

Gastroesophageal reflux and oral health implications: an in-depth narrative review

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Abstract

Gastroesophageal reflux disease can lead to severe conditions like esophageal cancer and Barrett's esophagus and significantly impacts oral health. This review explores the relationship between gastroesophageal reflux and oral health issues, particularly gingivitis, and discusses management strategies.

The pathophysiology of gastroesophageal reflux involves malfunctioning the esophageal sphincter, allowing stomach acid to damage the mucosa. Factors like diet, obesity, and lifestyle choices increase the risk of gastroesophageal reflux, which causes tooth erosion and leads to xerostomia, oral mucosal changes, halitosis, dysgeusia, and gingivitis.

Gingivitis in patients with gastroesophageal reflux is worsened by GA irritation, reduced salivary flow, and increased systemic inflammation. Diagnosis requires clinical examination and may involve gastroenterologists. Management includes lifestyle changes, medical interventions like proton pump inhibitors, and dental treatments such as fluoride applications, sealants, and restorations.

Future research should focus on longitudinal studies to establish causality between gastroesophageal reflux and oral diseases and explore new therapeutic approaches. Interdisciplinary collaboration and innovative treatment strategies are essential for holistic patient care and improved oral health outcomes in patients with gastroesophageal reflux.

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Introduction

The gastroesophageal reflux (GER) disease is characterized by the unintentional reflux of stomach contents into the esophagus (1–7). Frequent and persistent occurrences of this phenomenon can result in a range of symptoms and consequences, from heartburn to gastro-oesophageal reflux disease (GERD), which can cause severe oesophageal disorders, including oesophageal cancer or Barrett's esophagus (8–15). Besides its established impacts on the esophagus, GER has significant dental health consequences (16–22). This narrative review examines the connections between GER and oral health, focusing on gingivitis in particular, and offers a summary of the management options and clinical implications (23–29). The GERD happens when the lower oesophageal sphincter (cardias) is ineffective, allowing the stomach's acidic contents to reflux back into the esophagus (30–35). The stomach juice's hydrochloric acid and pepsin can harm the oesophageal mucosa, resulting in inflammation and injury (36–42). Pregnancy, food, obesity, and confident lifestyle choices (including smoking) can all raise the chance of having GER (43–49).

Material and method

Using an English-language criterion, we searched the keywords and a combination of them on PubMed, Scopus, and Web of Science for pertinent papers published between 1 January 1991 and 31 January 2023. Reviewers carried out a comprehensive analysis, rating all qualifying records according to the subsequent inclusion standards: randomized control trials (RCTs), randomized controlled clinical trials (RCCTs), comparative studies, retrospective studies; human participant studies; full-text articles available for free; and English-language publications. On the other hand, the following exclusion criteria were determined: in vitro articles, animal-related studies, and articles not released in English. The characteristics outlined according to the Participant, Intervention, Comparison, Outcome (PICO) framework were as follows: patients and practitioners, orthodontic treatment with orthodontic interventions, comparisons between different types of orthodontic treatments, and various outcomes including treatment efficacy, treatment duration, patient satisfaction, and safety.

Results

GERD effects on Oral Health

One of the primary effects of GERD on oral health is dental erosion. Stomach acid can ascend into the oral cavity, exposing teeth to a highly acidic environment that eats away tooth enamel. Research has demonstrated that GER patients are noticeably more likely than the general population to experience tooth erosion. The occlusal surfaces of the lower molars and the palatal surfaces of the higher anterior teeth are the most affected.

GER may be a factor in xerostomia, a disorder marked by decreased salivary flow. Saliva is essential for remineralizing enamel, shielding teeth from acid erosion, and physically cleansing the oral cavity. Reduced salivation raises the risk of dental caries, tooth erosion,

and oral infections, including candidiasis.

Changes to the Oral Mucosae Stomatitis, or inflammation of the mouth, and oral ulceration are among the disorders that can result from gastric acid (GA) irritation and inflammation of the oral mucous membranes. GER patients may exhibit burning, soreness, and heightened sensitivity of their oral mucous membranes. Erosive lesions may be more prevalent on the gum surfaces and tongue dorsum.

One typical symptom of GER is halitosis. The mouth cavity contains GA and anaerobic bacteria that create volatile sulfur compounds, giving breath a disagreeable odor. Additionally, xerostomia, which is related to GER, may exacerbate halitosis.

GER can distort or change taste, a condition known as dysgeusia, which impairs taste perception. Patients may complain of a persistently sour or bitter taste in their mouths, which could negatively impact their appetite and overall well-being.

GER may cause gingivitis, an inflammatory disorder of the gums. While bacterial plaque formation is the primary cause of gingivitis, GER can aggravate the condition and cause it to start through several different processes.

The Mechanisms of GER Contributes to Gingivitis

1. GA: The gingival tissues can become irritated and inflamed when exposed to GA, which increases their susceptibility to bacterial infection (50–55).
2. Xerostomia: Less saliva means less saliva to neutralize acids and wash away bacteria, promoting plaque accumulation and the onset of gingivitis (55–61).
3. Systemic Inflammation: GER may cause a rise in systemic inflammation, which can impact the gingiva's health (62–67). The chronic inflammation linked to GER may enhance the gums' inflammatory response to bacterial plaque (68–74).

Gingivitis Symptoms and Clinical Indications

Gingivitis patients may exhibit the following signs and symptoms:

- Gums that are swollen and red;
- Gum bleeding, particularly during brushing or flossing;
- Halitosis that persists;
- Sensitivity to gingiva.

Gingivitis diagnosis

The foundations for diagnosing gingivitis are a clinical examination of the gums and identifying distinctive signs of (75–80). Dentists should be aware that GER may play a role in gingivitis, particularly in patients who also exhibit other oral symptoms of acid reflux (81–86).

Diagnosis and Assessment

A comprehensive clinical evaluation is necessary to identify dental erosion, gingivitis, and other oral symptoms of GER (87–94). Dental professionals should be aware of these symptoms and consider this illness when a patient presents with tooth erosion that isn't connected to any known dietary or lifestyle factors (95–102). Cooperation with gastroenterologists and an adequate medical history may be essential (103–109) for a proper diagnosis.

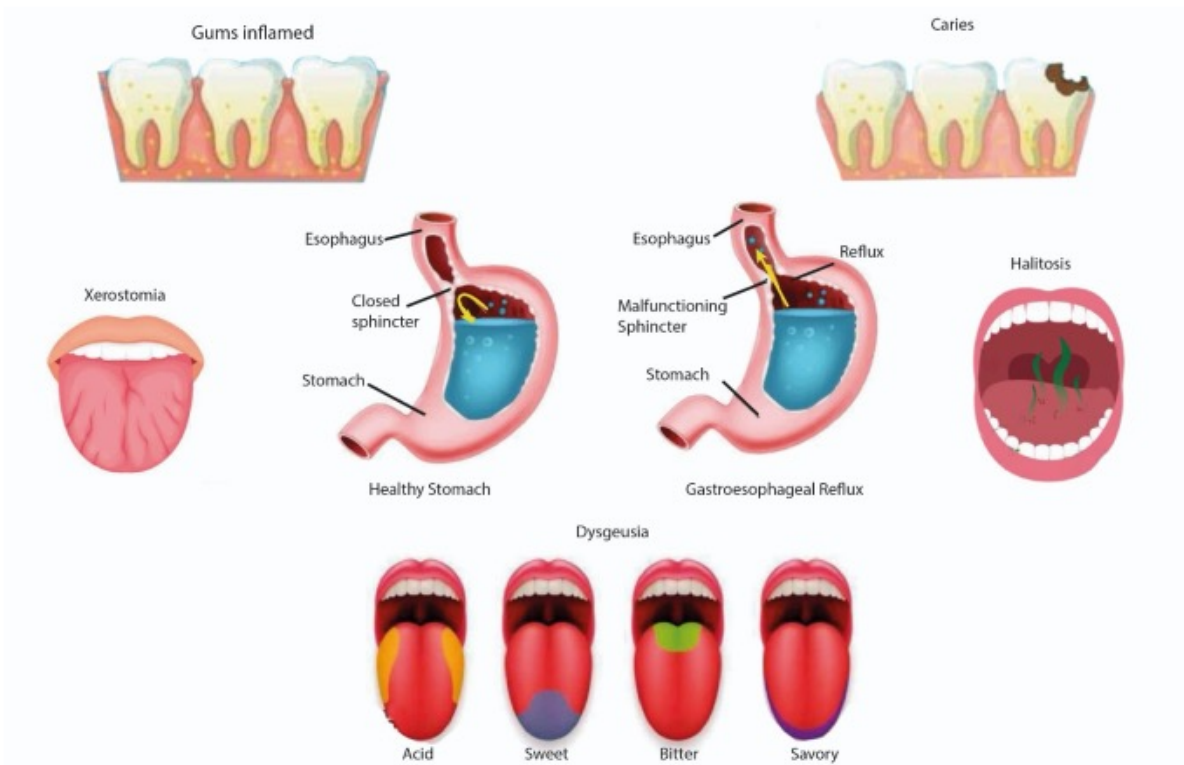


Figure 1. The physiological and pathological stomach with consequent oral cavity pathologies.

Diagnostic Tests of GER and medical treatment

GER diagnostic tests consist of the following: The esophageal pH meter assesses the pH of the esophagus to calculate the frequency and length of acid reflux episodes (110–116). Endoscopy enables the direct viewing of the esophageal mucosa and allows for the evaluation of any lesions (117–123). Esophageal manometry assesses motility and lower esophageal sphincter pressure (124–130).

The pharmacological treatment of GER consists of Proton pump inhibitors (PPIs), drugs that lessen the stomach acid produced, antacids that counteract stomach acid, and antagonists of H₂ receptors that diminish acid generation (131–138).

Lifestyle changes are necessary to find small benefits in everyday life (139–144). These include following a healthy diet and avoiding items that can exacerbate GER, such as chocolate, alcohol, caffeine, and spicy foods (145–151). Reducing body weight can alleviate symptoms by easing the strain on the lower esophageal sphincter, and elevating the head while sleeping helps lessen reflux during the night (152–158).

Discussion

Dental procedures

4.1 Treatments with fluoride

Remineralizing tooth enamel and halting acid erosion requires the use of fluoride (159–164). Fluoride treatments can help strengthen tooth enamel and lower erosion risk in patients with GER. Dentists may advise several methods to achieve this:

Professional fluoride applications involve directly applying highly concentrated fluoride gels or varnishes to the teeth during dental checkups (165–169). These treatments can provide additional protection against acidity (170–174). Additionally, fluoridated toothpaste at home is recommended, preferably with a high fluoride concentration (175–180). Regular use of fluoride toothpaste helps maintain the strength of the tooth enamel (181–187). Furthermore, using fluoride mouthwash regularly can help keep the fluoride levels on the surface of the teeth stable, providing ongoing protection against erosion (188–195).

Sealants for teeth

Dental sealants are protective coatings applied to the chewing surfaces of posterior teeth, such as molars and premolars (196–204), to guard against wear and prevent cavities. Sealants can be particularly beneficial for individuals with GER for several reasons. First, they help prevent occlusal erosion by shielding the occlusal surfaces of molars and premolars from acid erosion and mechanical wear. Second, sealants can diminish tooth sensitivity caused by erosion by sealing exposed surfaces, relieving discomfort (205–212).

Dental Repairs

Dental restorations may be necessary to repair damaged teeth when dental erosion has already caused significant harm. Various options are available to address this issue. Small erosion areas can be repaired using fillings, which involve composite materials to restore the tooth's shape and function. Veneers, fragile layers made of composite resin or porcelain, can be applied to the front of teeth to

restore their natural appearance and protect them from further erosion (213–219). For teeth that have suffered extensive damage, crowns can provide full coverage, protecting the tooth and restoring its structure. In cases where the damage is severe but does not require an entire crown, inlays, and onlays offer a more conservative approach to restoration (220–225).

Controlling Xerostomia

One frequent side effect of GER that can raise the risk of tooth erosion and caries is xerostomia or dry mouth. Dentists take various approaches to managing xerostomia (226–231). For example, they encourage patients to drink water frequently to help keep their mouths moist. Additionally, doctors may prescribe salivary substitutes, products designed to replicate the function of natural saliva to treat dryness (232–235). Hard candies and sugar-free chewing gum can also help stimulate salivation. Sometimes, doctors prescribe medications such as pilocarpine to increase saliva production (236–241).

Dietary Guidelines

Dentists can offer dietary recommendations to lessen the adverse effects of acid reflux on dental health, as GER and eating habits are closely related (242–244). Avoiding acidic foods and drinks is advisable, as these can exacerbate dental erosion. This means avoiding alcohol, fizzy beverages, citrus fruits, and spicy foods (245–250). Additionally, eating small, frequent meals can help reduce reflux, and avoiding eating right before bed is essential. Dentists may also suggest incorporating protective foods like cheese, milk, and yogurt to help balance acidity and protect dental health (251–255).

Enhanced Dental Hygiene

Patients with GER must practice strict oral hygiene to avoid gum infections and tooth erosion. It is important to use a toothbrush with soft bristles to prevent further deterioration of the irritated gums and worn-down enamel (256–260). Additionally, avoiding brushing immediately after a reflux episode is advisable to avert mechanical erosion of the enamel. Regular flossing is essential to remove bacterial plaque and prevent gingivitis (261–265). Using fluoride mouthwashes can help strengthen the enamel, while antimicrobial mouthwashes can reduce the bacterial load in the mouth (266–271).

Instruction for Patients

It is crucial to inform people about the significance of controlling their dental health and the repercussions of GER (272–276). Dentists ought to disclose the risks by informing patients about the potential effects of GER on dental health and stressing the value of adopting preventative measures. Additionally, they should encourage patients to schedule frequent dental checkups to monitor their oral health and take quick action if any issues arise (277–281).

Observation and Follow-up

Patients with GER require frequent monitoring. Periodic oral examinations are important for dentists to monitor the development of gingivitis, tooth erosion, and other oral health issues (282–286). Lastly, interdisciplinary work with gastrointestinal physicians can optimize the care of

GER and its oral manifestations. Dentists should modify the treatment plan based on the patient's response to ongoing treatments and the evolution of their oral health.

Prospective views

Future research should focus on longitudinal studies to elucidate the causal association between GER and oral illnesses. Furthermore, novel therapeutic approaches must be investigated to prevent gingivitis and manage GER symptoms.

A significant development in the care of these individuals may be the use of inflammatory biomarkers to track the effectiveness of treatments (292–296).

Randomized clinical studies may ascertain the effectiveness of combined therapy for GER and gingivitis, such as the concurrent use of PPIs and oral hygiene products designed especially for people with acid reflux (297–302).

Conclusion

GER poses a serious threat to oral health, with consequences that include gingivitis, xerostomia, tooth erosion, and alterations to the oral mucosa. Early diagnosis and coordinated therapy of this condition are crucial to avoid significant consequences and enhance patients' quality of life. Dentists work with other medical specialists to treat patients holistically and recognize the oral symptoms of GER. More studies are required better to understand the connections between GER and oral health and create fresh prevention and treatment approaches.

Abbreviation

GA: Gastric acid.

GER: Gastroesophageal reflux.

GERD: Gastro-oesophageal reflux disease.

PPIs: Proton pump inhibitors.

RCTs: randomized control trials.

RCCTs: randomized controlled clinical trials.

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Conflicts of Interest

The authors declare no conflicts of interest.

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