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EFFECT OF SMOKING ON PERIODONT AND SALIVATION
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Aim: smoking is a common practice and damages almost all organs and systems of the body. Oral cavity is often overlooked yet such an important region. The primary purpose of this study was to determine effect of smoking on periodontal and salivation.

Materials and methods. The study was conducted on 80 patients who were divided into two groups: a test group which included smokers and control group represented by non-smokers. Each group included 40 patients. All the subjects completed a self-administered questionnaire on age, oral hygiene habits, previous dental examinations, and quantity and length of tobacco use. The periodontal examination consisted of the plaque index (PI); periodontal bleeding index (PBI); probing depth (PD); and clinical attachment level (CAL). For salivary glands Saliva was collected by spitting method in a graduated tube and the amount of unstimulated and stimulated saliva was measured and recorded in ml per minute. Stimulated saliva was collected immediately after rinsing the mouth with a 2% aqueous solution of citric acid which is carried salivary stimulation.

Results. thirty-nine percent of subjects reported that they brushed their teeth at least once a day, but only 15% visited a dentist at least once a year. Over half (63%) were habitual smokers, 38% smoking between 8 and 20 cigarettes per day; 20% of the smokers had been smoking for less than 5 years. For salivary gland the amount of saliva decreases significantly with the duration of smoking and increasing age of smokers. Also smokers have thick saliva and nonsmokers predominantly serous. In addition, smokers have poorer oral hygiene status than non-smokers.

Conclusion. The results suggest that smoking may have similar adverse effects on periodontal health and salivary gland. Smoking cessation efforts should be considered as a means of improving periodontal health and reducing secretion of saliva in heavy smokers with periodontal disease.