

Oral Candidiasis (also called a “yeast infection” or thrush)

Infection of the oral cavity caused by a Candida species (commonly C. albicans).

Oral candidiasis, a common infection among the elderly and immunocompromised, has several forms. Acute pseudomembranous candidiasis (thrush) is characterized by leukoplakic plaques that appear as white patches and that can be scraped away to expose an erythematous base; hyperplastic candidiasis, by confluent leukoplakic plaques that cannot be scraped away; angular cheilitis, by leukoplakic and erosive lesions at the lip commissures; and atrophic candidiasis, by painful erythematous mucosal lesions, frequently located beneath dentures.

Risk factors include salivary gland dysfunction, certain drugs (eg, antibiotics, antineoplastics, corticosteroids, immunosuppressants), diabetes mellitus, and other immunocompromising conditions. Dirty dentures and tissues contribute to the problem, so cleaning techniques help heal and prevent infection. These yeast eat dead tissue/cells and decaying matter left in the mouth, which contribute to bad odors. Because some factors may be occult, they should be investigated when an elderly person presents with oral candidiasis and, if present, managed.

Diagnosis is based on symptoms and signs and if necessary can be confirmed by culture, smear, or biopsy. The presence of candidal hyphae in oral smears indicates that the oral mucosal barrier has been breached and that the patient is at risk of systemic infection.

Treatment

Treatment with topical and/or systemic antifungal drugs is required, and an infected denture must be treated as well. Topical drugs e.g., nystatin oral suspension (100,000 U/mL) 5 mL 4-5x per day, swished for 5 minutes and swallowed (if possible); nystatin pastilles 200,000 U 4x per day; clotrimazole troches 10 mg 4x per day should be used for 14 days. Dentures must be kept out of the mouth for long intervals when possible, particularly during sleep. While treating the mouth with medication, simultaneously the dentures should be cleaned and soaked for 10 minutes in solutions containing, 0.12% chlorhexidine, or 1% sodium hypochlorite (1 tsp. bleach in 8 oz. water), then rinsed *thoroughly* before placing back in the mouth. Partial dentures with metal should not be treated with bleach as it may corrode the metal. Instead it can be brushed and wiped with Nystatin-triamcinolone acetate ointment, which is also effective for angular cheilitis. Patients with refractory candidiasis may require systemic drugs, which are more costly.