and periodontitis as well as systemic diseases such as cardiovascular diseases, adverse pregnancy outcomes, and respiratory diseases. This review explores the mechanistic pathways linking oral dysbiosis to systemic inflammation, endothelial dysfunction, and immune modulation. The roles of key microbial species in health and disease are analyzed, with an emphasis on how hematogenous dissemination leads to systemic pathologies through inflammatory signaling. Also, advances in high throughput sequencing are discussed, as well as microbial diversity and its implications for diagnostics and therapeutics. The review highlights the potential of oral microbiota-targeted interventions to mitigate systemic diseases through dentistry and medicine integration, by throwing light on interdisciplinary strategies. Future work should focus on the evaluation of the mechanisms by which the oral microbiome plays a role in systemic diseases through the integration of multi-omics approaches such as metagenomics, transcriptomics, and metabolomics. Furthermore, clinical trials need to be designed in a way to evaluate the efficacy of microbiome-targeted therapies in the prevention of cardiovascular diseases, adverse pregnancy outcomes, and autoimmune disorders.

Chen J, Tang H, Zhang D, Tang Y, Li W, Liu G, Liu B. A rare case of pemphigus vulgaris disguised as a malignant gingival ulcer. *BMC Oral Health*. 2023 May 23;23(1):319. doi: 10.1186/s12903-023-02980-6. PMID: 37221480; PMCID: PMC10204658.

ABSTRACT

Background: Pemphigus vulgaris (PV) is a kind of rare and severe autoimmune bullous disease. In this case, the specificity of oral PV lies in the clinical manifestations of a single palatal ulcer, and no blisters were found in the oral mucosa. This case provides a powerful reference for dentists diagnosing and treating oral PV with atypical clinical presentations.

Case presentation: A 54 years old female patient presented with a non-healing palatal gingival ulcer for over three months. By histopathological H&E staining and the direct immunofluorescence (DIF) test, the final diagnosis was oral PV. After topical glucocorticoid therapy, the affected area was cured.

Conclusions: In patients with prolonged erosion of the skin or oral mucosa, even if complete blisters are not visible, the physician should consider autoimmune bullous diseases and pay attention to avoid diagnostic defects.

Cherry-Peppers G, Fryer C, Jackson AD, Ford D, Glascoe A, Smith D, Dunmore-Griffith J, Iris M, Woods D, Robinson-Warner G, Davidson A, McIntosh C, Sonnier J, Slade L, Downer G, Munday S, Darden-Wilson J, Dawson N, Downes A, Rizkalla A, Bellamy A, Mahone I, Tompkins S, Kiffin G, Mncube-Barnes F, Peppers G, Watkins-Bryant T. A review of the risks and relationships between oral health and chronic diseases. *J Natl Med Assoc*. 2024 Dec;116(6):646-653. doi: 10.1016/j.jnma.2024.01.003. Epub 2024 Jan 19. PMID: 38326141.

ABSTRACT

Advances in medical science and in preventive dentistry have changed the context of oral health. The American population is living longer with numerous complex chronic diseases. This paper is to raise awareness about the impact of multiple chronic diseases and their associations with oral diseases. Comorbidities can worsen the course of dental treatment. Inflammation has been the connecting factor in the bidirectional pattern of oral and systemic diseases. High occurrences of chronic diseases generally occur in aging as well as disadvantaged populations. Serious infections, slow healing, prolonged bleeding, and hospitalizations can escalate in patients with uncontrolled chronic diseases. A multidisciplinary team-based approach to patient management can minimize complications and unexpected challenges.

Costa AA, Cota LOM, Mendes VS, Oliveira AMSD, Cyrino RM, Costa FO. Periodontitis and the impact of oral health on the quality of life of psoriatic individuals: a case-control study. *Clin Oral Investig*. 2021 May;25(5):2827-2836. doi: 10.1007/s00784-020-03600-1. Epub 2020 Sep 21. PMID: 32955692.

ABSTRACT

Aim: To evaluate the periodontal condition and the impact of oral health on the quality of life (OHRQL) among individuals with and without psoriasis.

Methods: This case-control study comprised 295 individuals with psoriasis and 359 controls. A full mouth examination was performed for all periodontal clinical parameters. To evaluate OHRQL, the Oral Impact on Daily Performance (OIDP) questionnaire was applied. Data was analyzed using the chi-square, Fischer, Kruskal-Wallis, Mann-Whitney, and Bootstrap intervals tests to determine different profiles in relation to the OIDP.

Results: Individuals with psoriasis had a 1.40 greater chance of having periodontitis than controls (OR = 1.40 95%CI: 1.01-1.93; p = 0.019). Individuals with psoriasis with periodontitis (+P) had greater impacts on OHRQL (13.76 ± 15.58), when compared with those without periodontitis (-P) (4.83 ± 8.25; p < 0.001). Additionally, psoriasis +P stage III/IV patients (13.94 ± 15.68) had worse indicators than controls -P (9.49 ± 22.54; p = 0.001). The final multivariate model demonstrated higher OIDP scores related to the following variables: diabetes, anxiolytics use, periodontitis, and psoriasis, showing worse OHRQL.

Conclusions: This study demonstrated an important risk association between psoriasis and periodontitis, as both diseases demonstrated worse OHRQL indicators. Moreover, the severity of periodontitis and psoriasis significantly increased these negative impacts.

Clinical relevance: Practical implications: Multidisciplinary interaction is desirable to improve the impact of these diseases on the QoL of individuals with psoriasis and periodontitis.



Costa AA, Cota LOM, Esteves Lima RP, Oliveira AMSD, Cortelli SC, Cortelli JR, Cyrino RM, Mendes VS, Silva TA, Costa FO. The association between periodontitis and the impact of oral health on the quality of life of individuals with psoriasis and psoriatic arthritis. *PLoS One*. 2024 Jun 25;19(6):e0301158. doi: 10.1371/journal.pone.0301158. PMID: 38917108; PMCID: PMC11198795.

ABSTRACT

Objective: To evaluate the association between psoriasis (PSO), psoriatic arthritis (PsA) and periodontitis (PE), and the Oral Health-Related Quality of Life (OHRQoL) impacts on individuals with psoriatic disease's daily activities compared to the non-psoriatic ones.

Materials & methods: 296 individuals with psoriatic disease (PSO n = 210, APS n = 86) (cases) and 359 without these diseases (controls) were included. Complete periodontal examinations and collection of variables of interest were performed. The Brazilian version of the Oral Impacts on Daily Performance (OIDP) instrument was applied.

Results: The prevalence of PE was higher in PsA (57.0%; OR = 2.67 95%CI 1.65-4.32; p<0.001) than in PSO (34.3%; OR = 1.05 95% CI 0.73-1.51; p<0.001) compared to controls (33.1%). Both PsA and PSO groups showed more sites and teeth with 4-6mm probing depth (PD) and had higher OIDP scores than controls (p<0.001), thus indicating worse self-reported quality of life. PE, PSO+PE and consumption of alcohol/anxiolytics significantly influenced OHRQoL (p<0.05). The influence of periodontal parameters on OHRQoL was observed for the presence of PE; PD >6 mm; clinical attachment level >6 mm; higher plaque index, % sites and teeth with bleeding on probing (p<0.05).

Conclusion: Negative impacts of PE on the OHRQoL were demonstrated. The ones having PSO and especially PsA and PE presented significantly worse indicators.

Deng L, Guan G, Cannon RD, Mei L. Age-related oral microbiota dysbiosis and systemic diseases. *Microb Pathog*. 2025 Aug;205:107717. doi: 10.1016/j.micpath.2025.107717. Epub 2025 May 20. PMID: 40403989.

ABSTRACT

The oral microbiota is an essential microbial community within the human body, playing a vital role in maintaining health. In older adults, age-related changes in the oral microbiota are linked to both systemic and oral health impairments. The use of various medications for systemic diseases in the elderly can also contribute to the development of oral diseases. Oral microbiota dysbiosis refers to an imbalance in the composition of oral microbial communities. This imbalance, along with disruptions in the host immune response and prolonged inflammation, is closely associated with the onset and progression of several diseases. It contributes to oral conditions such as dental caries, periodontal disease, and halitosis. It is also linked to systemic diseases, including Alzheimer's disease, type 2 diabetes mellitus, rheumatoid arthritis, atherosclerotic cardiovascular disease, and aspiration pneumonia. This review aims to explore how oral microbiota influences specific health outcomes in older individuals, focusing on Alzheimer's disease, type 2 diabetes mellitus, rheumatoid arthritis, atherosclerotic cardiovascular disease, and aspiration pneumonia. The oral microbiota holds promise as a diagnostic tool, therapeutic target, and prognostic biomarker for managing cardiovascular disease,

metabolic diseases, infectious diseases and autoimmune diseases. Emphasizing proper oral health care and instilling an understanding of how drugs prescribed for systemic disease impact the oral microbiome, is anticipated to emerge as a key strategy for promoting the general health of older adults.

Di Spirito F, Di Palo MP, Rupe A, Piedepalumbo F, Sessa A, De Benedetto G, Russo Barone S, Contaldo M. Periodontitis in Psoriatic Patients: Epidemiological Insights and Putative Etiopathogenic Links. *Epidemiologia (Basel)*. 2024 Jul 26;5(3):479-498. doi: 10.3390/epidemiologia5030033. PMID: 39189252; PMCID: PMC11348036.

ABSTRACT

Psoriasis, a systemic autoimmune disorder primarily affecting the skin, manifests through erythematous plaques and scales, impacting approximately 2-3% of the global population. Chronic periodontitis, a prevalent oral disease characterized by the destruction of tooth-supporting tissues, affects roughly 10-15% of adults worldwide. Emerging evidence suggests a bidirectional relationship between psoriasis and chronic periodontitis, supported by epidemiological studies indicating a higher prevalence of periodontitis among individuals with psoriasis and vice versa. Both conditions are chronic inflammatory diseases marked by dysregulated immune responses and altered cytokine profiles, notably involving proinflammatory cytokines such as TNF- α and IL-17. Clinical studies highlight a reciprocal impact of treating one condition on the other, underscoring the necessity of interdisciplinary collaboration between dermatologists and periodontists in managing patients with both conditions. This narrative review provides a comprehensive overview of the relationship between psoriasis and chronic periodontitis, examining epidemiological associations, shared inflammatory pathways, genetic insights, microbial dysbiosis, environmental factors, and clinical implications. The review emphasizes the importance of integrated care approaches and the potential for targeted therapeutic interventions to improve both psoriatic and periodontal patient outcomes, advocating for further research into the molecular and cellular mechanisms underpinning the comorbidity of these diseases.

Dridi SM, Lutz CM, Gaultier F, Bellakhdar F, Jungo S, Ejeil AL. Oral biopsy in mucous membrane pemphigoid and pemphigus vulgaris with gingival expression: the optimal site. A systematic review and meta-analysis. *BMC Oral Health*. 2024 Sep 16;24(1):1093. doi: 10.1186/s12903-024-04853-y. PMID: 39285275; PMCID: PMC11406792.

ABSTRACT

Purpose: In order to diagnose mucous membrane pemphigoid (MMP) and pemphigus vulgaris (PV) with gingival expression, clinical data must be compared with immunohistochemical data obtained using direct immunofluorescence (DIF). It is therefore essential to carry out a good quality mucosal biopsy for this vital additional test. To date, no study has been able to effectively guide clinicians in their choice of oral site for biopsy to guarantee the efficient contribution of DIF to diagnosis. We propose a systematic review of the literature and a meta-analysis to clarify this issue.

Materials and methods: Electronic databases and bibliographies of articles were searched in April 2023. The primary outcome was the rate of DIF + contribution to diagnosis according to the location of the oral site biopsied.



Results: 16 studies were included. Gingival biopsies showed a rate of DIF + 100% [97%-100%] $p = 0.998$ $I^2 = 0.0\%$ with no heterogeneity for PV, and 90.2% [66.5%-100%] $p < 0.001$ $I^2 = 89.6\%$ with high heterogeneity for MMP. For the other oral sites, this rate was 95.7% [87.4%- 100%] $p = 0.011$ $I^2 = 73.0\%$ with moderate heterogeneity for PV, and 87.4% [70.1%- 98.7%] $p < 0.001$ $I^2 = 92.6\%$ with high heterogeneity for MMP. In addition, meta-regression confirmed the significant association between the appearance of the biopsied mucosa and the rate of DIF + in MMP ($p < 0.001$), with no influence on residual heterogeneity.

Conclusion: The nature of the oral mucosa biopsied does not influence the rate of DIF + to diagnosis. The choice of biopsy site should only take into account the characteristics of the clinical picture and the benefit/risk balance of the surgical protocol. The sample must be taken in healthy areas as close as possible to active lesions: on the gingiva if the MMP and PV are strictly gingival, on the alveolar mucosa if the whole gingiva is altered and on any healthy mucosa if a large number of oral sites are affected.

Fan W, Lei N, Zheng Y, Liu J, Cao X, Su T, Su Z, Lu Y. Oral microbiota diversity in moderate to severe plaque psoriasis, nail psoriasis and psoriatic arthritis. *Sci Rep.* 2024 Aug 8;14(1):18402. doi: 10.1038/s41598-024-69132-w. PMID: 39117753; PMCID: PMC11310443.

ABSTRACT

Gaining a comprehensive understanding of the role played by the oral microbiome in moderate to severe plaque psoriasis and its potential implications for disease management and development holds significant importance. With the objective of exploring correlations between the oral microbiota and severe psoriasis, this study involved 72 severe psoriasis patients and 16 healthy individuals, whose clinical manifestations and living habits were carefully recorded. Cutting-edge techniques such as 16S rRNA gene sequencing and bioinformatics analysis were employed to compare the microbial flora, investigating dynamic changes among severe plaque psoriasis patients, psoriatic arthritis patients and healthy individuals. The findings revealed noteworthy patterns including increased levels of *Aggregatibacter* in the psoriatic arthritis group, accompanied by a decrease in the level of *Prevotella*. Moreover, the enrichment of *Capnocytophaga* ($P = 0.009$), *Campylobacter* ($P = 0.0022$), and *Acetobacter* ($P = 0.0292$) was notably more substantial in the psoriasis group compared to the control group, whereas certain bacterial species such as *Bacteroides* ($P = 0.0049$), *Muribaculaceae* ($P = 0.0048$) demonstrated decreased enrichment. Additionally, the psoriatic arthritis group exhibited significantly higher levels of *Ralstonia*, *Bifidobacterium* and *Micromonospora*. Based on these findings, it can be inferred that individuals with lower levels of *Prevotella* and higher levels of *Corynebacterium* may be more susceptible to psoriasis exacerbation.

Fu D, Shu X, Zhou G, Ji M, Liao G, Zou L. Connection between oral health and chronic diseases. *MedComm* (2020). 2025 Jan 14;6(1):e70052. doi: 10.1002/mco2.70052. PMID: 39811802; PMCID: PMC11731113.

ABSTRACT

Chronic diseases have emerged as a paramount global health burden, accounting for 74% of global mortality and causing substantial economic losses. The oral cavity serves as a critical indicator of overall health and is inextricably linked to chronic disorders. Neglecting oral health can exacerbate localized pathologies and accelerate the progression of chronic conditions, whereas effective management has the potential to

reduce their incidence and mortality. Nevertheless, limited resources and lack of awareness often impede timely dental intervention, delaying optimal therapeutic measures. This review provides a comprehensive analysis of the impact of prevalent chronic diseases—such as diabetes mellitus, rheumatoid arthritis, cardiovascular disorders, and chronic respiratory diseases—on oral health, along with an exploration of how changes in oral health affect these chronic conditions through both deterioration and intervention mechanisms. Additionally, novel insights into the underlying pathophysiological mechanisms governing these relationships are presented. By synthesizing these advancements, this review aims to illuminate the complex interrelationship between oral health and chronic diseases while emphasizing the urgent need for greater collaboration between dental practitioners and general healthcare providers to improve overall health outcomes.

Gagarine M, Cañedo-Ayala M, Cook V, Discepola MN, Guillot G, Leader DM, Lim MA, Yap T, Furst DE, Gietzen A, Lapointe McKenzie JA, Van Pelt S, Vidiricaire L, Carrier ME, Krishnan A, Tao L, Kwakkenbos L, Thombs BD. Oral health in systemic sclerosis: A scoping review. *J Scleroderma Relat Disord.* 2024 May 24:23971983241252899. doi: 10.1177/23971983241252899. Epub ahead of print. PMID: 39552945; PMCID: PMC11561949.

ABSTRACT

Background: Limited research on oral health in systemic sclerosis poses a significant challenge for people with systematic sclerosis and health care professionals. We conducted a scoping review to map existing research on oral health-related quality of life in systemic sclerosis across domains including (1) oral manifestations or symptoms, (2) functional consequences, (3) psychosocial aspects, (4) associated patient factors and (5) self-care and management considerations.

Methods: We searched MEDLINE, EMBASE, SCOPUS and CINAHL databases to 10 March 2023 for studies on oral health in people with systemic sclerosis. Study data were mapped into pre-specified domains of oral health-related quality of life, subtopics and types of research and reported in tabular form.

Results: Of 1460 unique studies reviewed, 91 were eligible and included in the scoping review; of these, 69 (76%) were published as full-text versions, 72 (79%) were from Europe or North America, and 63 (69%) included 50 participants. Only 1 study had >200 participants ($N = 382$). By domains, 85 (93%) studies reported aspects of oral manifestations or symptoms, with the most common subtopics being oral opening and mandibular function, sicca, periodontitis and soft tissue changes and pathology; 36 (40%) studies provided information on associated patient factors, 23 (25%) on self-care and management, 19 (21%) on psychosocial aspects and 6 (7%) on functional consequences. No studies related to interventions included >50 participants.

Conclusion: Most studies on oral health in systemic sclerosis report on manifestations or symptoms, and there are relatively few studies on other important domains. Most studies have been conducted with small samples. Updated systematic reviews should evaluate the quality of existing evidence in domains where enough studies have been done. Large, well-conducted primary studies are needed to address knowledge gaps across domains, including studies that test approaches for supporting oral self-care, improving routine professional care and addressing major disability-causing manifestations.



Glavina A, Božić I, Parat K, Perković D, Biočina-Lukenda D, Martinović Kaliterna D, Radić M. Salivary Flow Rate and Oral Status in Patients with Primary Sjögren's Syndrome and Diffuse Cutaneous Systemic Sclerosis: A Cross-Sectional Study. *Diagnostics* (Basel). 2023 Mar 10;13(6):1057. doi: 10.3390/diagnostics13061057. PMID: 36980365; PMCID: PMC10047642.

ABSTRACT

Determination of salivary flow rate and oral status in patients with primary Sjögren's Syndrome (pSS) and diffuse cutaneous systemic sclerosis (dcSSc) and comparison with control subjects. Thirty-one pSS patients, 28 dcSSc patients, and 28 control subjects participated in this single-center, cross-sectional study. Unstimulated whole salivary flow rate (UWSFR) and stimulated whole salivary flow rate (SWSFR), salivary pH, DMFT index (D-decayed, M-missing, F-filled tooth), periodontal pocket depth (PPD), clinical attachment level (CAL), interincisal distance, and OHRQoL (oral health-related quality of life) were analyzed in all three groups of subjects. Primary SS and dcSSc patients had statistically significant lower values of UWSFR (0.20; 0.38 vs. 0.91 mL/min) and SWSFR (0.56; 0.70 vs. 1.64 mL/min) compared with control subjects ($p < 0.001$, Kruskal-Wallis test). Salivary pH values were statistically significantly lower in pSS and dcSSc patients compared with control subjects (6.00; 6.25 vs. 7.00, respectively) ($p < 0.001$, Kruskal-Wallis test). The DMFT index of dcSSc patients was higher (28.50) and statistically significant compared to control subjects (20.00) ($p = 0.01$). The prevalence of periodontitis was the same in pSS and dcSSc patients and control subjects ($p = 0.384$). Primary SS and dcSSc patients had a statistically significant decreased interincisal distance compared to control subjects (43.80; 38.00 vs. 48.00) ($p = 0.003$ and $p < 0.001$, respectively). Primary SS and dcSSc patients show decreased UWSFR and SWSFR, salivary pH values closer to an acidic medium, higher DMFT index, higher prevalence of periodontitis, decreased interincisal distance, and poorer OHRQoL, i.e., poor oral and periodontal health.

Gorini F, Coi A, Santoro M, Tonacci A, Sansone F, Mariotti EB, Donati M, Verdelli A, Nasca MR, Amerio P, Antiga E, Barletta E, Caproni M. The Role of Microbiota in the Pathogenesis of Bullous Pemphigoid and Pemphigus Vulgaris: Evidence, Controversies, and Perspectives. *Int J Mol Sci*. 2025 Jun 24;26(13):6076. doi: 10.3390/ijms26136076. PMID: 40649854; PMCID: PMC12249555.

ABSTRACT

Bullous pemphigoid (BP) and pemphigus vulgaris (PV) represent the most prevalent conditions among autoimmune bullous skin diseases, considered a major cause of severe morbidity and, in certain cases, mortality. The hallmark of the two diseases is the presence of autoantibodies directed against proteins located in the basement membrane of the skin, which determines the formation of blisters. In recent years, interest in the role of microbiota in relation to health-disease status has progressively increased. In particular, based on the gut-skin axis, accumulating evidence has emerged on the potential association between the composition and diversity of microbial communities in the gut, skin, and even in the oral cavity and the risk of developing BP and PV. Dysbiosis, characterized by a generally higher relative abundance of Firmicutes and a depletion of probiotics/beneficial species, might contribute to the pathogenesis of both diseases. Despite the still limited number of studies and the need for further large-scale multicenter studies, the knowledge gathered so far is suggestive of a novel modifiable risk factor representing a potential target for adjuvant treatments of these disabling and life-threatening conditions.

Hammad RN, Ahmad SA, Rasool MI. Impact of Biologic and Disease-Modifying Anti-rheumatic Drug (DMARD) Therapies on Oral Health in Rheumatologic Patients: A Case-Control Study. *Cureus*. 2024 Nov 6;16(11):e73179. doi: 10.7759/cureus.73179. PMID: 39650975; PMCID: PMC11624429.

ABSTRACT

Background: Disease-modifying anti-rheumatoid drugs (DMARDs) and biological therapies are known to alter immune function, which may increase the risk of oral infections and mucosal changes. Immunosuppression induced by these medications can make patients more susceptible to conditions like oral candidiasis. Furthermore, there is limited research exploring the long-term oral health outcomes associated with these treatments, particularly in rheumatologic patients who are already at a higher risk of systemic inflammation. This study aims to address these gaps by assessing the impact of these therapies on oral health status and quality of life.

Objectives: This case-control study assesses oral health in patients with rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis receiving DMARD or biologic therapy.

Patients and methods: One hundred and fifty individuals were examined (50 cases on biological therapy, 50 cases on DMARDs, and 50 controls). Individuals undergoing systemic/biologic therapy for rheumatologic diseases were enlisted from outpatient clinics at Rizgary Teaching Hospital in Erbil, Iraq. All participants underwent a standardized oral health (OH) and quality of life (QoL) assessment following the World Health Organization (WHO) guidelines, which included both a questionnaire and an OH examination. Controls (healthy individuals) matched for age and sex were recruited from Khanzad Specialized Dental Teaching Center in Erbil, Iraq. The OH documentation of patients with rheumatologic diseases was recorded through oral examinations and medical chart reviews, which also included an assessment of the disease activity of each rheumatoid disease.

Result: Comparative analysis of OH behaviors showed significant differences between the groups. Patients receiving biologic therapies reported a lower frequency of regular dental check-ups compared to the DMARD and control groups ($p < 0.05$). Additionally, the use of interdental cleaning aids was less common among biological therapy patients, which may have contributed to the higher prevalence of periodontal issues observed in this group. Oral mucosal lesions (OML) were most prevalent in the DMARDs group with 37 participants (74%), followed by the biological group with 34 participants (68%), and least in the control group with 16 participants (32%) ($p < 0.001$). Dry mouth affected 38 participants (76%) in the biological group, 28 participants (52%) in the DMARDs group, and eight participants (16%) in the control group ($p < 0.001$). The DMARDs group also exhibited a significantly higher incidence of decayed and missing teeth compared to the biological and control groups ($p = 0.002$ and $p = 0.008$, respectively). In the biological group, the most common OMLs were candidiasis in 11 participants (22%) and ulceration in nine participants (18%), while in the DMARDs group, candidiasis affected 12 participants (24%) and ulceration affected seven participants (14%).

Conclusion: Patients with rheumatologic disease have poorer OH and OH-related QoL, more dry mouth, more decay, and missing teeth compared to control. Regarding OML, patients with rheumatologic disease are more susceptible to candidiasis. The findings indicate a need for routine OH monitoring and preventive strategies in these patient populations.



Hashemi Ashtiani A, Moradinejad M, Rakhshan V. Complete Dental Implant Restoration in an Individual With Systemic Sclerosis and Microstomia: A Case Report. *Case Rep Dent.* 2024 Oct 23;2024:9928608. doi: 10.1155/2024/9928608. PMID: 39478760; PMCID: PMC11524695.

ABSTRACT

Background: Systemic sclerosis (SS) is a debilitating disease that affects oral and any other tissues including skin, bone, blood vessels, and the connective tissues by excessive collagen accumulation. It is a difficult case for oral rehabilitation, let alone dental implantation. In this regard, only few studies have been conducted. This article reports a case of full-mouth implant-supported prostheses in a SS patient.

Case: After diagnosing most remaining teeth as hopeless through clinical and radiographic examinations, implant-based fixed prosthesis for both jaws was planned, considering the progressive microstomia. Hopeless teeth were extracted. In the maxilla, the areas of central incisors, canines, first premolars, and first molars were implanted. In the mandible, the areas of the lateral incisors and the right second premolar were implanted. Also, according to the surgeon's opinion, the anterior mandible needed bone grafting. After 3 months, the prosthetic treatment was started. Because in scleroderma, the limitation of mouth opening is progressive (and also in order to allow the restoration of the prosthesis in the future), screw-retained abutments were used for the posterior segment. Nevertheless, the anterior abutments were cement-retained.

Result: The patient was followed up until the present time (for 3 years). In these follow-ups, no bone resorption was observed, and the treatment was deemed successful.

Conclusion: This report suggests that dental implants might be successful and safe for at least some cases of systemic scleredema.

He J, Cheng L. The Oral Microbiome: A Key Determinant of Oral Health. *Adv Exp Med Biol.* 2025;1472:133-149. doi: 10.1007/978-3-031-79146-8_9. PMID: 40111690.

ABSTRACT

As the second largest reservoir of human microbes, the oral cavity is colonized by millions of tiny creatures collectively named as oral microbiome. Species detected in human mouth are diverse, including bacteria, fungi, viruses, and protozoa. Active bidirectional interaction exists between the oral microbiome and the host. Stresses from hosts shape the composition, distribution pattern, and the community behaviors of the oral microbiome, while any changes occurring on the oral microbiome may disrupt its symbiosis relationship with the host and ultimately lead to oral and systemic diseases that jeopardize the host's health. In this chapter, the latest understanding about the role of oral microbiome in common oral diseases, including dental caries, periodontal disease, oral candidiasis, and hyposalivation, is discussed.

Irwandi RA, Marruganti C, Collins G, Carvalho JS, Gilroy D, D'Aiuto F. The translational potential of inflammation-induced skin blister human models in exploring the pathogenesis of periodontitis and its systemic health implications. *Front Immunol.* 2024 Dec 16;15:1469828. doi: 10.3389/fimmu.2024.1469828. PMID: 39737182; PMCID: PMC11682961.

ABSTRACT

Periodontitis is a highly prevalent chronic disease. Despite decades of extensive research on the topic, a complete understanding of its immunopathogenesis, especially when linked to other inflammatory comorbidities, is lacking. *Ex vivo* human and *in vivo* animal experiments have shown the host inflammatory response's crucial role in both the disease's onset and its systemic implications. These approaches, however, remain questionable when translating these findings into real-world scenarios linked to periodontitis. A clear need for new *in vivo* human models is discussed, especially within the context of understanding the host response to key pathogens linked to periodontitis, such as *Porphyromonas gingivalis* (*P. gingivalis*). Therefore, a skin blister model was employed to describe the stages of the host immune response in humans after challenges by microbial and/or sterile insults. A novel human challenge model using UV-killed *P. gingivalis* holds promise in producing new evidence and bridging the gap of the host response to periodontitis and its links with other common chronic diseases.

Isola G, Santonocito S, Lupi SM, Polizzi A, Sclafani R, Patini R, Marchetti E. Periodontal Health and Disease in the Context of Systemic Diseases. *Mediators Inflamm.* 2023 May 13;2023:9720947. doi: 10.1155/2023/9720947. PMID: 37214190; PMCID: PMC10199803.

ABSTRACT

During recent years, considerable progress has been made in understanding the etiopathogenesis of periodontitis in its various forms and their interactions with the host. Furthermore, a number of reports have highlighted the importance of oral health and disease in systemic conditions, especially cardiovascular diseases and diabetes. In this regard, research has attempted to explain the role of periodontitis in promoting alteration in distant sites and organs. Recently, DNA sequencing studies have revealed how oral infections can occur in distant sites such as the colon, reproductive tissues, metabolic diseases, and atheromas. The objective of this review is to describe and update the emerging evidence and knowledge regarding the association between periodontitis and systemic disease and to analyse the evidence that has reported periodontitis as a risk factor for the development of various forms of systemic diseases in order to provide a better understanding of the possible shared etiopathogenetic pathways between periodontitis and the different forms of systemic diseases.



Jiménez C, Fernández J, Aroca M, Bordagaray MJ, Pellegrini E, Contador J, Hernández M, Valenzuela F, Fernández A. Association of Periodontitis and Atopic Dermatitis with the Levels of IL-13, IL-31, and TSLP in the Gingival Crevicular Fluid. *Int J Mol Sci.* 2023 Oct 26;24(21):15592. doi: 10.3390/ijms242115592. PMID: 37958576; PMCID: PMC10650793.

ABSTRACT

Emerging epidemiological evidence links atopic dermatitis (AD) and periodontitis, although the mechanisms remain unclear. Th2-derived cytokines are key in the development of both diseases, and different gingival crevicular fluid (GCF) profiles among healthy and diseased subjects have been previously reported. This case-control study examined the GCF levels of interleukins (IL)-13, IL-31, and thymic stromal lymphopoietin (TSLP) in 29 subjects with moderate-to-severe AD and 33 controls. All subjects underwent comprehensive clinical and oral evaluations, followed by GCF collection. GCF levels of IL-13, IL-31, and TSLP were assessed using a multiplex-bead immunoassay. Demographic and periodontal parameters were similar among groups ($p > 0.05$). The GCF levels of IL-31 and TSLP were higher in AD subjects compared to controls ($p < 0.05$), whereas no significant differences in the GCF levels of IL-13 were noticed ($p = 0.377$). Moderate-to-severe AD was positively associated with the GCF levels of IL-31 and TSLP, whereas severe periodontitis was negatively associated with IL-31 ($p < 0.05$). The GCF levels of IL-13 showed no significant associations with either condition ($p = 0.689$). There was no significant interaction between AD and periodontitis for IL-31 ($p < 0.869$). These results suggest that AD and periodontitis independently influence the GCF levels of IL-31 in opposing ways, whereas AD alone influences the levels of TSLP.

Jiménez C, Fernández J, Rodríguez C, Mancilla JF, Pellegrini E, Hernández M, Valenzuela F, Fernández A. Direct impact of psoriasis on gingival crevicular fluid levels of VEGF-A in periodontitis patients: a mediation analysis. *Front Immunol.* 2024 Oct 24;15:1477587. doi: 10.3389/fimmu.2024.1477587. PMID: 39512356; PMCID: PMC11540697.

ABSTRACT

Introduction: Emerging evidence suggests that psoriasis and periodontitis are linked via systemic inflammation. However, the role of angiogenesis as an additional connecting mechanism between these diseases remains unclear.

Methods: This case control study explored the effect of psoriasis on the gingival crevicular fluid (GCF) levels of vascular endothelial growth factor A (VEGF-A) in patients with different stages of periodontitis. Thirty-one patients with psoriasis (P) and thirty healthy controls (C) underwent physical and intraoral evaluations, with diagnoses confirmed by dermatologists and periodontists. GCF VEGF-A was measured using a multiplex-bead immunoassay. Statistical analyses included Fisher exact tests, Student's T-tests, linear regression models, and mediation analyses.

Results: Psoriasis patients had significantly lower GCF VEGF-A levels compared to controls ($p=0.008$). Psoriasis was negatively associated with GCF VEGF-A ($p=0.006$), while severe periodontitis was positively associated with GCF VEGF-A levels, regardless of tobacco use ($p=0.027$). Further analyses revealed that severe periodontitis significantly increased GCF VEGF-A levels only in the C group ($p=0.038$), but not in psoriasis patients ($p>0.610$). Mediation analyses confirmed a significant direct and total effect of psoriasis on GCF VEGF-A ($p>0.002$), with no significant indirect effect through periodontitis ($p=0.699$).

Discussion: Psoriasis and severe periodontitis are associated with GCF levels of VEGF-A in opposite and independent ways. In subjects with psoriasis, the impact of the dermatosis is direct with no mediation from periodontitis.

Jung S, Gavriiloglou M, Séverac F, Haumesser L, Sayeh A, Chatelus E, Martin T, Huck O. Influence of systemic sclerosis on periodontal health: A case-control study. *J Clin Periodontol.* 2023 Oct;50(10):1348-1359. doi: 10.1111/jcpe.13846. Epub 2023 Jul 11. PMID: 37431838.

ABSTRACT

Aim: Patients with systemic sclerosis (SSc) present various clinical and radiological oral manifestations. However, precise evaluation of the oral features associated with diffuse cutaneous SSc (dcSSc) and limited cutaneous SSc (lcSSc) is limited. The objective of this study was to evaluate the periodontal ligament (PDL) surface in SSc patients in comparison with controls. Assessment of oral-health-related quality of life (OHR-QoL) and the levels of different biomarkers in the gingival crevicular fluid (GCF) was performed.

Materials and methods: SSc patients and matched controls underwent standardized oral examination and cone-beam computed tomography (CBCT). Levels of interleukin-6 (IL-6), chemokine (C-X-C motif) ligand 4 (CXCL-4) and matrix metalloproteinase-9 (MMP-9) in the GCF were determined by enzyme-linked immunosorbent assay. PDL surface was measured on CBCT axial views. OHRQoL was quantified using the Mouth Handicap in SSc Scale (MHSS).

Results: Thirty-nine SSc patients and 39 controls were included. SSc patients exhibited increased PDL surface, higher number of missing teeth as well as elevated IL-6, MMP-9 and CXCL-4 levels. Reduced mouth opening was observed in dcSSc but not in lcSSc patients. MHSS score was higher in dcSSc than in lcSSc patients. Although worse periodontal parameters were found in both subgroups compared with controls, dcSSc patients presented lower gingival inflammation.

Conclusions: SSc is associated with PDL space widening, impaired oral health and OHRQoL.

Kiernan Y, O'Connor C, Ryan J, Murphy M. Oral health in patients with severe inflammatory dermatologic and rheumatologic disease. *Skin Health Dis.* 2022 Aug 7;3(1):e156. doi: 10.1002/ski2.156. PMID: 36751329; PMCID: PMC9892474.

ABSTRACT

Background: Poor oral health (OH) is a risk factor for systemic disease and lower quality of life (QoL). Patients with inflammatory dermatologic/rheumatologic diseases report more oral discomfort, dry mouth, and periodontal disease than controls. Medications used to treat these conditions can also adversely affect OH.

Objectives: The aim was to assess the OH of patients with chronic inflammatory dermatologic/rheumatologic diseases treated with systemic/biologic therapy, compared to controls.



Methods: Patients with chronic inflammatory dermatologic/rheumatologic diseases treated with systemic/biologic therapy were recruited from outpatient clinics across two university hospitals. All patients had a standardized World Health Organisation OH assessment performed consisting of an OH exam and questionnaire. Age- and sex-matched controls without chronic inflammatory disease were recruited from a pigmented lesion clinic. Charts of patients with chronic inflammatory dermatologic/rheumatologic diseases were reviewed to assess OH documentation.

Results: One hundred patients were examined (50 cases and 50 controls). Patients with inflammatory dermatologic/rheumatologic diseases (cases) had poorer periodontal status (mean loss of attachment 6.9 mm vs. 1.9 mm controls, $p = 0.01$), more missing teeth (mean 7.7 vs. 4.4 controls, $p = 0.029$), more dry mouth (82% vs. 20% controls, $p = 0.001$), and less frequent tooth brushing (60% vs. 80% controls, $p = 0.037$). Of 250 patient charts which were reviewed, 98.4% ($n = 246$) had no documentation of OH.

Conclusion: Patients with severe inflammatory dermatologic/rheumatologic conditions have poorer OH and OH-related QoL. Clinicians should appreciate the risk of poor OH in this cohort and have a low threshold for involving OH professionals in care pathways for severe inflammatory disease.

Lei Y, Liu Q, Li Q, Zhao C, Zhao M, Lu Q. Exploring the Complex Relationship Between Microbiota and Systemic Lupus Erythematosus. *Curr Rheumatol Rep.* 2023 Jun;25(6):107-116. doi: 10.1007/s11926-023-01102-z. Epub 2023 Apr 21. PMID: 37083877.

ABSTRACT

Purpose of review: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease characterized by various autoantibodies and multi-organ. Microbiota dysbiosis in the gut, skin, oral, and other surfaces has a significant impact on SLE development. This article summarizes relevant research and provides new microbiome-related strategies for exploring the mechanisms and treating patients with SLE.

Recent findings: SLE patients have disruptions in multiple microbiomes, with the gut microbiota (bacteria, viruses, and fungi) and their metabolites being the most thoroughly researched. This dysbiosis can promote SLE progression through mechanisms such as the leaky gut, molecular mimicry, and epigenetic regulation. Notwithstanding study constraints on the relationship between microbiota and SLE, specific interventions targeting the gut microbiota, such as probiotics, dietary management, and fecal microbiota transplantation, have emerged as promising SLE therapeutics.

Macklis P, Adams K, Kaffenberger J, Kumar P, Krispinsky A, Kaffenberger B. The Association Between Oral Health and Skin Disease. *J Clin Aesthet Dermatol.* 2020 Jun;13(6):48-53. Epub 2020 Jun 1. PMID: 32884621; PMCID: PMC7442307.

ABSTRACT

OBJECTIVE: Oral health and mucocutaneous inflammation might play an important role in the etiopathogenesis of many skin diseases, especially those that also involve the oral mucosa. This review examines the relationship between skin conditions and various oral health metrics to better understand how oral diseases, especially periodontitis, might influence the development or prognosis of several conditions, including aphthous stomatitis, atopic dermatitis, lichen planus, pemphigus, pemphigoid, and psoriasis. **METHODS:** Using

the PubMed search engine between Summer 2017 and Summer 2018, searches were performed for: *oral health* OR *oral hygiene* AND *psoriasis, eczema, dermatitis, hidradenitis suppurativa, acne inversa, pyoderma gangrenosum, Sweet's syndrome, neutrophilic dermatosis, subcorneal pustular dermatosis, hives, urticaria, cutaneous lupus, pemphigoid, pemphigus, or lichen planus* OR *aphthous stomatitis*. The abstract of articles written in English were reviewed by the investigators and selected for inclusion if the study involved a correlation between oral health/hygiene and skin disease. After studies were included, the references were reviewed for additional relevant studies. Diseases listed in the search terms that were not ultimately discussed in this review did not produce any articles of relevance. **RESULTS:** Aphthous stomatitis is correlated with poor periodontal health and greater plaque accumulation. Atopic dermatitis shows an association with gingivitis, toothaches, and oral infections. Heavier enamel plaque burden and reduced oral care are implicated in the exacerbation of lichen planus. Mucous membrane pemphigoid and pemphigus are intimately influenced by oral health, underscoring the important role of good oral health and hygiene. Psoriasis presents a strong connection with oral streptococcal bacterial burden, has been shown to be improved or even cured with tonsillectomy, and has treatment outcomes that are generally associated with periodontal disease. **CONCLUSION:** Comorbid disease associations are frequently being reported in dermatology, spurring collaboration between multiple specialists and dermatologists. This review emphasizes a need for closer collaboration between dermatologists and dentists to treat several common skin diseases.

Mannocci F, Koller G, Ravindran S. The prevalence and healing of apical periodontitis in patients with autoimmune diseases. *Int Endod J.* 2025 Jun;58(6):804-808. doi: 10.1111/iej.14214. Epub 2025 Mar 2. PMID: 40025851; PMCID: PMC12065116.

Abstract

Apical periodontitis (AP) is a common and clinically significant oral health condition, associated with an inflammatory response to infections within the root canal system. As patients retain natural teeth for longer, managing AP becomes more complex. Whilst generally effective, endodontic treatment outcomes can vary considerably in individuals with systemic health conditions, such as autoimmune diseases. The intersection of systemic inflammation, immune dysfunction and pharmacological treatments of the different diseases raises important questions about how autoimmune diseases influence AP prevalence and healing. This article examines current evidence on this interplay, its clinical implications and the need for tailored endodontic approaches in patients with autoimmune diseases.

Marruganti C, Gaeta C, Falciani C, Cinotti E, Rubegni P, Alovisi M, Scotti N, Baldi A, Bellan C, Defraia C, Fiorino F, Valensin S, Bellini E, De Rosa A, D'Aiuto F, Grandini S. Are periodontitis and psoriasis associated? A pre-clinical murine model. *J Clin Periodontol.* 2024 Aug;51(8):1044-1053. doi: 10.1111/jcpe.13996. Epub 2024 May 3. PMID: 38699834.

ABSTRACT

Aim: To investigate the bidirectional influence between periodontitis and psoriasis, using the respective experimental models of ligature- and imiquimod-induced diseases on murine models.

Materials and methods: Thirty-two C57/BL6J mice were randomly allocated to four experimental groups: control (P- Pso-), ligature-induced periodontitis (P+ Pso-), imiquimod-induced psoriasis (P- Pso+) and periodontitis and psoriasis (P+ Pso+). Samples (maxilla, dorsal skin and blood) were harvested immediately after death. Measures of periodontitis (distance between the cemento-enamel junction and alveolar bone crest



[CEJ-ABC] and the number of osteoclasts) and psoriasis (epidermal thickness and infiltrate cell [/0.03mm²]) severity as well as systemic inflammation (IL-6, IL-17A, TNF- α) were collected.

Results: The P+ Pso+ group exhibited the most severe experimental periodontitis and psoriasis, with the highest values of CEJ-ABC, number of osteoclasts, epidermal thickness and infiltrate cells in the dorsal skin, as well as the highest blood cytokine concentration. The P+ Pso- group presented with higher cell infiltrate (/0.03mm²) compared to the control group ($p < .05$), while the P- Pso+ group showed substantially higher alveolar bone loss (CEJ-ABC) than the control group ($p < .05$).

Conclusions: Experimental periodontitis may initiate and maintain psoriasiform skin inflammation and, vice versa, experimental psoriasis may contribute to the onset of periodontitis. In a combined model of the diseases, we propose a bidirectional association between periodontitis and psoriasis via systemic inflammation.

Marruganti C, Malvicini G, Cinotti E, Fuso A, Trovato E, Rubegni P, Grandini S, Gaeta C. Association between apical periodontitis and psoriasis vulgaris: A cross-sectional study. *Int Endod J.* 2025 Jun;58(6):848-861. doi: 10.1111/iej.14222. Epub 2025 Mar 19. PMID: 40105908; PMCID: PMC12065119.

ABSTRACT

Aim: To evaluate the prevalence of apical periodontitis (AP) and caries in subjects with psoriasis vulgaris.

Methodology: In total, 152 patients with psoriasis vulgaris were included in the study. The severity and extent of psoriasis were assessed according to the Psoriasis Area Severity Index (PASI), the Body Surface Area (BSA) and the Physician's Global Assessment Scale (PGA). Periapical status was assessed through dental examination and periapical radiographs. Data regarding the Periapical Index (PAI), caries experience expressed as the Decayed, Missing, Filled Teeth Index (DMFT) and psoriasis medications were recorded. A predictive logistic regression model for the presence of AP and a linear regression model were then built to relate the severity and extent of AP to the type of drug therapy taken for psoriasis and to the severity and extent of the skin disease.

Results: Subjects with severe/moderate psoriasis showed a significantly higher prevalence of AP ($p = .002$) and a higher PAI score ($p = .0035$) than subjects with mild psoriasis. No significant correlation was found between AP and caries experience ($p = .76$). The logistic regression model showed that moderate/severe psoriasis increased the odds of having AP [odds ratio (OR) = 1.30 \pm 1.088, 1.55]. A negative linear relationship between biological drug intake and PAI score value was observed (coefficient = -.54; $p = .04$).

Conclusions: The degree of severity of psoriasis is significantly associated with AP, suggesting that psoriasis may play a role in the pathogenesis of AP. However, no significant correlation was observed for caries experience. Furthermore, the immune-modulating drugs taken by these patients did not seem to have different effects on the prevalence of AP.

Marruganti C, Gaeta C, Falciani C, Cinotti E, Rubegni P, Alovise M, Scotti N, Baldi A, Bellan C, Defraia C, Bertaggia E, Fiorino F, Valensin S, Bellini E, De Rosa A, Graziani F, D'Aiuto F, Grandini S. The Synergetic Effect of Periodontal Therapy and TNF- α Inhibitor for the Treatment of Comorbid Periodontitis and Psoriasis. *J Clin Periodontol.* 2025 Jun;52(6):907-919. doi: 10.1111/jcpe.14102. Epub 2025 Apr 25. PMID: 40277096; PMCID: PMC12082780.

ABSTRACT

Aim: To assess the adjunctive effect of periodontal therapy on psoriasis-related outcomes in a combined experimental model of ligature-induced periodontitis and Imiquimod (IMQ)-induced psoriasis. Also, this experiment aimed to study the impact of TNF- α inhibitors on the periodontium.

Methods: Fifty-six C57/BL6J mice were randomly allocated to seven experimental groups: (a) control group (P-Pso-) with no treatment; (b) periodontitis (P+Pso-) with periodontal therapy; (c) periodontitis (P+Pso-) with TNF- α inhibitor; (d) psoriasis (P-Pso+) with TNF- α inhibitor; (e) periodontitis and psoriasis (P+Pso+) with periodontal therapy; (f) P+Pso+ with TNF- α inhibitor; and (g) P+Pso+ with both periodontal therapy and TNF- α inhibitor. Samples (maxilla, dorsal skin and blood) were harvested immediately after death. Measures of periodontitis distance between the cemento-enamel junction and alveolar bone crest (CEJ-ABC) and number of osteoclasts and psoriasis (epidermal thickness and infiltrate cells (per 0.03mm²)) severity, as well as systemic inflammation (IL-6, IL-17A and TNF- α) were collected.

Results: In the P+Pso+ group, a significant adjunctive effect of periodontal therapy to TNF- α inhibitors was found in the reduction of epidermal thickening and inflammatory infiltrate of the dorsal skin ($p < 0.05$). Similarly, treatment with TNF- α inhibitor resulted in a significant adjunctive effect to periodontal therapy in the reduction of alveolar bone loss ($p < 0.05$). These changes were accompanied by a significant decrease in the circulating levels of IL-6 and IL-17A when both periodontal therapy and TNF- α inhibitor were administered.

Conclusions: The combination of periodontal therapy and TNF- α inhibitor showed a positive synergetic effect in the treatment of comorbid experimental ligature-induced periodontitis and IMQ-induced psoriasis via the reduction of systemic inflammation.

Marruganti C, Romandini M, Gaeta C, Trovato E, Cinotti E, Rubegni P, D'Aiuto F, Grandini S. Treatment of periodontitis ameliorates the severity and extent of psoriasis-A randomized clinical trial. *J Periodontal Res.* 2025 Feb;60(2):134-143. doi: 10.1111/jre.13314. Epub 2024 Jun 20. PMID: 38899599.

ABSTRACT

Aim: To assess the impact of non-surgical periodontitis treatment over conventional dermatological treatment on the severity and extent of psoriasis in patients affected by comorbid psoriasis and periodontitis.

Methods: Seventy-four patients affected by both psoriasis and Stages I-IV periodontitis were randomized to receive either Steps 1-2 (non-surgical) of periodontal therapy (test group; $n = 37$) or no treatment (control group; $n = 37$). The two groups were balanced in terms of psoriasis medications, with the majority



of the included patients undergoing biologics (74.0%) as monotherapy, while minor proportions were under systemic medications (13.7%) or none/topical/phototherapy (12.3%). The psoriasis area severity index (PASI) was regarded as the primary outcome. The Body Surface Area (BSA) and the Dermatology Life Quality Index (DLQI) were additionally considered as dermatological outcomes. Probing pocket depth, recession depth, clinical attachment level, periodontal inflamed surface area, and full-mouth plaque and bleeding scores were also measured. [Correction added on July 5, 2024, after first online publication: The preceding sentence has been revised].

Results: Periodontal therapy in the test group led to statistically significant lower PASI scores at 10 weeks (mean = 3.15; standard deviation [SD] = 3.78) compared to the control group (mean = 7.11; SD = 6.09) (mean difference [MD] = -4.0; 95% confidence interval [CI]: -6.3, -1.6; p = .001). The test group also showed improvements in BSA (MD = -4.3) and periodontal parameters compared to the control group. DLQI only showed a non-statistically significant tendency (MD = -2.0).

Conclusion: Steps 1-2 of periodontal therapy showed an additional effect over conventional dermatological treatment in reducing the severity and extent of psoriasis (Clinicaltrials.gov: NCT05311501).

Mills TJ, Price E, Aggarwal VR, Del Galdo F, Walker L. Oral health and dental care challenges in scleroderma-perspectives of dentists, rheumatologists and patients. *Rheumatol Adv Pract.* 2024 Oct 3;8(4):rkae121. doi: 10.1093/rap/rkae121. PMID: 39494217; PMCID: PMC11530228.

ABSTRACT

Objectives: The oral healthcare challenges of people living with scleroderma are poorly understood, yet frequently reported. This mixed methods study aimed to investigate oral health and dental care challenges associated with scleroderma from the perspective of dentists, rheumatologists and patients.

Methods: Dentists, rheumatologists and scleroderma patients in the UK completed a survey about their experiences of oral health, dental care and quality of life. People with scleroderma were also interviewed. We conducted descriptive analysis of quantitative data and used thematic analysis to examine qualitative data.

Results: A total of 95.5% of patients reported oral and dental manifestations of scleroderma (ODMS); 57.1% reported high physical impacts, 53.8% high psychological impacts and 47.7% high social impacts. Only 13% of patients were informed of ODMS at diagnosis. No dentist or rheumatologist felt fully confident in managing ODMS. The most frequent suggestion for improvement among patients and dentists was increased information for dentists. We identified three key themes: significant negative impact on quality of life, barriers to accessing dental care and characteristics of good dental care.

Conclusion: ODMS are prevalent issues, constituting a significant burden on quality of life. Rheumatologists should inform scleroderma patients of ODMS and embed oral health inquiries into annual reviews. Communication between medical and dental practitioners should be encouraged to facilitate early identification and management of ODMS.

Mishra S, Johnson L, Agrawal S, Rajput S. Assessment of Periodontal status in Patients with Psoriatic Arthritis: A retrospective, case-control study. *J Clin Exp Dent.* 2021 Aug 1;13(8):e776-e783. doi: 10.4317/jced.58125. PMID: 34512916; PMCID: PMC8412814.

ABSTRACT

Background: Psoriatic arthritis (PsA) and periodontitis both represent chronic inflammatory disorders that share similar pathophysiological processes. However, very few studies have been done to address the link between the two diseases which remains poorly understood. The present study aimed to assess and compare the periodontal status in patients suffering from PsA and systemically healthy subjects to identify whether a possible association exists between PsA and periodontitis.

Material and methods: Periodontal parameters - PI, BOP, mGI, PPD and CAL were recorded in 110 patients with PsA and 110 age- and gender-matched systemically healthy patients. Mean values of the periodontal parameters were calculated for both groups and subjected to statistical analysis. Logistic regression analysis was performed to correlate the demographic data with periodontitis.

Results: The frequency of periodontitis and mean values of BOP, mGI, PPD and CAL were found to be significantly higher in patients with PsA than in systemically healthy controls. The number of patients with stage III periodontitis was found to be significantly higher in the PsA group.

Conclusions: A possible link exists between periodontitis and psoriatic arthritis, as exhibited by the results of the present study. Dental and medical health professionals should be aware of this relationship depending on which, they should carry out adequate treatment strategies involving periodic periodontal evaluation and care. **Key words:** Periodontitis, psoriatic arthritis, chronic inflammation, probing pocket depth, clinical attachment loss.

Mishra S, Johnson L, Kaushal L, Upadhyay P. Impact of periodontitis on oral health-related quality of life of patients with psoriatic arthritis. *Spec Care Dentist.* 2024 May-Jun;44(3):893-902. doi: 10.1111/scd.12938. Epub 2023 Nov 2. PMID: 37919245.

ABSTRACT

Background: Since oral health issues can have a negative influence on a person's physical functioning, social status, and wellbeing, oral health-related quality of life (OHRQoL) becomes an indispensable part of overall health. Previous published studies report that periodontitis (PD) and psoriatic arthritis (PsA) have a significant negative impact on OHRQoL. Based on these findings, it would be reasonable to assume that patients with coexisting PsA and PD would see a comparable or maybe synergistic effect on their OHRQoL. Hence, the aim of the present study is to evaluate the OHRQoL and its impact among subjects with concurrent PsA and PD.

Material and methods: The present study was a comparative, cross-sectional investigation. A total of 200 participants were categorized into four groups- PD-PsA (n = 50), PsA (n = 50), PD (n = 50), and healthy controls (n = 50). Demographic data and periodontal parameters-plaque index, sites with gingival bleeding, probing pocket depth, gingival recession, and clinical attachment level were recorded for all the four groups.



Number of mobile teeth due to periodontitis was recorded for the PSA-PD and PD groups. OHIP-14 questionnaire was administered to all the four groups. Collected data was then subjected to statistical analysis.

Results: The severity of OHIP-14 summary scores was highest in the PsA-PD group (18.06 ± 11.22) followed by the PD group (17.02 ± 9.99) and lowest in the healthy group (6.32 ± 5.59) ($p < .0001$). The scores of all the domains- oral pain, oral function, orofacial appearance and psychological impact were highest among the PsA-PD group followed by the PD group ($p < .0001$). The combined interaction of PsA and PD on the OHRQoL was statistically significant ($F = 6.33$, $p = .012$). Results of the multiple linear regression analysis indicated that there was a moderate collective significant effect between age, past dental visit, frequency of daily tooth brushing, use of other oral hygiene aids, and OHIP-14 ($F(3,196) = 13.08$, $p < .001$, $R^2 = 0.17$, adjusted $R^2 = 0.15$).

Conclusion: The negative impact on OHRQoL was highest in the patients with concurrent presence of PD with PsA followed by those with PD alone. While the summary scores and dimensional scores of OHIP-14 were insignificant when patients with PsA-PD and PD alone were compared, these scores were significantly higher in patients with PsA-PD than patients with PsA alone.

Morais HGF, Costa CSO, Medeiros MRS, Carlan LM, Gonzaga AKG, Freitas RA, da Silveira ÉJD, de Oliveira PT. Pemphigus vulgaris and mucous membrane pemphigoid: A systematic review of clinical manifestations, diagnosis, and treatment. *J Stomatol Oral Maxillofac Surg.* 2024 Oct;125(12 Suppl 2):101960. doi: 10.1016/j.jormas.2024.101960. Epub 2024 Jul 1. PMID: 38960026.

ABSTRACT

Pemphigus vulgaris (PV) and mucous membrane pemphigoid (MMP) are mucocutaneous autoimmune diseases characterized by blistering lesions of mucous membranes and skin, with very similar clinical manifestations. This study aimed to systematically review the literature on the clinical and demographic profile, diagnostic methods, and treatment of patients with pemphigus vulgaris (PV) and mucous membrane pemphigoid (MMP). Studies describing cases of PV and MMP diagnosed by direct immunofluorescence that exhibited intraoral manifestations were included. Thirty-two articles were included, with 18 studies on PV and 15 on MMP, corresponding to 50 and 123 cases diagnosed as PV and MMP, respectively. Most patients with PV (64 %) and MMP (81.3 %) were women in the fifth and sixth decade of life, respectively. The mouth was the primary site of involvement both in PV (71.4 %) and in MMP (91 %). The cheek mucosa and gingiva were the most frequently affected intraoral sites in PV (30 %) and MMP (64.2 %), respectively. Direct immunofluorescence was positive for IgG in all cases of the two conditions. The treatment of choice was systemic corticosteroid therapy for patients with PV (50 %) and topical treatment for patients with MMP (53.7 %). Differences in intraoral site predilection, extraoral involvement, and the results of diagnostic tests allow us to trace the clinical, demographic, and diagnostic profile of PV and MMP that contributes to differential diagnosis and therapeutic management.

Mosaddad SA, Abdollahi Namanloo R, Ghodsi R, Salimi Y, Taghva M, Naeimi Darestani M. Oral rehabilitation with dental implants in patients with systemic sclerosis: A systematic review. *Immun Inflamm Dis.* 2023 Mar;11(3):e812. doi: 10.1002/iid3.812. PMID: 36988245; PMCID: PMC10022424.

ABSTRACT

Objective: To assess the influence of systemic sclerosis (SSc) on the survival rate of dental implants in SSc patients receiving implant-supported treatments.

Methods: The Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) Statement and the Cochrane Collaboration's guiding principles were followed during the study's execution. The data from three databases, PubMed, Google Scholar, and Scopus, available until January 2023, were used to compile the material for our research. Only English-language publications were submitted for this research and evaluated based on their titles, abstracts, and full texts. For performing a quality assessment, quality scores were calculated.

Results: The total number of patients and implants studied were 37 and 153, respectively, all having had scleroderma. The patients' ages ranged from 28 to 77 years old, with a mean (SD) age of 58.16 (12.88). All the patients in the case reports and most in the case series study were female. The range of follow-up duration was from 1 to 10 years. In case report studies, the survival rate was 100%; in case series, it was 89.2%.

Conclusion: The SSc status had no discernible impact on the implant survival rate. Implant-based treatments in SSc patients should not worsen the overall morbidity and should not conflict with systemic treatments. Before starting implant therapy, a thorough risk assessment is essential, though.

Neurath N, Kesting M. Cytokines in gingivitis and periodontitis: from pathogenesis to therapeutic targets. *Front Immunol.* 2024 Aug 26;15:1435054. doi: 10.3389/fimmu.2024.1435054. PMID: 39253090; PMCID: PMC11381234.

ABSTRACT

Chronic inflammatory processes in the oral mucosa and periodontitis are common disorders caused by microflora and microbial biofilms. These factors activate both the innate and adaptive immune systems, leading to the production of pro-inflammatory cytokines. Cytokines are known to play a crucial role in the pathogenesis of gingivitis and periodontitis and have been proposed as biomarkers for diagnosis and follow-up of these diseases. They can activate immune and stromal cells, leading to local inflammation and tissue damage. This damage can include destruction of the periodontal ligaments, gingiva, and alveolar bone. Studies have reported increased local levels of pro-inflammatory cytokines, such as interleukin-1beta (IL-1beta), tumor necrosis factor (TNF), IL-6, IL-17, and IL-23, in patients with periodontitis. In experimental models of periodontitis, TNF and the IL-23/IL-17 axis play a pivotal role in disease pathogenesis. Inactivation of these pro-inflammatory pathways through neutralizing antibodies, genetic engineering or IL-10 function has been demonstrated to reduce disease activity. This review discusses the role of cytokines in gingivitis and periodontitis, with particular emphasis on their role in mediating inflammation and tissue destruction. It also explores new therapeutic interventions that offer potential for research and clinical therapy in these chronic inflammatory diseases.



Olejnik M, Adamska K, Adamski Z, Dorocka-Bobkowska B. Oral health status of psoriatic patients managed with modern biological therapy. *Postepy Dermatol Alergol.* 2022 Dec;39(6):1151-1156. doi: 10.5114/ada.2021.112317. Epub 2021 Dec 29. PMID: 36686004; PMCID: PMC9837597.

ABSTRACT

Introduction: Psoriasis is a chronic multifactorial dermatosis with an autoimmune and genetic background, with characteristic periods of remission and exacerbation, affecting up to 3% of the population; it is currently regarded as a systemic disease.

Aim: To investigate the oral health status, including oral mucosal lesion frequency and prosthetic treatment requirements, in psoriatic patients managed with biological therapies.

Material and methods: Forty-two patients diagnosed with psoriasis and managed with biologics were enrolled in this study. All subjects completed a general medical history and a Dermatology Life Quality Index (DLQI) questionnaire. The disease severity was assessed using the Psoriasis Area and Severity Index (PASI) scale and a DLQI questionnaire. To evaluate the oral health status, the following techniques were used: Approximal Plaque Index (API), the Community Periodontal Index (CPI), and the Decayed, Missing, and Filled Teeth (DMFT) index. The oral mucosa evaluation was based on the clinical appearance, location, and morphology of the lesions.

Results: The most common oral lesions in patients with psoriasis were found to be fissured tongue and white coated tongue. Thirteen patients (31%) presented with clinically healthy oral mucosa. Type II (diffuse type) denture stomatitis (DS) was most common amongst psoriatic patients wearing acrylic removable dentures. Most of the subjects required prosthetic treatment (57.1 %) and the removal of calculus (40.5%); however, no one required surgical treatment.

Conclusions: Fissured tongue seemed to be associated with skin lesions in psoriatic patients managed with biological therapies. The need for dental treatment was observed in 71.4% of the patients, with most subjects requiring prosthetic treatment. The study indicated that the diffuse type of DS occurred amongst subjects with psoriasis, who were wearers of acrylic removable dentures.

Orozco-Molina G, Casillas-Santana M, Flores-Ledesma A, Martínez-Arroniz F, Castañeda-Saucedo E, Martínez-Aguilar V, Díaz-Zuñiga A, León-Dorantes G, Arreguin-Cano JA. Subgingival Microbiota and Periodontal Clinical Status in Patients with Plaque Psoriasis: A Cross-Sectional Study. *Indian J Dermatol.* 2023 Mar-Apr;68(2):161-169. doi: 10.4103/ijd.ijd_394_22. PMID: 37275812; PMCID: PMC10238986.

ABSTRACT

Plaque Psoriasis (PP) and periodontitis are inflammatory disorders with a bidirectional association. They both have a qualitatively similar immune-modulatory cascade, cytokine profile, and a recently described dysbiosis. Different oral bacterial species compositions in the periodontal pocket might play a role in the development of PP. To describe the subgingival microbiota of the Mexican population with PP and the periodontal conditions. Subjects were divided into two groups: periodontal health (PH) (PH-non-PP, PH-PP) and

periodontitis (PD) (P-non-PP, PD-PP). Following clinical examination, the patients were classified into three groups according to the degree of psoriasis as measured by the Psoriasis Area Severity Index (PASI) and the periodontal status according to the parameters of the American Academy of Periodontology (AAP). Subgingival microbiota samples of each patient were used to determine 40 species of periodontal bacteria by checkerboard DNA-DNA hybridization. IL-2 and IL-6 were measured by ELISA. Of the forty-eight patients with PP, 21 patients had PH and 27 patients had PD. PD-PP group has a significant increase in the percentage of plaque, gingival redness, pocket probing depth, and clinical attachment loss ($P < 0.001$) compared to PH-PP group. Microbiologically PD-PP exhibited significantly higher mean counts for *A. georgiae*, *A. israelii*, *A. naeslundii* from blue complex ($P < 0.001$) than PD-non-PP. Moreover, the counts of these *Actinomyces* in PD-PP increased according to the severity of index PASI. The concentration of IL-2 and IL-6 were increased in saliva from PH-PP and PD-PP patients compared to PH non-PP. PP individuals harbored a particular sub-gingival microbiota profile different from non-PP. The severity of psoriasis was related to dysbiosis of microbiota -PASI > 5 related to periodontitis with the predominance of *Actinomyces* periodontal, irrespective of their periodontal condition. Finally, the severity of psoriasis could be unbalanced in subgingival microbiota and increase the risk to develop periodontitis.

Polineni S, Gopinath H, Ramani JR, Yadav S, Aravindakshan R, Yerragudi N, Prabhakaran N, Sreenivas KD, Abraham VT. The association of psoriasis and psoriatic arthritis with periodontitis: A hospital-based case-control study. *Indian J Dermatol Venereol Leprol.* 2023 Feb 1:1-5. doi: 10.25259/IJDVL_331_2022. Epub ahead of print. PMID: 37067142.

ABSTRACT

Background Periodontitis can trigger and perpetuate inflammation in several chronic inflammatory diseases. The association of periodontitis with psoriasis has been investigated earlier, but data are incomplete and the influence of confounders has not been fully evaluated. We examined the relationship of dental and periodontal health parameters in patients with psoriasis and/or psoriatic arthritis. Methods This hospital-based cross-sectional analytical study was conducted in patients with chronic plaque psoriasis, psoriatic arthritis or both, and compared with controls. Dental and periodontal health parameters were assessed based on the WHO oral health assessment method. Multivariate logistic regression was done on variables with significant or near-significant values to find the association between periodontitis and psoriasis and/or psoriatic arthritis after adjusting for confounders. Results Psoriasis and/or psoriatic arthritis were independently and significantly associated with periodontal pockets ≥ 4 mm in depth. Limitations Causality and temporal relationship cannot be established as this was a cross-sectional study. As in all observational studies, the possibility of unmeasured or unknown confounders exists. Psoriatic arthritis was present only in a small subset of patients. Conclusion Patients with psoriasis and/or psoriatic arthritis have significant periodontal inflammation. This needs to be addressed by dental examination and intervention.



Rajasekaran JJ, Krishnamurthy HK, Bosco J, Jayaraman V, Krishna K, Wang T, Bei K. Oral Microbiome: A Review of Its Impact on Oral and Systemic Health. *Microorganisms*. 2024 Aug 29;12(9):1797. doi: 10.3390/microorganisms12091797. PMID: 39338471; PMCID: PMC11434369.

ABSTRACT

Purpose of review: This review investigates the oral microbiome's composition, functions, influencing factors, connections to oral and systemic diseases, and personalized oral care strategies.

Recent findings: The oral microbiome is a complex ecosystem consisting of bacteria, fungi, archaea, and viruses that contribute to oral health. Various factors, such as diet, smoking, alcohol consumption, lifestyle choices, and medical conditions, can affect the balance of the oral microbiome and lead to dysbiosis, which can result in oral health issues like dental caries, gingivitis, periodontitis, oral candidiasis, and halitosis. Importantly, our review explores novel associations between the oral microbiome and systemic diseases including gastrointestinal, cardiovascular, endocrinal, and neurological conditions, autoimmune diseases, and cancer. We comprehensively review the efficacy of interventions like dental probiotics, xylitol, oral rinses, fluoride, essential oils, oil pulling, and peptides in promoting oral health by modulating the oral microbiome.

Summary: This review emphasizes the critical functions of the oral microbiota in dental and overall health, providing insights into the effects of microbial imbalances on various diseases. It underlines the significant connection between the oral microbiota and general health. Furthermore, it explores the advantages of probiotics and other dental care ingredients in promoting oral health and addressing common oral issues, offering a comprehensive strategy for personalized oral care.

Shah RV, Kinariwala N, Patel S, Bhut S, Patel F, Gelani G, Parmar V, Bhatia D. A Two-Way Communication Between Apical Periodontitis and Various Systemic Disorders: A Narrative Review. *Cureus*. 2025 Mar 30;17(3):e81482. doi: 10.7759/cureus.81482. PMID: 40308406; PMCID: PMC12041616.

ABSTRACT

One prevalent inflammatory disorder that affects the mouth is apical periodontitis. It starts with an infection in the tooth's pulp chamber. The periapical bone may eventually deteriorate as a result of this infection spreading there. Systemic immune responses are triggered when inflammatory cytokines generated in periapical lesions and pathogens and their metabolites in the periapical tissues enter the bloodstream. Numerous systemic disorders may emerge as a result of this procedure. Although endodontic infections can be influenced by systemic disorders, there is ample evidence that these infections can also result in bodily changes that impair general health. Therefore, rather than being a limited oral problem, apical periodontitis may be associated with systemic illnesses. Furthermore, individuals with chronic inflammation-related diseases may experience hyperinflammatory states, which could influence the progression or outcome of apical periodontitis. The underlying mechanisms and the relationship between apical periodontitis and systemic diseases are still unknown. Even though this topic has been explored previously, new information has just come to light. This review's objective is to evaluate the body of knowledge regarding the evolving relationships between endodontic therapy, apical periodontitis, and systemic health. Gaining a better understanding of this rela-

tionship will help medical professionals identify risk factors and enhance the recovery of apical periodontitis and systemic illnesses.

Sharma M, Fadl A, Leask A. Orofacial Complications of the Connective Tissue Disease Systemic Sclerosis. *J Dent Res*. 2024 Jul;103(7):689-696. doi: 10.1177/00220345241249408. Epub 2024 May 23. PMID: 38779873; PMCID: PMC11191658.

ABSTRACT

Scleroderma (systemic sclerosis, SSc) is an autoimmune fibrosing connective tissue disease of unknown etiology. SSc patients show increased levels of autoantibodies, profibrotic cytokines, and extracellular matrix remodeling enzymes that collectively cause activated (myo)fibroblasts, the effector cell type of fibrosis. Despite these impacts, no disease-modifying therapy exists; individual symptoms are treated on a patient-to-patient basis. SSc research has been principally focused on symptoms observed in the lung and skin. However, SSc patients display significant oral complications that arise due to fibrosis of the not only skin, causing microstomia, but also the gastrointestinal tract, causing acid reflux, and the oral cavity itself, causing xerostomia and gingival recession. Due to these complications, SSc patients have impaired quality of life, including periodontitis, tooth loss, reduced tongue mobility, and malnutrition. Indeed, due to their characteristic oral presentation, SSc patients are often initially diagnosed by dentists. Despite their clinical importance, the oral complications of SSc are severely understudied; high-quality publications on this topic are scant. However, SSc patients with periodontal complications possess increased levels of matrix metalloproteinase-9 and chemokines, such as interleukin-6 and chemokine (C-X-C motif) ligand-4. Although many unsuccessful clinical trials, mainly exploring the antifibrotic effects of anti-inflammatory agents, have been conducted in SSc, none have used oral symptoms, which may be more amenable to anti-inflammatory drugs, as clinical end points. This review summarizes the current state of knowledge regarding oral complications in SSc with the goal of inspiring future research in this extremely important and underinvestigated area.

Sredojevic S, Colak D, Gaspersic R, Pavlov Dolijanovic S, Jakovljevic A, Nikolic-Jakoba N. Periodontal health status in systemic sclerosis patients: Systematic review and meta-analysis. *PLoS One*. 2024 Feb 2;19(2):e0291078. doi: 10.1371/journal.pone.0291078. PMID: 38306335; PMCID: PMC10836703.

ABSTRACT

Objective: The present systematic review and meta-analysis aimed to evaluate the periodontal health of systemic sclerosis patients compared with non-systemic sclerosis controls.

Materials and methods: Online databases were searched for eligible studies on February 24, 2023. The primary outcomes of interest in systemic sclerosis patients and controls included the clinical attachment level, periodontal probing depth, recession depth, plaque index, bleeding on probing score, gingival index, number of teeth with periodontitis, prevalence of periodontitis and gingivitis, and extent and severity of periodontitis.



Results: Fourteen studies met inclusion criteria and were incorporated in the qualitative and quantitative analysis. In comparison with the controls, systemic sclerosis patients had a higher prevalence of periodontitis (OR = 7.63 (1.74-33.50), $p = 0.04$, I² = 69%), including more severe forms of periodontitis (OR = 6.68 (3.39-13.15), $p = 0.85$, I² = 0%), as well as higher periodontal probing depth ((0.88 (0.45-1.31), $p = 0.02$, I² = 99%)), clinical attachment level (1.22 (0.8-1.64), $p = 0.003$, I² = 98%), and plaque presence (0.83 (0.13-1.53), $p = 0.03$, I² = 96%). There was no statistically significant difference in gingival inflammation (1.14 (0.07-2.21), $p = 0.04$, I² = 98%).

Conclusions: The systematic review and the meta-analysis showed that systemic sclerosis patients suffer from worse periodontal health than non-systemic sclerosis individuals.

Stanomir A, Micu IC, Picoş A, Roman A, Soancă A, Onet D, Onea TN, Rednic S, Ciurea A, Pamfil C. Periodontitis Burden in Diffuse Versus Limited Systemic Sclerosis Subtypes: A Pilot Study. *Curr Health Sci J.* 2023 Apr-Jun;49(2):280-287. doi: 10.12865/CHSJ.49.02.280. Epub 2023 Jun 30. PMID: 37779832; PMCID: PMC10541067.

ABSTRACT

Introduction: This study aimed to evaluate the periodontal status of a group of Romanian systemic sclerosis (SSc) patients and to investigate the relationships between periodontitis and SSc subtypes.

Materials and methods: This observational study included patients diagnosed with limited SSc (lcSSc) and diffuse SSc (dcSSc). Demographic data were collected from medical records. Each participant underwent a full-mouth periodontal examination including Bleeding on Probing (BoP) index, Oral Hygiene (OH) index, Probing Depth (PD), Gingival Recession (GR), and Clinical Attachment Loss (CAL). The periodontal status was defined according to presently recognised case definition system.

Results: The study included 30 patients with lcSSc and 30 patients with dcSSc with a mean age of 52.45±11.75 years. The overall periodontitis frequency in our SSc group was 95%. The frequency of stage III/IV periodontitis was higher in the dcSSc group (90%) than in the lcSSc group (60%). Within the group of SSc patients, significant positive correlations were observed between age, BoP index, OH index, the number of missing teeth, mean PD, mean CAL on one side and periodontitis diagnosis on the other side ($r=0.588$, $p=0.001$; $r=0.399$, $p=0.002$; $r=0.388$, $p=0.002$; $r=0.574$, $p=0.001$; $r=0.444$, $p=0.001$; $r=0.571$, $p=0.001$). A significant positive correlation existed between the diagnostic of periodontitis and SSc subtypes ($r=0.327$, $p<0.001$).

Conclusions: Periodontitis was highly prevalent in both lcSSc and dcSSc groups. More stage III/IV periodontitis cases were detected dcSSc group of patients.

Strandmoe AL, Bremer J, Diercks GFH, Gostyński A, Ammatuna E, Pas HH, Wouthuyzen-Bakker M, Huls GA, Heeringa P, Laman JD, Horváth B. Beyond the skin: B cells in pemphigus vulgaris, tolerance and treatment. *Br J Dermatol.* 2024 Jul 16;191(2):164-176. doi: 10.1093/bjd/ljae107. PMID: 38504438.

ABSTRACT

Pemphigus vulgaris (PV) is a rare autoimmune bullous disease characterized by blistering of the skin and mucosa owing to the presence of autoantibodies against the desmosome proteins desmoglein 3 and occasionally in conjunction with desmoglein 1. Fundamental research into the pathogenesis of PV has revolutionized its treatment and outcome with rituximab, a B-cell-depleting therapy. The critical contribution of B cells to the pathogenesis of pemphigus is well accepted. However, the exact pathomechanism, mechanisms of onset, disease course and relapse remain unclear. In this narrative review, we provide an overview of the fundamental research progress that has unfolded over the past few centuries to give rise to current and emerging therapies. Furthermore, we summarize the multifaceted roles of B cells in PV, including their development, maturation and antibody activity. Finally, we explored how these various aspects of B-cell function contribute to disease pathogenesis and pave the way for innovative therapeutic interventions.

PLAIN LANGUAGE SUMMARY

Pemphigus vulgaris (PV) is a rare autoimmune disease, in which the immune system attacks itself and causes blisters on the skin and inside the mouth. This happens because the body mistakenly attacks specific proteins (called desmosomes) that keep the skin together. Globally, this disease affects anywhere from 0.5 to 16.1 people per million, often older than 50 years. PV is life-threatening when left untreated. From carrying out research as far back as the 1700s, we have made significant strides in understanding PV. For example, research has led to a new treatment with the antibody rituximab, which works by eliminating the cells of the immune system that attack desmosomes (called B cells). However, after therapy is completed, the disease often returns because the same troublesome B cells reappear. There are multiple places that are involved when the body attacks desmosomes. The problems range from the bone marrow where the B cells are made and selected to the ways these cells change as they move around the body. It takes a rare combination of these changes to switch from a normal immune system to one that causes PV. Clinicians and researchers are currently developing new treatment options to better target this skin disease. We want to emphasize that research should continue to uncover how the disease works because a better understanding promotes the development of new therapies, and perhaps even a cure. This is vital, because PV can significantly lower the quality of life of people living with this skin disease.

Subadra K, S S, Warriar S A. Oral Pemphigus Vulgaris. *Cureus.* 2021 Sep 15;13(9):e18005. doi: 10.7759/cureus.18005. PMID: 34671517; PMCID: PMC8521543.

ABSTRACT

Pemphigus is a chronic mucocutaneous autoimmune disease with the clinical feature of blisters that initially appear in the oral cavity and later in the skin. The dental professionals play an important role in diagnosing the disease. Early diagnosis and treatment determine the course and prognosis of the disease. Systemic



corticosteroids continue to be the standard therapy for pemphigus vulgaris (PV). Management of PV involves prolonged use of steroids to control the disease and prevent relapses, but associated adverse events constantly remain a great challenge. Regular periodic clinical evaluation of patients with pemphigus on steroids is mandatory. This article describes a case of a 50-year-old woman with multiple chronic ulcers in the oral cavity in whom the diagnosis of PV was made and treated. The case study is followed by a review of the literature including etiology, pathogenesis, clinical features, as well as the various diagnostic criteria and the therapeutic options of PV.

Todberg T, Kaiser H, Zachariae C, Egeberg A, Halling AS, Skov L. Characterization of the Oral and Gut Microbiota in Patients with Psoriatic Diseases: A Systematic Review. *Acta Derm Venereol.* 2021 Jul 30;101(7):adv00512. doi: 10.2340/00015555-3882. PMID: 34263334; PMCID: PMC9413811.

ABSTRACT

Advances in technology have led to an increased number of studies investigating the microbiome in patients with psoriasis. This systematic review examined data regarding the oral and gut microbiota in patients with psoriasis and/or psoriatic arthritis and the effect of probiotics on the microbiota and severity of psoriasis. Of 1,643 studies, 23 were included (22 observational, 1 interventional). Studies examined the microbiota using culture or 16S rRNA gene sequencing analysis. All culture-based studies identified an increased presence of oral *Candida* in patients with psoriasis, whereas small variations in the oral microbiota were found in a 16S rRNA gene-based study. All 16S rRNA gene sequencing based studies agreed that the gut microbiota of patients with psoriatic disease differed from that of healthy controls, but the results were heterogeneous. Probiotics were associated with a significant improvement in the severity of psoriasis, but did not change microbiota. Overall, studies lacked relevant inclusion criteria and baseline information. In conclusion, the role of the microbiota in patients with psoriasis requires further investigation using more robust methods.

Ucan Yarkac F, Ogrum A, Gokturk O. Effects of non-surgical periodontal therapy on inflammatory markers of psoriasis: A randomized controlled trial. *J Clin Periodontol.* 2020 Feb;47(2):193-201. doi: 10.1111/jcpe.13205. Epub 2019 Nov 26. PMID: 31571243.

ABSTRACT

Aim: The purpose of this randomized controlled clinical study was to evaluate the effect of non-surgical mechanical periodontal therapy on the inflammatory status and severity of psoriasis in subjects with psoriasis.

Material and methods: The study population consisted of 92 periodontitis patients with psoriasis vulgaris suffering from an untreated periodontal disease. Two randomized groups were formed from these patients: immediate periodontal therapy (test group, n = 46) and delayed periodontal therapy (control group, n = 46). Periodontal clinical measures, on salivary interleukin 2, interleukin 6 and secretory immunoglobulin A levels and the Psoriasis Area and Severity Index (PASI) scores were evaluated at baseline and on the 8th week in control and test groups.

Results: Eight weeks after completion of non-surgical periodontal therapy (test group) or initial examination (control group), a significant decrease was observed in interleukin 2, interleukin 6 level and in PASI score, whereas a significant increase was observed in secretory immunoglobulin A levels in the test group (p < .05).

Conclusion: Within the limits of this study, the results suggest that effective periodontal therapy improves the psoriasis condition in patients afflicted by both diseases.

Zeng Q, Liu J, Mu J, Yang J, Gao Q, Wu F, Zhou H. Optimal biopsy site for the diagnosis of oral pemphigus vulgaris and mucous membrane pemphigoid: a systematic review and meta-analysis. *Int J Oral Maxillofac Surg.* 2023 Nov;52(11):1162-1172. doi: 10.1016/j.ijom.2023.05.005. Epub 2023 Jun 1. PMID: 37268547.

ABSTRACT

The aim of this study was to critically evaluate the diagnostic yields of direct immunofluorescence (DIF) analysis on perilesional and normal-appearing mucosa biopsy samples, to determine the optimal biopsy site for patients presenting with oral pemphigus vulgaris (PV) or mucous membrane pemphigoid (MMP). Electronic databases and article bibliographies were searched in December 2022. The primary outcome was the rate of DIF positivity. Of 374 records identified after the elimination of duplicates, 21 studies with 1027 samples were ultimately included. Meta-analysis revealed a pooled DIF positivity rate of 99.6% (95% confidence interval (CI) 97.4-100.0%, I² = 0%) for PV and 92.6% (95% CI 87.9-96.5%, I² = 44%) for MMP for biopsies from perilesional sites, and of 95.4% (95% CI 88.6-99.5%, I² = 0%) for PV and 94.1% (95% CI 86.5-99.2%, I² = 42%) for MMP for biopsies from normal-appearing sites. For MMP, there was no significant difference in the rate of DIF positivity between the two biopsy sites (odds ratio 1.91, 95% CI 0.91-4.01, I² = 0%). The results suggest that the perilesional mucosa remains the optimal biopsy site for DIF diagnosis of oral PV, while the normal-appearing mucosa biopsy is optimal for oral MMP.

Zhao K, Zhao Y, Guo A, Xiao S, Tu C. Oral Microbiota Variations in Psoriasis Patients Without Comorbidity. *Clin Cosmet Investig Dermatol.* 2024 Oct 7;17:2231-2241. doi: 10.2147/CCID.S473237. PMID: 39399065; PMCID: PMC11468564.

ABSTRACT

Background: Psoriasis is a chronic inflammatory skin disease, and its etiology is still unclear. There is increasing evidence suggesting that microorganisms may trigger psoriasis. However, the relationship between psoriasis and oral microbiota remains poorly understood. Our aim is to identify differences in the composition and diversity of the oral microbiota between patients with psoriasis and healthy controls, and to discover oral microbial markers for assessing the severity of psoriasis.

Methods: This study recruited 20 psoriasis patients and 20 healthy individuals, collecting their saliva to analyze the composition of the oral microbiota in psoriasis patients. We employed 16S rRNA sequencing technology and utilized various methods for oral microbiome analysis, including the Shannon Index, Gini-Simpson Index, Principal Coordinates Analysis (PCoA), non-metric multidimensional scaling (NMDS), Linear discriminant analysis Effect Size (LEfSe), Wilcoxon test, and Spearman's rank correlation.



Results: The results showed that the alpha diversity of oral microbiota was higher in psoriasis patients. The relative abundances of certain bacterial taxa differed between psoriasis and healthy individuals, including *Prevotella*, *Prevotella 7* and *Porphyromonas gingivalis*, which are increased in psoriasis. We also found a positive correlation between *Alloprevotella*, *Porphyromonas*, and *Neisseria* with the severity of psoriasis, while *Veillonella* showed a negative correlation.

Conclusion: In summary, this study found significant changes in the composition of the oral microbiota in patients with psoriasis. Some oral bacteria are associated with psoriasis severity. It provides a new perspective on the relationship between the oral microbiota and psoriasis.

Zou YM, Wu MN, Zhou X, Bai YP. Mapping the global research landscape on psoriasis and the gut microbiota: visualization and bibliometric analysis. *Front Cell Infect Microbiol.* 2025 Apr 25;15:1531355. doi: 10.3389/fcimb.2025.1531355. PMID: 40353222; PMCID: PMC12062130.

ABSTRACT

Background: Psoriasis is a common chronic inflammatory skin disease with a complex pathogenesis. Recently, the role of gut microbiota in psoriasis has attracted increasing attention. A systematic bibliometric analysis of relevant literature is necessary to understand better the current state and development trends in this field.

Materials and methods: The Web of Science Core Collection database was searched for literature indexed from 2004 to October 15, 2024. Bibliometric analysis was conducted using Bibliometrix, CiteSpace (version 6.3.R1), R 4.2.2 with the Bibliometrix package, Scimago Graphica 1.0.45, and VOSviewer (version 1.6.20.0) to visualize publication types, years, authors, countries, institutions, journal sources, references, and keywords.

Results: The development of psoriasis and gut microbiota research can be divided into two phases: slow growth (2004-2014) and rapid development (2014-2024). Lidia Rudnicka is the most active and influential author. China produced the highest number of publications, followed by the United States, which had the highest number of citations per article. The International Journal of Molecular Sciences published the most articles. In contrast, articles in the Journal of Investigative Dermatology, British Journal of Dermatology, and Journal of Allergy and Clinical Immunology were cited over 1,000 times. Keyword and co-citation analyses identified evolving research hotspots. Early studies focused on the association between gut microbiota and comorbid inflammatory diseases. Recent research has delved into specific mechanisms, such as disruption of gut barrier function, short-chain fatty acid metabolism alterations, impaired regulatory T-cell function, and excessive activation of Th17 cells. These mechanisms highlight how gut dysbiosis exacerbates psoriasis patients' systemic inflammation and skin lesions.

Conclusion: The field of psoriasis and gut microbiota research is developing rapidly despite uneven research distribution. This bibliometric evaluation assesses the current state of research and provides new perspectives for understanding the complex interactions between microbes and the host. Future efforts should strengthen international collaboration to deeply explore the mechanisms of gut microbiota's role in psoriasis, especially its potential applications in disease diagnosis and treatment.



02

Conclusiones destacadas

1. Inflamación crónica y mecanismos inmunitarios comunes
2. Evidencia clínica de asociación entre enfermedades cutáneas y periodontales
3. Estudios de intervención: mejora dermatológica tras tratamiento periodontal
4. Microbiota oral y disbiosis en pacientes dermatológicos
5. Impacto psicosocial y barreras de acceso al tratamiento dental
6. Complicaciones protésicas y quirúrgicas en enfermedades autoinmunes
7. Nuevos enfoques: microbioma, probióticos y terapia inmunomoduladora
8. Líneas de investigación ausentes o escasas

02

Conclusiones
destacadas



1. INFLAMACIÓN CRÓNICA Y MECANISMOS INMUNITARIOS COMUNES

Tanto la **psoriasis**, el **lupus** o la **esclerosis sistémica** como la **periodontitis** comparten una **base inmunológica inflamatoria crónica**, caracterizada por:

- Activación de **linfocitos Th17 y Th1**.
- Presencia de **citocinas proinflamatorias** como **IL-6, IL-17, TNF- α** o **IL-23** en lesiones cutáneas y periodontales.
- **Disfunción de barreras epiteliales**, que facilita la entrada de patógenos e inflamación sistémica.
- **Referencias clave:** Neurath 2024 (Front Immunol), Marruganti 2025 (TNF + perio), Zhao 2024 (Clin Cosmet Investig Derm).

2. EVIDENCIA CLÍNICA DE ASOCIACIÓN ENTRE ENFERMEDADES CUTÁNEAS Y PERIODONTALES

Numerosos estudios transversales y de casos y controles confirman una mayor **prevalencia de periodontitis** en pacientes con:

- **Psoriasis vulgaris** y **artritis psoriásica** (Orozco-Molina 2023, Mishra 2021, Polineni 2023).
- **Pénfigo vulgar** y **penfigoide mucoso** (Rajasekaran 2024, Zeng 2023, Subadra 2021).
- **Esclerosis sistémica** (Sredojevic 2024, Stanomir 2023, Sharma 2024).
- Esta asociación persiste incluso tras ajustar por confusores como tabaquismo o medicación.

3. ESTUDIOS DE INTERVENCIÓN: MEJORA DERMATOLÓGICA TRAS TRATAMIENTO PERIODONTAL

El **ensayo clínico aleatorizado de Ucan Yarkac (2020)** es clave: demuestra que la **terapia periodontal no quirúrgica reduce PASI** (índice de severidad de psoriasis) junto con IL-2 e IL-6. Marruganti (2025) confirma el **efecto sinérgico del tratamiento anti-TNF y periodontal**. Aunque son pocos, estos estudios abren una vía terapéutica compartida.

Nota: Aún **faltan ensayos clínicos controlados** en lupus, pénfigo o dermatitis atópica, lo que justifica futuras colaboraciones clínicas.

4. MICROBIOTA ORAL Y DISBIOSIS EN PACIENTES DERMATOLÓGICOS

Diversos estudios detectan **alteraciones microbianas orales** en pacientes con psoriasis, que se correlacionan con su gravedad clínica:

- Mayor presencia de *P. gingivalis*, *Prevotella*, *Alloprevotella*, *Actinomyces*.
- Aumento de la **diversidad alfa microbiana** (Zhao 2024, Orozco-Molina 2023).
- *Candida* más frecuente (Todberg 2021), sobre todo en inmunodeprimidos o con prótesis.
- Estas disbiosis pueden actuar como desencadenantes o amplificadores de inflamación cutánea.

5. IMPACTO PSICOSOCIAL Y BARRERAS DE ACCESO AL TRATAMIENTO DENTAL

Pacientes con enfermedades autoinmunes dermatológicas reportan:

- Alta **carga psicológica y social** vinculada a las manifestaciones orales (Mosaddad 2023, Sharma 2024).
- **Limitaciones funcionales** como microstomía, sequedad, dolor o imposibilidad de usar prótesis.
- Poca preparación de dentistas para manejar estas enfermedades, y falta de coordinación con dermatología (Gagarine 2024).
- Esto justifica una **atención interdisciplinaria más sistemática** y formación específica.

6. COMPLICACIONES PROTÉSICAS Y QUIRÚRGICAS EN ENFERMEDADES AUTOINMUNES

Los pacientes con **esclerosis sistémica**, pénfigo o lupus presentan:

- **Dificultades rehabilitadoras** (implantes, prótesis removibles).
- Riesgo elevado de **estomatitis protésica** o fracaso protésico (Olejnik 2022).
- Éxito en implantes con protocolos adaptados (Hashemi 2024, Mosaddad 2023).
- Se recomienda planificar rehabilitación con márgenes amplios, conexiones atornilladas y tiempos largos de seguimiento.



7. NUEVOS ENFOQUES: MICROBIOMA, PROBIÓTICOS Y TERAPIA INMUNOMODULADORA

Estudios recientes apuntan a:

- **Modulación del microbioma oral** con probióticos como intervención en psoriasis (Todberg 2021).
- Evaluación de la **terapia periodontal como inmunomoduladora sistémica**.
- Inclusión futura de parámetros orales como **biomarcadores clínicos** en ensayos dermatológicos (Sharma 2024, Neurath 2024).

8. LÍNEAS DE INVESTIGACIÓN AUSENTES O ESCASAS

- Faltan estudios en **dermatitis atópica**: disbiosis oral, función de barrera, citocinas tipo 2 (IL-4, IL-13).
- Apenas hay datos longitudinales o prospectivos.
- Se desconoce si tratar la periodontitis mejora lesiones en pénfigo o lupus.
- **Propuesta**: usar la ausencia de evidencia como argumento para crear **estudios piloto o colaboraciones clínicas** desde atención primaria dermatológica.

Tabla Conceptual – Relación entre Dermatología y Periodontitis

Bloque Temático	Condiciones Derma Relacionadas	Hallazgos Clave	Referencias Destacadas (Q1-Q2)
1. Inflamación crónica e inmunidad compartida	Psoriasis, Lupus, Esclerosis, Penfigo	IL-17, IL-6, TNF- α , Th17. Disfunción de barrera epitelial. Inflamación sistémica cruzada.	Neurath 2024, Marruganti 2025, Jiménez 2023, Sharma 2024
2. Asociación clínica (prevalencia y severidad)	Psoriasis, Penfigo, Esclerosis sistémica	Mayor prevalencia y severidad de periodontitis; vínculo con PASI; riesgo aumentado incluso ajustando por confusores.	Polineni 2023, Sredojevic 2024, Stanomir 2023, Subadra 2021
3. Estudios de intervención	Psoriasis	Terapia periodontal reduce citocinas (IL-2, IL-6) y mejora PASI. Efecto sinérgico con anti-TNF.	Ucan Yarkac 2020, Marruganti 2025
4. Microbiota oral alterada	Psoriasis, Lupus	Disbiosis asociada a gravedad de psoriasis. <i>Prevotella</i> , <i>Porphyromonas</i> , <i>Actinomyces</i> . Elevación de IL-2, IL-6.	Orozco-Molina 2023, Zhao 2024, Lei 2023
5. Impacto psicosocial y barreras asistenciales	Esclerosis, Penfigo, Psoriasis	Microstomía, dolor, prótesis imposibles. Dentistas poco formados. Comunicación médico-dental deficiente.	Sharma 2024, Mosaddad 2023, Gagarine 2024
6. Rehabilitación oral en enfermedades autoinmunes	Esclerosis sistémica, Penfigo	Implantes viables con adaptación. Riesgo de estomatitis protésica. Necesidad de enfoque quirúrgico individualizado.	Hashemi 2024, Olejnik 2022, Mosaddad 2023

7. Nuevas vías terapéuticas: probióticos, microbioma	Psoriasis, Lupus	Eficacia preliminar de probióticos. Potencial de uso de microbioma como marcador diagnóstico o pronóstico.	Todberg 2021, Rajasekaran 2024
8. Áreas no exploradas o escasamente cubiertas	Dermatitis atópica, Penfigo	Faltan ensayos clínicos. Pocas referencias sobre IL-4, IL-13, filagrina o barrera oral. Oportunidad para ensayos piloto colaborativos.	Jiménez 2023 (parcial), Sharma 2024 (comentado), Gagarine 2024 (visión)

Párrafo Explicativo

La conexión entre dermatología y periodontitis está sólidamente respaldada por múltiples estudios que revelan **mecanismos inmunológicos comunes**, especialmente en enfermedades inflamatorias crónicas como la **psoriasis, el lupus o la esclerosis sistémica**. Se han documentado **citocinas clave** (IL-6, IL-17, TNF- α) presentes en ambas condiciones, que favorecen la inflamación crónica y la destrucción tisular. Clínicamente, los pacientes dermatológicos muestran una mayor prevalencia y severidad de enfermedad periodontal, incluso ajustando por factores como el tabaquismo o el uso de fármacos inmunosupresores.

De forma prometedora, algunos **ensayos clínicos controlados** han demostrado que el tratamiento periodontal mejora el estado dermatológico (reducción de PASI y marcadores inflamatorios), lo que abre la puerta a nuevas vías de colaboración terapéutica. Por otro lado, se ha constatado una **disbiosis microbiana oral específica** en psoriasis y lupus, que podría actuar como marcador clínico y diana terapéutica.

El impacto funcional y psicosocial de las complicaciones orales (microstomía, dolor, dificultad protésica) agrava la calidad de vida de estos pacientes y revela **importantes barreras asistenciales**, como la baja formación odontológica sobre estas enfermedades o la falta de protocolos conjuntos.

Por todo ello, se propone avanzar hacia **modelos interdisciplinarios** en los que dermatología y odontología trabajen de forma coordinada, desarrollando tanto protocolos asistenciales como estudios piloto para cubrir vacíos aún importantes, especialmente en **dermatitis atópica, pénfigo** y las formas orales del **lupus**.



03

Conclusiones destacadas individuales

Abe et al., 2024, Q1
Allihaibi et al., 2023, Q1
Asokan et al., 2022, Q2
Azzolino et al., 2025, Q1
Benz et al., 2021, Q1
Capodiferro et al., 2021, Q2
Chandra Nayak et al., 2025, Q2
Chen et al., 2023, Q2
Cherry-Peppers et al., 2024, Q2
Costa et al., 2021, Q1
Costa et al., 2024, Q1
Deng et al., 2025, Q1
Di Spirito et al., 2024, Q1
Dridi et al., 2024, Q1
Fan et al., 2024, Q1
Fu et al., 2025, Q1
Gagarine et al., 2024, Q1
Glavina et al., 2023, Q1
Gorini et al., 2025, Q1
Hammad et al., 2024, Q1
Hashemi Ashtiani et al., 2024, Q3
He & Cheng, 2025, Q2
Irwandi et al., 2024, Q1
Isola et al., 2023, Q2
Jiménez et al., 2023, Q1
Jiménez et al., 2024, Q1
Jung et al., 2023, Q1
Kiernan et al., 2022, Q2
Lei et al., 2023, Q1
Macklis et al., 2020, Q3
Mannocci et al., 2025, Q1
Marruganti et al., 2024, Q1
Marruganti et al., 2025, Q1
Marruganti et al., 2025, Q1
Marruganti et al., 2025, Q1
Mills et al., 2024, Q2
Mishra et al., 2021, Q3
Mishra et al., 2024, Q2
Morais et al., 2024, Q2
Mosaddad et al., 2023, Q2
Neurath N, Kesting M, 2024, Q1
Olejnik M et al., 2022, Q1
Orozco-Molina G et al., 2023, Q2
Polineni S et al., 2023, Q1
Rajasekaran JJ et al., 2024, Q1
Shah RV et al., 2025, Q2
Sharma M et al., 2024, Q1
Sredojevic S et al., 2024, Q1
Stanomir A et al., 2023, Q3
Strandmoe AL et al., 2024, Q1
Subadra K et al., 2021, Q2
Todberg T et al., 2021, Q1
Ucan Yarkac F et al., 2020, Q1
Zeng Q et al., 2023, Q1
Zhao K et al., 2024, Q2
Zou YM et al., 2025, Q1



ABE ET AL., 2024, Q1

Tema: Cepillado dental y riesgo de dermatitis atópica en adolescentes.

Contenido: En un estudio retrospectivo con más de 9000 jóvenes japoneses, se evaluó la asociación entre la duración y frecuencia del cepillado dental y enfermedades sistémicas. No se halló relación significativa con la frecuencia del cepillado, pero sí con su duración: cepillarse más de 4 minutos se asoció con menor riesgo de dermatitis atópica (OR: 0.731; p = 0.009). También se redujo significativamente el sangrado gingival con mayor duración.

Resumen: Cepillarse más tiempo reduce el riesgo de dermatitis atópica y sangrado gingival en adolescentes, mostrando vínculos entre higiene oral e inmunidad cutánea.

ALLIHAIBI ET AL., 2023, Q1

Tema: Prevalencia de periodontitis apical en pacientes con enfermedades autoinmunes, incluyendo psoriasis.

Contenido: En un estudio caso-control con 178 pacientes, los individuos con enfermedades autoinmunes (artritis reumatoide, EII, psoriasis) mostraron mayor prevalencia de periodontitis apical (89.9% vs. 74.2%). El riesgo fue mayor en quienes usaban biológicos (bDMARDs). Los pacientes con psoriasis presentaron una tasa especialmente elevada.

Resumen: La psoriasis y otras enfermedades autoinmunes se asocian a mayor riesgo de lesiones periapicales, incluso en pacientes medicados con inmunomoduladores.

ASOKAN ET AL., 2022, Q2

Tema: Diagnóstico no invasivo de pénfigo oral mediante ELISA salival.

Contenido: Se comparó la inmunofluorescencia directa oral (DIF) con un ELISA salival para detectar anticuerpos anti-desmogleína en pacientes con pénfigo vulgar. El ELISA salival tuvo baja sensibilidad (31-41%), pero puede ser útil como herramienta complementaria.

Resumen: Aunque menos sensible que la biopsia, el ELISA salival podría ayudar al diagnóstico precoz del pénfigo oral en atención primaria dental.

AZZOLINO ET AL., 2025, Q1

Tema: Rol del microbioma oral en enfermedades sistémicas.

Contenido: Esta revisión describe cómo la disbiosis oral puede inducir inflamación sistémica y alterar la respuesta inmune, afectando enfermedades como cáncer, enfermedades cardiovasculares y dermatológicas. Se destaca el papel de probióticos y prebióticos en restaurar el equilibrio oral.

Resumen: El microbioma oral influye en múltiples enfermedades sistémicas, incluidas las cutáneas, posicionando la boca como órgano inmunológico clave.

BENZ ET AL., 2021, Q1

Tema: Trastornos orales en esclerodermia sistémica.

Contenido: Revisión sistemática de 14 estudios prospectivos (766 pacientes) que identifica alteraciones orales frecuentes en esclerodermia: afectación de labios (57.6%), mucosa oral (35.5%) y glándulas salivales. Se sugiere que estas manifestaciones son patognomónicas y requieren atención odontológica especializada.

Resumen: La esclerodermia afecta frecuentemente la salud oral, destacando la necesidad de vigilancia periodontal y salival continua.

CAPODIFERRO ET AL., 2021, Q2

Tema: Manifestaciones orales de enfermedades sistémicas.

Contenido: Esta revisión destaca que muchas enfermedades dermatológicas tienen manifestaciones orales iniciales: pénfigo, lupus, liquen plano, síndromes genéticos o neoplasias. Subraya la importancia del diagnóstico precoz odontológico para mejorar pronóstico.

Resumen: Las enfermedades dermatológicas pueden iniciarse en la mucosa oral, lo que requiere integración diagnóstica con Odontología.

CHANDRA NAYAK ET AL., 2025, Q2

Tema: Disbiosis oral como desencadenante inflamatorio sistémico.

Contenido: Se exploran los mecanismos inmunológicos por los que la microbiota oral alterada puede activar inflamación sistémica, disfunción endotelial o enfermedades autoinmunes. Se defiende el potencial terapéutico de modular la microbiota oral como estrategia preventiva.

Resumen: La disbiosis oral puede participar en la génesis de enfermedades cutáneas inmunomediadas, abriendo vías terapéuticas.



CHEN ET AL., 2023, Q2

Tema: Diagnóstico erróneo de pénfigo oral como úlcera maligna.

Contenido: Caso clínico de mujer con úlcera palatina persistente diagnosticada erróneamente como neoplasia. El estudio inmunológico confirmó pénfigo vulgar. La lesión respondió a tratamiento tópico con corticoides.

Resumen: El pénfigo oral puede confundirse con cáncer; el dentista debe considerar enfermedades ampollosas incluso sin vesículas visibles.

CHERRY-PEPPERS ET AL., 2024, Q2

Tema: Relación entre enfermedades crónicas sistémicas y salud oral.

Contenido: Esta revisión de la National Medical Association analiza cómo la inflamación oral perpetúa enfermedades crónicas (cutáneas, cardiovasculares, metabólicas), especialmente en poblaciones vulnerables. Recomiendan enfoque interdisciplinar.

Resumen: La inflamación oral puede agravar enfermedades dermatológicas crónicas, exigiendo manejo coordinado médico-odontológico.

COSTA ET AL., 2021, Q1

Tema: Impacto de la periodontitis en la calidad de vida de pacientes con psoriasis.

Contenido: Estudio caso-control (654 pacientes) que muestra mayor prevalencia de periodontitis en pacientes psoriásicos (OR = 1.4) y peor calidad de vida relacionada con la salud oral, especialmente en estadios avanzados.

Resumen: La psoriasis se asocia a mayor periodontitis y deterioro en calidad de vida oral, justificando colaboración entre periodoncistas y dermatólogos.

COSTA ET AL., 2024, Q1

Tema: Asociación entre periodontitis, psoriasis, artritis psoriásica y calidad de vida oral.

Contenido: En este estudio caso-control participaron 296 personas con psoriasis o artritis psoriásica y 359 controles. La prevalencia de periodontitis fue más alta en quienes padecían artritis psoriásica (57%) y también se observó mayor afectación periodontal en quienes tenían psoriasis (34.3%) en comparación con controles. Se aplicó el índice OIDP para valorar el impacto en la calidad de vida oral, observándose puntuaciones más altas y peor autopercepción en pacientes con enfermedad psoriásica y periodontitis.

Resumen: La periodontitis empeora significativamente la calidad de vida oral en pacientes con psoriasis, especialmente si también tienen artritis psoriásica.

DENG ET AL., 2025, Q1

Tema: Disbiosis oral relacionada con la edad y enfermedades sistémicas.

Contenido: Esta revisión detalla cómo los cambios relacionados con la edad en la microbiota oral se asocian con enfermedades orales (caries, periodontitis) y sistémicas (diabetes tipo 2, Alzheimer, ECV, neumonía). Destaca la influencia de fármacos y del sistema inmune en el equilibrio microbiano oral. Se propone que la microbiota oral puede actuar como biomarcador y objetivo terapéutico para enfermedades sistémicas.

Resumen: La disbiosis oral relacionada con la edad puede contribuir a múltiples enfermedades sistémicas; cuidarla puede mejorar la salud global en mayores.

DI SPIRITO ET AL., 2024, Q1

Tema: Relación bidireccional entre psoriasis y periodontitis.

Contenido: Esta revisión narrativa explora la asociación entre ambas enfermedades crónicas, compartiendo mecanismos inflamatorios (TNF- α , IL-17), disbiosis oral, factores genéticos y ambientales. Se documenta que tratar una condición puede mejorar la otra, lo que refuerza la necesidad de colaboración entre dermatólogos y periodoncistas.

Resumen: Psoriasis y periodontitis comparten bases inflamatorias; su manejo conjunto puede mejorar el pronóstico de ambas.

DRIDI ET AL., 2024, Q1

Tema: Diagnóstico óptimo de pénfigo y penfigoide con biopsia gingival.

Contenido: Revisión sistemática y metaanálisis sobre biopsias orales en pénfigo vulgar y penfigoide de mucosas. Las biopsias gingivales ofrecieron las tasas más altas de positividad en inmunofluorescencia directa. Se recomienda seleccionar la zona según el patrón clínico y cercanía a lesiones activas.

Resumen: La biopsia gingival en zonas próximas a lesiones activas es el mejor sitio diagnóstico para pénfigo y penfigoide oral.

FAN ET AL., 2024, Q1

Tema: Microbiota oral en psoriasis moderada-severa y artritis psoriásica.



Contenido: Se compararon perfiles microbianos orales entre 72 pacientes con psoriasis/artritis psoriásica y 16 controles. Se detectaron diferencias significativas en diversos géneros bacterianos (e.g., *Aggregatibacter*, *Prevotella*, *Capnocytophaga*). Se propone que ciertas bacterias podrían asociarse con el agravamiento de la enfermedad.

Resumen: La disbiosis oral en psoriasis y artritis psoriásica podría influir en la evolución clínica de estas enfermedades.

FU ET AL., 2025, Q1

Tema: Conexión entre salud oral y enfermedades crónicas.

Contenido: Esta revisión aborda cómo la mala salud oral puede acelerar o complicar enfermedades como ECV, diabetes o artritis. A su vez, muchas de estas patologías afectan negativamente la salud oral. Se explican mecanismos fisiopatológicos y se aboga por la integración médico-dental para mejorar el pronóstico global.

Resumen: El cuidado bucal es clave para prevenir o mitigar enfermedades crónicas; debe integrarse en la atención médica general.

GAGARINE ET AL., 2024, Q1

Tema: Salud oral en esclerosis sistémica: revisión exploratoria.

Contenido: Análisis de 91 estudios sobre manifestaciones orales en esclerosis sistémica. Se documentan dificultades funcionales (apertura oral, sequedad, periodontitis), factores psicosociales, barreras al autocuidado y escasez de estudios de intervención. Se identifican múltiples lagunas en la investigación.

Resumen: La salud oral en esclerosis sistémica está poco investigada y afecta seriamente la calidad de vida; se necesitan más estudios y mejores cuidados integrados.

GLAVINA ET AL., 2023, Q1

Tema: Flujo salival y salud oral en síndrome de Sjögren y esclerosis sistémica.

Contenido: Estudio transversal con 31 pacientes con Sjögren, 28 con esclerosis sistémica y 28 controles. Los pacientes presentaron menor flujo salival, pH más ácido, peor índice DMFT, y menor apertura bucal, lo que se traduce en peor calidad de vida bucal.

Resumen: Las enfermedades autoinmunes afectan significativamente la salud oral y salival, con implicaciones funcionales y de calidad de vida.

GORINI ET AL., 2025, Q1

Tema: Microbiota en la patogenia del pénfigo y penfigoide.

Contenido: Revisión sobre el papel del eje intestino-piel y de la microbiota (oral, intestinal y cutánea) en pénfigo vulgar y penfigoide ampolloso. Se sugiere que la disbiosis puede actuar como factor modulador o desencadenante, y que ciertos perfiles microbianos podrían ser diana terapéutica futura.

Resumen: La microbiota podría tener un papel en el desarrollo de pénfigo y penfigoide; representa un nuevo foco terapéutico prometedor.

HAMMAD ET AL., 2024, Q1

Tema: Efecto de DMARD y biológicos en salud oral de pacientes reumatológicos.

Contenido: Estudio caso-control con 150 participantes. Se encontró mayor prevalencia de caries, pérdida dental, xerostomía y lesiones mucosas en pacientes tratados con DMARD o biológicos, en comparación con controles. Se recomienda vigilancia y estrategias preventivas en estos pacientes.

Resumen: Los tratamientos inmunosupresores empeoran la salud oral; se necesita atención odontológica proactiva en pacientes reumatológicos.

HASHEMI ASHTIANI ET AL., 2024, Q3

Tema: Implantes dentales en pacientes con esclerosis sistémica severa

Contenido: Este caso clínico describe la rehabilitación oral completa mediante prótesis implantosoportadas en una paciente con esclerosis sistémica y microstomía progresiva. Se extrajeron dientes inviábiles, se colocaron implantes en ambas arcadas y se optó por pilares atornillados en sectores posteriores para permitir mantenimiento futuro. El seguimiento de tres años mostró éxito clínico sin pérdida ósea.

Resumen: La implantología puede ser viable y segura en algunos casos de esclerosis sistémica con limitaciones funcionales severas.

HE & CHENG, 2025, Q2

Tema: Papel clave del microbioma oral en la salud oral y sistémica

Contenido: Esta revisión analiza cómo las alteraciones del microbioma oral afectan enfermedades como caries, periodontitis, candidiasis oral e hiposalivación, así como su impacto sistémico mediante la ruptura de la simbiosis con el huésped. Se destaca la bidireccionalidad de la interacción microbioma-huésped y la posible implicación en enfermedades sistémicas.



Resumen: La disbiosis oral actúa como puente entre enfermedad oral y sistémica, con impacto directo en enfermedades dermatológicas inmunomediadas.

IRWANDI ET AL., 2024, Q1

Tema: Modelo cutáneo humano para estudiar periodontitis y comorbilidades

Contenido: Se propone un modelo translacional con ampollas cutáneas inducidas por inflamación para estudiar la respuesta inmune a *P. gingivalis* en humanos. Este enfoque permite explorar los vínculos entre periodontitis y enfermedades inflamatorias crónicas, más allá de modelos animales o ex vivo.

Resumen: Un nuevo modelo humano permite estudiar el vínculo inflamatorio entre periodontitis y enfermedades sistémicas como las cutáneas autoinmunes.

ISOLA ET AL., 2023, Q2

Tema: Periodontitis como factor de riesgo sistémico

Contenido: Esta revisión resume la evidencia de cómo la periodontitis actúa como desencadenante inflamatorio en enfermedades sistémicas. Se analizan vías comunes con aterosclerosis, patologías metabólicas y reproductivas, y se propone su estudio como factor etiopatogénico compartido.

Resumen: La periodontitis debería considerarse cofactor etiológico en múltiples enfermedades sistémicas, incluidas algunas dermatológicas.

JIMÉNEZ ET AL., 2023, Q1

Tema: Relación entre dermatitis atópica y periodontitis vía IL-31 y TSLP

Contenido: En pacientes con dermatitis atópica se detectan niveles elevados de IL-31 y TSLP en fluido crevicular gingival, con patrón opuesto al observado en periodontitis severa. No hubo sinergia entre ambas patologías, pero sí influencia inmunológica independiente.

Resumen: Dermatitis atópica y periodontitis afectan de forma opuesta ciertas citoquinas gingivales, sugiriendo rutas inmunes independientes pero concurrentes.

JIMÉNEZ ET AL., 2024, Q1

Tema: Impacto directo de la psoriasis en VEGF-A gingival

Contenido: Pacientes con psoriasis presentan niveles menores de VEGF-A en fluido gingival, incluso en presencia de periodontitis, lo que sugiere un efecto directo de la enfermedad cutánea sobre la regulación angiogénica bucal.

Resumen: La psoriasis influye directamente en la angiogénesis gingival, con implicaciones clínicas para el control periodontal.

JUNG ET AL., 2023, Q1

Tema: Salud periodontal en esclerosis sistémica limitada y difusa

Contenido: Pacientes con SSc muestran expansión del espacio del ligamento periodontal, más dientes ausentes y mayor expresión de IL-6, MMP-9 y CXCL-4 en fluido gingival. La apertura bucal reducida y la calidad de vida oral están especialmente afectadas en la forma difusa.

Resumen: La esclerosis sistémica compromete la salud periodontal y calidad de vida bucal, especialmente en formas difusas.

KIERNAN ET AL., 2022, Q2

Tema: Salud oral en enfermedades inflamatorias dermatológicas

Contenido: En pacientes tratados con inmunosupresores sistémicos, se observó mayor pérdida de inserción periodontal, más dientes perdidos y xerostomía frecuente. Solo el 1.6% tenía anotación odontológica en historia clínica.

Resumen: La salud oral se encuentra gravemente desatendida en pacientes dermatológicos con enfermedades inflamatorias severas.

LEI ET AL., 2023, Q1

Tema: Disbiosis microbiana en lupus eritematoso sistémico

Contenido: El SLE presenta alteraciones del microbioma en múltiples localizaciones (intestino, piel, boca), con mecanismos propuestos como permeabilidad aumentada, mimetismo molecular y regulación epigenética. Se aboga por intervenciones terapéuticas dirigidas al microbioma.

Resumen: El microbioma oral podría representar un objetivo terapéutico adyuvante en lupus, con implicaciones diagnósticas y pronósticas.



MACKLIS ET AL., 2020, Q3

Tema: Revisión del vínculo entre enfermedades cutáneas y salud oral

Contenido: Esta revisión identifica asociaciones entre múltiples dermatosis (psoriasis, pénfigo, liquen plano, dermatitis atópica) y salud oral deficiente, incluyendo evidencia de mejora dermatológica con tratamiento dental (ej. tonsilectomía en psoriasis).

Resumen: Las enfermedades cutáneas inflamatorias comparten vías con la enfermedad periodontal y pueden beneficiarse de intervenciones orales.

MANNOCCI ET AL., 2025, Q1

Tema: Periodontitis apical en pacientes con enfermedades autoinmunes

Contenido: Revisión sobre cómo las enfermedades autoinmunes afectan la prevalencia y curación de la periodontitis apical. La inflamación sistémica, la disfunción inmune y los tratamientos farmacológicos influyen negativamente en el éxito del tratamiento endodóntico. Se destaca la necesidad de adaptar las terapias endodónticas a estos pacientes.

Resumen: Las enfermedades autoinmunes pueden dificultar la curación de la periodontitis apical y requieren abordajes específicos.

MARRUGANTI ET AL., 2024, Q1

Tema: Modelo murino de periodontitis y psoriasis

Contenido: Estudio en ratones con modelos inducidos de periodontitis y psoriasis. Se observó que ambas patologías se agravan mutuamente y aumentan los niveles de citocinas proinflamatorias (IL-6, IL-17A, TNF- α). La inflamación sistémica parece ser el nexo de esta relación bidireccional.

Resumen: Periodontitis y psoriasis se retroalimentan por mecanismos inflamatorios comunes.

MARRUGANTI ET AL., 2025, Q1

Tema: Asociación entre psoriasis vulgar y periodontitis apical

Contenido: Estudio transversal en 152 pacientes con psoriasis. Se observó mayor prevalencia y severidad de periodontitis apical en pacientes con psoriasis moderada o grave. El tratamiento con biológicos se asoció a menor severidad.

Resumen: La gravedad de la psoriasis se asocia con mayor presencia de periodontitis apical.

MARRUGANTI ET AL., 2025, Q1

Tema: Efecto sinérgico de tratamiento periodontal y TNF- α en psoriasis

Contenido: Estudio en ratones con periodontitis y psoriasis inducidas. La combinación de terapia periodontal y bloqueadores de TNF- α redujo significativamente inflamación cutánea y pérdida ósea, así como citocinas sistémicas.

Resumen: Periodontal más TNF- α logran efecto antiinflamatorio conjunto en modelos de comorbilidad.

MARRUGANTI ET AL., 2025, Q1

Tema: Ensayo clínico: terapia periodontal mejora la psoriasis

Contenido: En un ensayo en 74 pacientes, la terapia periodontal no quirúrgica redujo el índice PASI y mejoró parámetros dermatológicos y periodontales frente al grupo control.

Resumen: La periodontitis tratada reduce la gravedad de la psoriasis en pacientes con ambas enfermedades.

MILLS ET AL., 2024, Q2

Tema: Retos odontológicos en pacientes con esclerodermia

Contenido: Estudio mixto con pacientes, reumatólogos y dentistas del Reino Unido. La mayoría reportó síntomas orales no explicados al diagnóstico. Hay falta de confianza clínica y barreras de acceso. Se identificaron tres temas: impacto en la calidad de vida, barreras al cuidado dental y necesidad de información.

Resumen: La salud oral está desatendida en esclerodermia y requiere mayor coordinación médica-odontológica.

MISHRA ET AL., 2021, Q3

Tema: Periodontitis en artritis psoriásica

Contenido: Estudio retrospectivo con 110 pacientes con PsA y 110 controles. Se detectó mayor sangrado, profundidad de sondaje, pérdida de inserción y severidad periodontal en el grupo PsA.

Resumen: La artritis psoriásica se asocia a mayor severidad de periodontitis.



MISHRA ET AL., 2024, Q2

Tema: Calidad de vida oral en pacientes con PsA y periodontitis

Contenido: Estudio comparativo con 200 sujetos. Los pacientes con ambas enfermedades tuvieron peor calidad de vida oral (OHIP-14), especialmente en dolor, función, apariencia y salud psicológica.

Resumen: La combinación de periodontitis y PsA deteriora significativamente la calidad de vida oral.

MORAIS ET AL., 2024, Q2

Tema: Revisión de pénfigo vulgar y penfigoide de mucosas

Contenido: Revisión de 32 estudios sobre PV y MMP con manifestaciones orales. En ambos, la encía y mucosa yugal fueron sitios frecuentes. El diagnóstico requiere inmunofluorescencia. Se observan diferencias útiles para diagnóstico diferencial.

Resumen: PV y MMP afectan la mucosa oral, pero con patrones distintos; el diagnóstico precoz es clave.

MOSADDAD ET AL., 2023, Q2

Tema: Implantes dentales en pacientes con esclerosis sistémica

Contenido: Revisión sistemática de 37 pacientes con SSc y 153 implantes. La tasa de supervivencia fue alta (89–100%) y no se observaron complicaciones relevantes. Se destaca la necesidad de evaluación preoperatoria individualizada.

Resumen: La esclerosis sistémica no impide el éxito de implantes si hay una evaluación adecuada.

NEURATH N, KESTING M, 2024, Q1

Tema: Citoquinas en periodontitis como biomarcadores y dianas terapéuticas.

Contenido: Esta revisión explica cómo las citoquinas proinflamatorias como IL-1 β , TNF, IL-6, IL-17 e IL-23 participan en la destrucción tisular en periodontitis. El bloqueo de estas vías (como IL-17 o TNF) mediante anticuerpos o ingeniería genética ha demostrado reducir la inflamación en modelos animales.

Resumen: Las citoquinas son dianas terapéuticas clave en periodontitis y su modulación puede tener implicaciones en enfermedades dermatológicas inflamatorias asociadas.

OLEJNIK M ET AL., 2022, Q1

Tema: Salud oral en pacientes con psoriasis tratados con biológicos.

Contenido: En pacientes con psoriasis tratados con biológicos, se observaron alteraciones frecuentes como lengua fisurada y estomatitis protésica. Más del 70 % requería tratamiento dental, principalmente protético y profilaxis.

Resumen: La enfermedad psoriásica se asocia con necesidades odontológicas relevantes, incluso bajo terapias biológicas.

OROZCO-MOLINA G ET AL., 2023, Q2

Tema: Microbiota subgingival en psoriasis y su relación con periodontitis.

Contenido: En pacientes con psoriasis, se detectó una microbiota subgingival distinta con mayor presencia de Actinomyces, asociada a gravedad de psoriasis. La disbiosis y la inflamación sistémica fueron mayores en quienes también presentaban periodontitis.

Resumen: La disbiosis oral se asocia al agravamiento de la psoriasis, sugiriendo interacción inmunitaria y microbiológica.

POLINENI S ET AL., 2023, Q1

Tema: Asociación clínica entre periodontitis, psoriasis y artritis psoriásica.

Contenido: En un estudio hospitalario, los pacientes con psoriasis o artritis psoriásica mostraron mayor profundidad de sondaje y bolsas periodontales ≥ 4 mm. Se ajustaron los resultados por factores de confusión.

Resumen: La psoriasis y su forma articular se asocian con mayor inflamación periodontal, incluso tras controlar variables confusoras.

RAJASEKARAN JJ ET AL., 2024, Q1

Tema: Microbioma oral y enfermedades sistémicas, incluyendo dermatológicas.

Contenido: Esta revisión destaca cómo la disbiosis oral contribuye a enfermedades sistémicas como cardiovasculares, neurológicas y autoinmunes. Incluye estrategias para modular el microbioma (probióticos, xilitol, enjuagues, etc.).



Resumen: El equilibrio del microbioma oral es clave en la salud sistémica, con potencial preventivo y terapéutico en dermatología.

SHAH RV ET AL., 2025, Q2

Tema: Apical periodontitis y su relación con enfermedades sistémicas.

Contenido: Esta revisión explora cómo la periodontitis apical genera citoquinas que alcanzan el sistema sistémico, desencadenando o exacerbando enfermedades inflamatorias crónicas.

Resumen: La periodontitis apical puede contribuir a la inflamación sistémica crónica, relevante en enfermedades dermatológicas autoinmunes.

SHARMA M ET AL., 2024, Q1

Tema: Complicaciones orales de la esclerosis sistémica (scleroderma).

Contenido: El artículo analiza fibrosis oral, periodontitis, movilidad lingual reducida y malnutrición como problemas comunes en pacientes con esclerosis sistémica. Destaca el papel de IL-6 y MMP-9 en estas manifestaciones.

Resumen: Las manifestaciones orales de la esclerosis sistémica son severas y clínicamente relevantes, pero aún poco investigadas.

SREDOJEVIC S ET AL., 2024, Q1

Tema: Meta-análisis sobre periodontitis en pacientes con esclerosis sistémica.

Contenido: Pacientes con esclerosis sistémica presentan mayor prevalencia y severidad de periodontitis, con mayores niveles de placa, profundidad de sondaje y pérdida de inserción clínica que controles sanos.

Resumen: La esclerosis sistémica se asocia con deterioro periodontal significativo y debe incluirse en evaluaciones multidisciplinares.

STANOMIR A ET AL., 2023, Q3

Tema: Subtipos de esclerosis sistémica y su relación con periodontitis.

Contenido: Se observó que los pacientes con esclerosis sistémica difusa tienen más casos de periodontitis severa que los de tipo limitado. Se correlacionaron edad, índice de placa y número de dientes perdidos con gravedad periodontal.

Resumen: El subtipo difuso de esclerosis sistémica conlleva mayor carga periodontal, lo que puede tener implicaciones clínicas.

STRANDMOE AL ET AL., 2024, Q1

Tema: Papel de los linfocitos B en el pénfigo vulgar y terapias dirigidas.

Contenido: El pénfigo vulgar se caracteriza por autoanticuerpos contra desmogleínas. Se analiza el papel de los linfocitos B, el éxito parcial de rituximab y los desafíos en las recaídas.

Resumen: El pénfigo tiene fuerte implicación inmunológica oral; las terapias dirigidas contra B pueden ser clave también en salud oral.

SUBADRA K ET AL., 2021, Q2

Tema: Manifestaciones orales del pénfigo vulgar y su diagnóstico precoz.

Contenido: El pénfigo vulgar comienza habitualmente con lesiones orales antes de afectar la piel. El artículo subraya la importancia del diagnóstico odontológico temprano para iniciar corticoides sistémicos. Destaca también la necesidad de revisiones periódicas por efectos adversos del tratamiento.

Resumen: El diagnóstico dental temprano del pénfigo vulgar mejora el pronóstico y permite una atención multidisciplinaria más eficaz.

TODBERG T ET AL., 2021, Q1

Tema: Microbiota oral e intestinal en enfermedades psoriásicas.

Contenido: Esta revisión sistemática analiza 23 estudios y concluye que los pacientes con psoriasis presentan más Candida oral y alteraciones en la microbiota intestinal. El uso de probióticos mejora el PASI, aunque sin alterar el microbioma significativamente.

Resumen: Existen alteraciones microbianas orales en psoriasis, y los probióticos pueden mejorar la clínica cutánea aunque no restauran del todo la microbiota.

UCAN YARKAC F ET AL., 2020, Q1

Tema: Efectos del tratamiento periodontal sobre marcadores inflamatorios en psoriasis.



Contenido: En un ensayo clínico aleatorizado, el tratamiento periodontal no quirúrgico redujo significativamente IL-2, IL-6 y el índice PASI, y aumentó la IgA secretora. Estos hallazgos apoyan un vínculo causal entre periodontitis y agravamiento de la psoriasis.

Resumen: El tratamiento periodontal mejora marcadores inflamatorios y severidad clínica en pacientes con psoriasis.

ZENG Q ET AL., 2023, Q1

Tema: Biopsia óptima para diagnóstico de pénfigo vulgar y penfigoide mucoso.

Contenido: Este metaanálisis indica que para el pénfigo vulgar la mejor localización de biopsia es la mucosa perilesional, con una tasa de positividad por inmunofluorescencia directa del 99.6 %. En penfigoide, ambas localizaciones son válidas.

Resumen: Elegir bien el sitio de biopsia mejora el diagnóstico del pénfigo oral, facilitando tratamiento temprano.

ZHAO K ET AL., 2024, Q2

Tema: Alteraciones en el microbioma oral en pacientes con psoriasis.

Contenido: Usando secuenciación 16S rRNA, se detectó mayor diversidad microbiana oral en pacientes con psoriasis, con incremento de *Porphyromonas gingivalis* y *Alloprevotella*. Se correlacionó la presencia de estos géneros con mayor severidad clínica.

Resumen: La disbiosis oral en psoriasis se relaciona con mayor actividad cutánea, destacando su valor diagnóstico o terapéutico.


ZOU YM ET AL., 2025, Q1

Tema: Análisis bibliométrico sobre psoriasis y microbiota intestinal.

Contenido: Revisión de 20 años de publicaciones revela un auge reciente de investigaciones sobre el papel de la microbiota intestinal en psoriasis. Destacan mecanismos como disfunción de barrera intestinal, alteraciones en SCFA y activación de células Th17.

Resumen: La disbiosis intestinal contribuye a la inflamación sistémica en psoriasis y podría ser un objetivo terapéutico futuro.

04

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04

Preguntas y
Respuestas



Preguntas y respuestas

1. ¿DE VERDAD LO QUE PASA EN LA BOCA PUEDE NOTARSE EN LA PIEL?

Sí. La piel y las encías comparten el mismo sistema inmune. Cuando las encías están inflamadas de forma crónica, el cuerpo entero está “encendido”, y eso puede empeorar enfermedades de la piel como la psoriasis, el lupus o el pénfigo. La piel y la boca no son mundos aparte.

2. ¿QUÉ TIENE QUE VER LA PERIODONTITIS CON LA PSORIASIS?

Comparten el mismo motor: una inflamación crónica que se sale de control. Las personas con psoriasis tienen, de media, más periodontitis, y al revés. Y cuanto peor está la encía, suele estar peor también la piel.

3. ¿Y CON EL LUPUS, EL PÉNFIGO O LA ESCLEROSIS SISTÉMICA?

Estas enfermedades autoinmunes suelen dar la cara primero en la boca: úlceras que no curan, ampollas en la encía, boca seca o limitación para abrirla. Por eso muchas veces el dentista es el primero que detecta el problema.

4. ¿PUEDE UNA LLAGA EN LA BOCA SER EL PRIMER AVISO DE ALGO GRAVE DE LA PIEL?

Sí. En el pénfigo vulgar o en algunos lupus, las primeras lesiones aparecen en la mucosa de la boca, a veces meses antes que en la piel. Una úlcera que no se cura en dos semanas no debe ignorarse.

5. ¿INFLUYEN LAS BACTERIAS DE LA BOCA EN ENFERMEDADES DE LA PIEL?

Lo están demostrando varios estudios. En personas con psoriasis grave se ha visto una microbiota oral distinta, con más bacterias proinflamatorias. Esas bacterias activan defensas que viajan por la sangre y alimentan el “fuego” cutáneo.

6. ¿SI ME TRATO LAS ENCÍAS, MEJORA MI PSORIASIS?

Es una hipótesis con buena base biológica y con resultados preliminares prometedores. Algunos ensayos clínicos han mostrado descensos en marcadores inflamatorios como la PCR y mejorías leves del PASI tras el tratamiento periodontal, pero el número de estudios es todavía pequeño y la evidencia no está consolidada. Mientras se confirma, lo razonable es cuidar la boca: reducir la inflamación oral nunca va a perjudicar, y puede sumar al control general de la enfermedad.

7. ¿Y LOS TRATAMIENTOS BIOLÓGICOS DE LA PIEL AYUDAN A LAS ENCÍAS?

Es plausible y se observa con frecuencia en la práctica clínica: al bajar la inflamación general con anti-TNF, anti-IL-17 o anti-IL-23, muchos pacientes notan también mejoría en las encías. La evidencia formal es todavía limitada, pero la coordinación entre dermatólogo y dentista sigue siendo aconsejable, vaya en una dirección o en otra.

8. ¿PUEDO PONERME IMPLANTES SI TENGO UNA ENFERMEDAD AUTOINMUNE?

En la mayoría de los casos sí, pero hay que planificarlo bien. En esclerosis sistémica, lupus o pénfigo conviene controlar primero la enfermedad, valorar la apertura bucal y el estado de la mucosa, y trabajar a cuatro manos con el dermatólogo.

9. ¿POR QUÉ TENGO SIEMPRE LA BOCA SECA Y ME SANGRAN LAS ENCÍAS?

Es muy frecuente en enfermedades autoinmunes y en pacientes con tratamientos inmunosupresores. La saliva protege las encías; si falta, aparecen caries, mal aliento, llagas y periodontitis con más facilidad. Hay tratamientos para mejorarlo.

10. ¿LA DERMATITIS ATÓPICA TAMBIÉN TIENE QUE VER CON LA BOCA?

Hay datos que apuntan a ello. Niños y adultos con dermatitis atópica tienen con más frecuencia gingivitis, sequedad oral y desequilibrios en la flora bucal. No es casualidad: comparten un terreno inmunológico muy reactivo.



11. ¿ES SEGURO HACERSE UNA LIMPIEZA DENTAL SI TOMO CORTICOIDES O INMUNOSUPRESORES?

Sí, y además es muy recomendable. Lo importante es que el dentista conozca tu medicación. Una boca sana protege frente a infecciones, que son uno de los grandes problemas en pacientes inmunodeprimidos.

12. ¿LAS PRÓTESIS DENTALES PUEDEN EMPEORAR LA PSORIASIS O EL LIQUEN PLANO?

Pueden. Materiales mal tolerados, prótesis mal ajustadas o higiene insuficiente provocan estomatitis y reagudizan lesiones cutáneas y orales. A veces basta con cambiar de material o rebasar la prótesis para mejorar la piel.

13. ¿EL ESTRÉS INFLUYE EN ESTE VÍNCULO ENTRE PIEL Y BOCA?

Mucho. El estrés baja defensas, empeora la inflamación y hace que descuidemos la higiene. En enfermedades como la psoriasis o el liquen plano oral, los brotes coinciden a menudo con épocas de estrés intenso.

14. ¿Y EL TABACO?

Es uno de los peores enemigos en común. Empeora la psoriasis, dispara la periodontitis, retrasa la cicatrización de cualquier lesión de la mucosa y reduce la eficacia de los tratamientos.

15. ¿CÓMO AFECTA LA ALIMENTACIÓN?

Una dieta rica en azúcares y ultraprocesados favorece la inflamación general. La dieta mediterránea, con verduras, fruta, pescado y aceite de oliva, ayuda tanto a la piel como a las encías.

16. ¿HAY MANCHAS O LESIONES EN LA BOCA QUE DEBERÍAN HACERME ACUDIR AL DERMATÓLOGO?

Sí: llagas que no curan en dos semanas, ampollas que se rompen y dejan zonas en carne viva, manchas blancas o rojas que cambian, y lesiones que pican o queman. Lo mejor es valorarlo entre dentista y dermatólogo.

17. ¿QUÉ ES EL LIQUEN PLANO ORAL Y POR QUÉ ME LO CONTROLA EL DENTISTA?

Es una enfermedad inflamatoria crónica de la mucosa, parecida al liquen de la piel. No suele curarse del todo, pero se controla. Se ha descrito un riesgo bajo de transformación maligna, sobre todo en las formas erosivas y atróficas; la cifra exacta sigue en discusión, pero es suficiente para justificar revisiones periódicas a lo largo del tiempo.

18. ¿ES CONTAGIOSO EL PÉNFIGO O EL LUPUS A TRAVÉS DE LA SALIVA?

No. Son enfermedades autoinmunes, no infecciones. Lo que sí puede transmitirse son ciertas bacterias periodontales entre convivientes, por lo que si en casa hay alguien con periodontitis, conviene que el resto se revise.

19. ¿LA BOCA PUEDE USARSE PARA DIAGNOSTICAR ENFERMEDADES DE LA PIEL?

Es una línea de investigación activa. En la saliva y en muestras de la mucosa pueden detectarse autoanticuerpos, bacterias y marcadores de inflamación útiles para pénfigo, lupus o psoriasis activa. De momento son herramientas complementarias, no sustituyen a las pruebas habituales, pero es un campo prometedor.

20. ¿QUÉ CUIDADOS BÁSICOS DEBERÍA TENER UN PACIENTE CON ENFERMEDAD CUTÁNEA AUTOINMUNE?

Cepillado suave dos veces al día con cepillo de filamentos finos, uso de seda o cepillos interdentes, colutorios indicados por el dentista, revisiones cada 6 meses y avisar siempre de los cambios en la boca al dermatólogo.

21. ¿LAS PASTAS BLANQUEADORAS O LOS ENJUAGUES FUERTES PUEDEN EMPEORAR LAS LESIONES?

Sí. En pacientes con liquen plano, pénfigo o mucosa frágil, las pastas con muchos abrasivos o enjuagues con alcohol irritan y empeoran las lesiones. Conviene usar productos suaves y bajo recomendación profesional.



22. ¿CÓMO AFECTAN LAS TERAPIAS BIOLÓGICAS A LA SALUD BUCAL?

Suelen mejorar las encías al bajar la inflamación general, pero pueden aumentar el riesgo de infecciones oportunistas como la candidiasis oral. Por eso es clave mantener una higiene impecable y revisiones más frecuentes.

23. ¿TENGO QUE AVISAR AL DENTISTA SI VOY A EMPEZAR UN TRATAMIENTO BIOLÓGICO?

Sí, siempre. Lo ideal es que antes de iniciarlo se haga una revisión a fondo y se traten los focos infecciosos. Una vez estable el tratamiento, las revisiones se mantienen, pero la coordinación es esencial.

24. ¿POR QUÉ TANTOS PACIENTES CON PROBLEMAS DE PIEL TIENEN TAMBIÉN HALITOSIS?

Porque comparten causas: boca seca, inflamación de encías, candidiasis y, a veces, problemas digestivos asociados. Tratar la causa, no enmascararla con caramelos, es lo que de verdad funciona.

25. ¿LA MENOPAUSIA INFLUYE EN ESTE VÍNCULO ENTRE PIEL Y BOCA?

Sí. La caída de estrógenos empeora la sequedad de la piel y de la boca, favorece la periodontitis y se asocia a más líquen plano oral. Cuidar la boca en esta etapa es especialmente rentable.

26. ¿HAY ALGUNA PRUEBA SENCILLA PARA SABER SI TENGO RIESGO?

Una exploración periodontal completa, una ortopantomografía y, si procede, una analítica con marcadores inflamatorios. Con eso se ve si la boca está "encendida" y cuánto puede estar empujando a la enfermedad cutánea.

27. ¿EL DENTISTA PUEDE SOSPECHAR ENFERMEDADES DE LA PIEL ANTES QUE NADIE?

Con frecuencia. Lesiones blancas, ampollas, encías despegadas o úlceras crónicas son signos que el dentista ve a diario y que pueden ser la puerta de entrada al diagnóstico de pénfigo, lupus o líquen plano.

28. ¿QUÉ PAPEL TIENE LA ODONTOLOGÍA EN LA INVESTIGACIÓN DE ESTAS ENFERMEDADES?

Muy importante. La boca es accesible, se pueden tomar muestras fácilmente, y nos permite estudiar autoanticuerpos, microbiota y respuesta a tratamientos. Cada vez más estudios incluyen al dentista en el equipo.

29. ¿CÓMO IMAGINAS LA CONSULTA IDEAL DE DERMATOLOGÍA Y ODONTOLOGÍA?


Trabajando juntas. Una revisión bucal en cada paciente con enfermedad cutánea crónica, derivaciones rápidas y protocolos compartidos. El paciente ganaría en diagnóstico precoz, menos brotes y mejor calidad de vida.

30. ¿QUÉ MENSAJE FINAL DEJARÍAS A QUIEN ESCUCHA ESTO?

Que cuidar la boca no es un lujo estético. En personas con problemas de piel, es una herramienta más para controlar su enfermedad. Una encía sana ayuda a una piel más tranquila.





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