CROHN’S DISEASE AND ORAL HEALTH:

Crohn’s disease is an ongoing disorder that causes inflammation of the digestive tract, also referred to as the gastrointestinal (GI) tract. Crohn’s disease can affect any area of the GI tract, from the mouth to the anus, but it most commonly affects the lower part of the small intestine, called the ileum. The swelling extends deep into the lining of the affected organ, causing pain and frequent emptying of the intestines, resulting in diarrhea.

The oral cavity may exhibit signs such as:

- **Aphthous ulcers** (i.e. “canker sores”) have an incidence = 10-20%.
- **Mucosal fissures and nodules** in the buccal mucosa (i.e. cheek lining), vestibules (i.e. space between the cheek and gum), and lips, where it produces a “cobblestone effect”.
- **Recurrent Oral Stomatitis** - Inflammation of the mucous lining of any of the structures in the mouth, which may involve the cheeks, gums, tongue, lips, throat, and roof or floor of the mouth. The most common findings are:
  - Persistent lip swelling.
  - Vertical fissures on the lips.
  - Erythema (i.e. redness) around the mouth.
- **Glossitis** – Inflammation of the tongue which may cause swelling and a change in color.
  - Oral lesions characteristic of stomatitis and glossitis are usually due to malnutrition and subsequent vitamin deficiency.
- **Gingival Erythema & Hyperplasia** – Diffuse, red, granular enlargement of the gums.
- **Decayed teeth** – Since subclinical zinc deficiency reduces taste perception for sweetness, an increased intake of sucrose has been reported in patients with Crohn’s disease.
- **Cervicofacial lymphadenopathy** – Swelling of the lymph nodes of the head and neck.
- **Pyostomatitis vegetans** – Rare manifestation characterized by multiple 2-3 mm pustules in the oral cavity that eventually ulcerate and form abscesses.

**DENTAL MANAGEMENT AND RECOMMENDATIONS:**

- Meticulous oral hygiene including diligent brushing and flossing.
- Professional teeth cleanings every 4-6 months.
- High strength fluoride toothpaste (Prevident 5000) and fluoride rinse (ACT) if decay is problematic.
- Systemic steroids or topical steroid treatment as needed to resolve oral symptoms and discomfort.
- Healthy diet supplemented with vitamins and/or minerals as recommended by physician.

*** Because oral manifestations of Crohn's appear so often in advance of intestinal problems, it has been suggested that patients with oral symptoms typical of Crohn's be monitored for future gastrointestinal symptoms, so diagnosis and treatment can occur at the earliest possible stage of the disease.