

Assessment of Dental Caries Experience along With *Streptococcus mutans*, *Streptococcus sanguis* and *Candida* Count among Male Tobacco Users Visiting a Dental Institute of Mangalore, Karnataka, India: A Cross-Sectional Study - A Letter to the Editor

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A LETTER TO THE EDITOR

Dear Editor,

I enjoyed reading the article by Hegde and Sreekumar in the recent issue of the Journal of Research in Medical and Dental Science. The authors have stated the relationship between tobacco and dental caries and also *S. mutans*, *S. sanguis*, *Candida* in their paper entitled "Assessment of Dental Caries Experience along With *Streptococcus mutans*, *Streptococcus sanguis* and *Candida* Count among Male Tobacco Users Visiting a Dental Institute of Mangalore, Karnataka, India: A Cross-sectional Study" [1]. I congratulate the authors for this successful study, and I would like to make some contributions.

Certain issues regarding unused data should be addressed. Information about habits of participants like educational status, diet, smoking frequency, daily tobacco consumption that may have played role in caries and/or effect of tobacco is worthy to discuss. In case of the relationship between this information and DMFT scores was analysed, the research would differ from similar studies such as conducted by Sen et al. [2], Muzurović et al. [3], Bernabé et al. [4], Bharateesh et al. [5].

Inclusion and exclusion criteria have been well determined. But there should be some criteria for year and frequency of smoking to avoid misleading results. Keten et al. included the participants who smoked more than one year [6]. Sen et al. searched risk of caries for the subjects who smoked more than 5 cigarettes or bidis daily for more than 1 year and smokeless tobacco users who had habit of chewing any form of tobacco more than 3 times a day for more than 1 year [2]. Rezaei et al. classified current smokers into light smokers (those who smoke less than 10 pieces of cigarettes per day), moderate smokers (those

who smoke between 10 and 19 pieces of cigarettes per day), and heavy smokers (those who smoke 20 or more pieces of cigarette per day) [7]. In the present study, the researchers have made a similar distinction in the demographic characteristics but have not included in the analyses.

I also want to comment on saliva collection procedure. The authors have mentioned that unstimulated saliva had been collected during a rest position. Body posture is one of the conditions required for collection of unstimulated saliva. The authors have not added other necessary conditions to the manuscript although they might have included the study. Time of previous meal, tooth-brushing, using mouthwash, chewing gum prior to saliva collection; time of day in which the procedure is carried out also affects the amount and content of saliva [8]. Collection should be made at a standard time, preferably between 8 AM to 11 AM. The subject should preferably be in the fasting state or two hours after breakfast. The subjects should avoid smoking for at least two hours prior to saliva collection [9]. The latter is especially important taking into account that the present study had been carried out with tobacco users. The consumption of alcohol should be more than 12 hours before saliva collection. The consumption of meals containing foods with high sugar, high acidity, and/or high caffeine could lower salivary pH and thus increase bacterial growth [10].

The results of the present research indicate that public health services should include awareness programs about hazards of tobacco or integrate oral health risks of tobacco to these programs.

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