Unexpected Good Condition of Theeth in Young Patients Suffering from Rheumatic Fever

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Rheumatic fever (RF) means the complication of an infection caused by beta-hemolytic streptococci of the group A (Lancefield). Usually, the streptococcal infection concerns the pharynx and determines the acute angina, but more seldom it may have other localizations: dental, sinusal, otitic and so on. The stomatologic control of patients suffering from RF has in view the hunting out and reclamation of dental infections which are sometimes involved in the determination of the disease. The bacterial flora of the dental infection is dominated by the alpha-hemolytic immunologic interferences with the beta-hemolytic streptococci [1–5].

The clinical examination of patients suffering from RF (most of them from our department) pointed to an apparently paradoxical aspect, as most of them had indiginated or almost indiginated teeth, in comparison with the majority of persons of the same age. The examination covers, of course, only young rheumatics, since the ageing shall inevitably drive a series of factors having negative impact on their teeth (for example pregnancy). The "pearly" teeth of some female patients suffering from RF, seeming to evoke the commercial advertisement for tooth paste, were entitled to suggest the following hypothesis: the absence of dental infections (or their reduced frequency) discloses a certain immunitary "virginity" against the streptococcal antigens. Upon the basis of the immunologic "disarmament" the angina with beta-hemolytic streptococci may have a particular pathologic echo and structure, matched on sex and age groups.

In order to check up this hypothesis, we examined the condition of the teeth of a control group of 105 patients with RF and its cardiac complication. The clinical examination of patients suffering from RF means the complication of an infection caused by beta-hemolytic streptococci of the group A (Lancefield). Usually, the streptococcal infection concerns the pharynx and determines the acute angina, but more seldom it may have other localizations: dental, sinusal, otitic and so on. The stomatologic control of patients suffering from RF has in view the hunting out and reclamation of dental infections which are sometimes involved in the determination of the disease. The bacterial flora of the dental infection is dominated by the alpha-hemolytic immunologic interferences with the beta-hemolytic streptococci [1–5].

The present examination makes up an indirect argument in favour of the accomplishment of an efficient streptococcal vaccine, able to prevent the RF disease, the prophylaxis of which is taxed this present time by the necessity of administering a long cure of benzatin-penicillin G [8].

The results of the stomatologic examination were synthetically expressed by the aid of the following formula:

\[
\text{A} = \frac{1}{2} \times (\text{No. of decayed teeth} + \text{No. of absent teeth}) + \text{No. of indiginated teeth + No. of almost indiginated teeth}
\]

Therefore, dental infections, in spite of the numerous negative effects on the condition of health, seem to play a part similar to a vaccine, which increases the resistance against being taken ill from RF through the agency of many possible mechanisms:

- particular anatomical conditions of dental infections which allow a more reduced sanguine absorption of germs and catching toxins, encouraging this way their immunizing effects;
- stimulative role of pain on the immune answer;
- immunologic training of patients predisposed to RF contributing to the alleviation phenomena by increasing the capacity of antigenic discrimination.

The present examination makes up an indirect argument in favour of the accomplishment of an efficient streptococcal vaccine, able to prevent the RF disease, the prophylaxis of which is taxed this present time by the necessity of administering a long cure of benzatin-penicillin G [8].

References:

Table 1. Results of a stomatologic examination of patients suffering from rheumatic fever

<table>
<thead>
<tr>
<th>No. of persons</th>
<th>C¹</th>
<th>A²</th>
<th>O³</th>
<th>Total (C + A + O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Total</td>
<td>105</td>
<td>1.9</td>
<td>1.1</td>
<td>0.8</td>
</tr>
<tr>
<td>– 16–19 years</td>
<td>63</td>
<td>1.6</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>– 16–19 years with heart murmurs</td>
<td>30</td>
<td>1.1</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>– 20–30 years</td>
<td>42</td>
<td>2.3</td>
<td>2.0</td>
<td>1.1</td>
</tr>
<tr>
<td>– 20–30 years with heart murmurs</td>
<td>23</td>
<td>2.4</td>
<td>1.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Control group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Total</td>
<td>104</td>
<td>5.8</td>
<td>2.9</td>
<td>0.5</td>
</tr>
<tr>
<td>– 16–19 years</td>
<td>61</td>
<td>5.8</td>
<td>2.6</td>
<td>0.6</td>
</tr>
<tr>
<td>– 20–30 years</td>
<td>43</td>
<td>5.8</td>
<td>3.2</td>
<td>0.4</td>
</tr>
</tbody>
</table>

¹average number of decayed teeth (per person)
²average number of absent teeth (per person)
³average number of obturated teeth (per person)
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