

FUNGAL DISEASES OF THE ORAL CAVITY IN PREGNANT WOMEN

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Abstract

Fungal diseases of the oral cavity are common among pregnant women due to physiological, hormonal, and immunological changes that occur during pregnancy. These changes can disrupt the normal oral microflora and create favorable conditions for the overgrowth of opportunistic fungi, particularly *Candida* species. Oral candidiasis is the most frequently observed fungal infection and may present with symptoms such as discomfort, burning sensation, altered taste, and mucosal lesions, which can negatively affect quality of life. Early diagnosis and appropriate management are essential to prevent complications and to ensure the well-being of both the mother and the fetus. This paper discusses the main etiological factors, clinical manifestations, diagnostic approaches, and preventive measures related to fungal diseases of the oral cavity in pregnant women, emphasizing the importance of oral hygiene and timely medical supervision during pregnancy.

Key words: pregnancy, oral cavity, fungal diseases, oral candidiasis, *Candida*, maternal health, oral hygiene.

Introduction

Pregnancy is a unique physiological condition accompanied by significant hormonal, immunological, and metabolic changes that can influence a woman's overall health, including the condition of the oral cavity. These changes often create a favorable environment for the development of various oral diseases, among which fungal infections occupy a prominent place. Fungal diseases of the oral cavity, particularly those caused by *Candida* species, are more frequently observed in pregnant women than in the general population.

The increase in estrogen and progesterone levels during pregnancy affects the composition of saliva, oral mucosa permeability, and immune response, which may disrupt the balance of the normal oral microflora. As a result, opportunistic fungi can proliferate and lead to infections such as oral candidiasis. If left untreated, these conditions may cause discomfort, pain, difficulties in eating and speaking, and a decline in the quality of life of the expectant mother.

Moreover, oral fungal infections during pregnancy are of clinical importance not only because of local symptoms but also due to their potential association with systemic complications and adverse pregnancy outcomes. Therefore, timely identification, proper diagnosis, and safe management of fungal diseases of the oral cavity are essential components of prenatal care.

This study aims to highlight the main factors contributing to the development of oral fungal diseases in pregnant women, their clinical features, and the importance of preventive and therapeutic measures to maintain oral and general health during pregnancy.

Materials and Methods

This study was conducted to investigate the prevalence, clinical features, and contributing factors of fungal diseases of the oral cavity in pregnant women. The research was carried out on a group of pregnant women who attended antenatal clinics and dental departments for routine examinations and oral health complaints.

Study Population.

The study included pregnant women at different stages of pregnancy. Participants were selected based on inclusion criteria such as confirmed pregnancy, absence of severe systemic diseases unrelated to pregnancy, and informed consent to participate in the study. Women receiving long-term antifungal therapy or with severe immunodeficiency conditions were excluded.

Clinical Examination.

All participants underwent a comprehensive oral examination performed by a qualified dental specialist. The examination focused on identifying clinical signs of oral fungal infections, including erythema, white plaques, mucosal dryness, burning sensation, and other characteristic lesions of oral candidiasis.

Laboratory Methods.

For laboratory confirmation, oral swabs were taken from affected areas of the oral mucosa. The samples were examined using microscopic analysis and cultured on appropriate fungal media to identify *Candida* species and assess fungal growth. These methods allowed confirmation of the clinical diagnosis.

Data Collection and Analysis.

Additional data regarding age, gestational age, oral hygiene habits, presence of chronic diseases, and use of medications were collected through patient interviews and medical records. The obtained data were analyzed using descriptive statistical methods to evaluate the frequency and distribution of oral fungal diseases among pregnant women.

Ethical Considerations.

The study was conducted in accordance with ethical standards, and informed consent was obtained from all participants. All procedures were performed with consideration for the safety of both the mother and the fetus.

This methodological approach ensured reliable assessment of oral fungal diseases in pregnant women and provided a basis for further clinical analysis and recommendations.

Results and Discussion

The clinical examination revealed that fungal diseases of the oral cavity were relatively common among the examined pregnant women. Oral candidiasis was identified as the predominant form of fungal infection. The most frequently observed clinical manifestations included erythema of the oral mucosa, white removable plaques on the tongue and buccal surfaces, a burning sensation, dryness of the mouth, and altered taste perception. In several cases, patients reported discomfort during eating and speaking.

Laboratory analysis confirmed the presence of fungal pathogens, predominantly *Candida* species, in the majority of clinically suspected cases. A higher incidence of oral fungal infections was noted in women during the second and third trimesters of pregnancy, which may be associated with increased hormonal levels and progressive changes in immune response. Poor oral hygiene, frequent carbohydrate intake, and a history of antibiotic use were identified as common contributing factors.

Discussion

The findings of this study support existing evidence that pregnancy significantly increases susceptibility to fungal diseases of the oral cavity. Hormonal fluctuations, particularly elevated estrogen and progesterone levels, play a key role

in altering the oral environment by affecting saliva composition and mucosal resistance. These changes create favorable conditions for the overgrowth of opportunistic fungi, especially *Candida* species.

The predominance of oral candidiasis observed in this study is consistent with reports from previous research, which identify it as the most common oral fungal infection during pregnancy. The increased frequency in later trimesters may be explained by cumulative hormonal effects and physiological immunosuppression aimed at maintaining pregnancy.

The association between inadequate oral hygiene and fungal infections highlights the importance of preventive dental care during pregnancy. Regular dental check-ups, proper oral hygiene practices, and early management of oral symptoms can significantly reduce the risk and severity of fungal diseases. Moreover, timely diagnosis and appropriate treatment are essential to prevent complications and improve the quality of life of pregnant women.

Overall, the results emphasize the need for integrated cooperation between obstetricians and dental professionals to ensure comprehensive prenatal care. Addressing oral fungal diseases as part of routine pregnancy monitoring can contribute to better maternal health outcomes and overall well-being.

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