Enfermedades Reumatológicas en Odontologia

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Odontologia y enfermedades reumatológicas

- Las enfermedades reumatológicas son relativamente frecuentes en la población.
- Tienen a la base mecanismos inmunológicos, trastornos de la regulación de la respuesta inmune.
- La mayoría presenta autoanticuerpos detectables
- En general son multiorgánicas y muchas de ellas afectan la cavidad oral.
- Mas frecuentes en mujeres.
- Tratamiento en base a inmunosupresión
- Requieren trabajo multi e interdisciplinario.

Enfermedades Reumatológicas

- Síndrome de Sjögren
- Artritis Reumatoide
- Esclerodermia
- Lupus Eritematoso
- Enfermedad de Behcet
- Miopatias autoinmunes

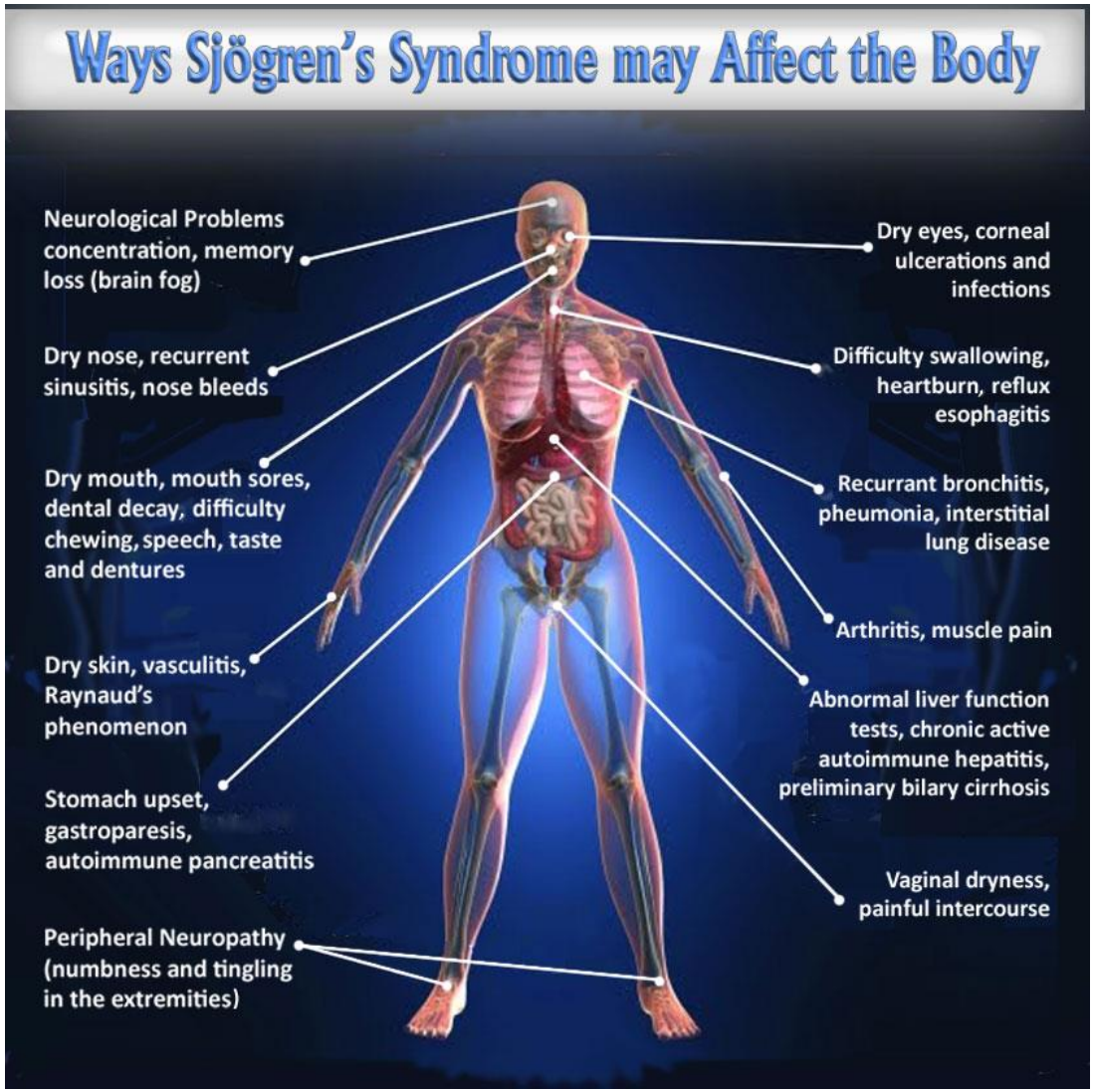
Table 1. The main immune-mediated and inflammatory rheumatic diseases associated with significant oral manifestations.

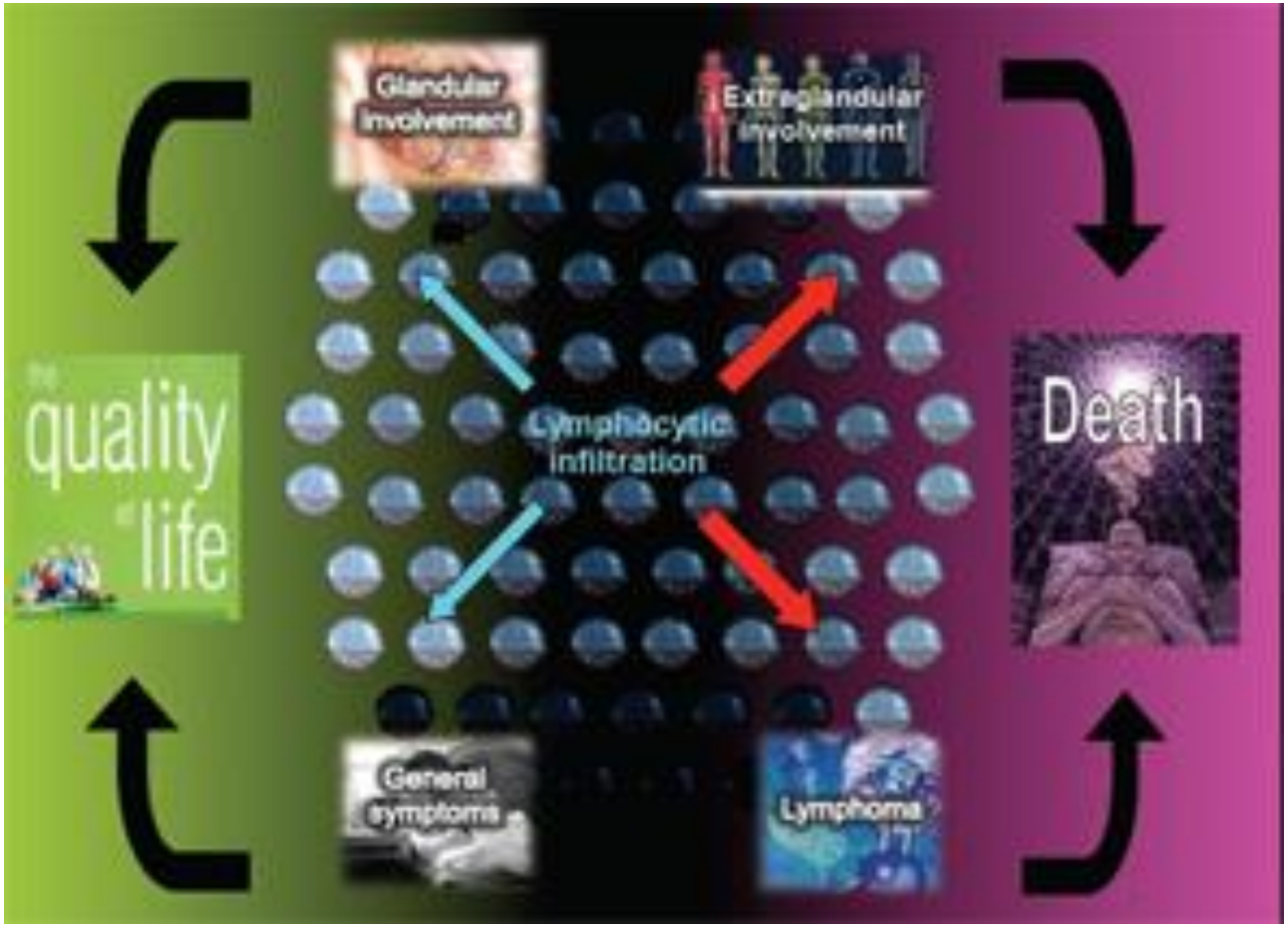
Disease	Definition	Hallmark Biomarkers	Main Oral Manifestation	Ref.
Rheumatoid arthritis	A chronic inflammatory disease marked by symmetrical, peripheral polyarthritis	RF, ACPA	Periodontitis, TMJ involvement	[11,12] [13,14]
Juvenile idiopathic arthritis	A clinically heterogeneous group of arthritides that appear before the age of 16	ANA, RF, HLA-B27	TMJ involvement	[13,15,16]
Systemic lupus erythematosus	A chronic autoimmune disease potentially targeting any organ	ANA, anti-dsDNA, anti-Sm	Oral aphthous ulcers, periodontitis	[2,3,17] [18,19]
Sjögren's syndrome	A chronic autoimmune inflammatory disease primarily targeting exocrine glands	ANA, anti-SSA/Ro, anti-SSB/La	Xerostomia	[20]
Systemic sclerosis	A connective tissue disease characterized by multi-system involvement (skin, lungs, cardiovascular and gastro-intestinal systems)	Anti-Scl70-topoisomerase I, anti-CENPA/B	Dysphagia, microstomia, periodontitis	[10,21,22]
Immune-mediated myopathies	A group of acquired heterogeneous autoimmune disorders characterized by muscle weakness	ANA, myositis-specific antibodies	Dysphagia	[23]
Behçet's disease	A multi-systemic disorder characterized by oral aphthous ulcers, genital ulcers and ocular involvement	HLA-B51	Oral aphthous ulcers	[24,25]
Giant cell arteritis	Vasculitis of medium-sized and large vessels typically involving branches of the carotid artery such as the temporal artery	None	Jaw claudication	[26]
Granulomatosis with polyangiitis	Granulomatous vasculitis involving small arterial and venous vessels	cANCA (anti-PR3)	Strawberry-like gingivitis	[27,28]

RF: Rheumatoid factor; ACPA: Anti-citrullinated protein antibodies; ANA: Anti-nuclear antibodies; cANCA: Cytoplasmic anti-neutrophil cytoplasm antibodies; anti-Sm: Anti-Smith antibodies; CENP: Centromere nuclear protein A and B; HLA: Human leukocyte antigen; PR3: Proteinase 3; SSA and B: Sjögren's syndrome antigen A and B; TMJ: Temporo-mandibular joint.

SINDROME DE SJÖGREN

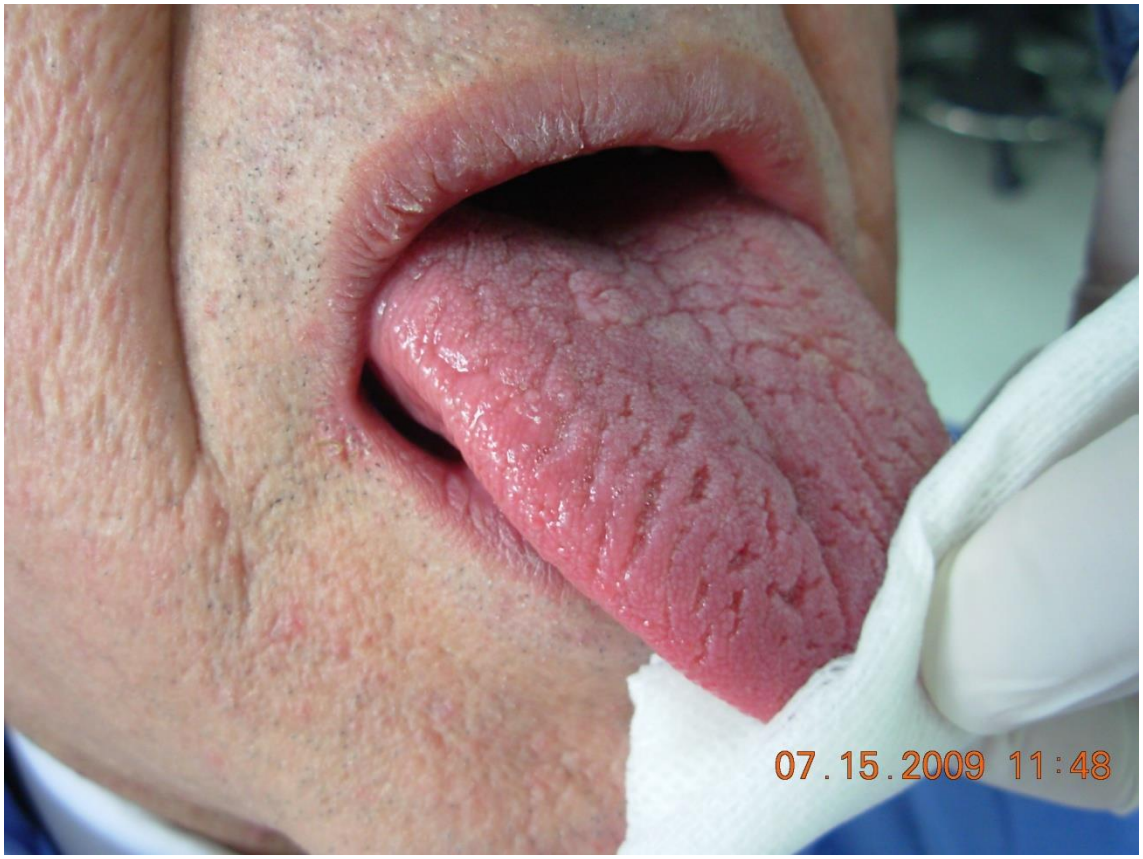
- Exocrinopatia autoinmune. Glándulas salivales y lagrimales.
- Primario o Secundario.
    - Secundario asociado a otras enf. AI (tiroiditis, LES, AR). 30% de los pacientes con SS.
    - Primario: 0.05 a 4,8% de la población. Relación mujer/hombre = 9/1.


Ways Sjögren's Syndrome may Affect the Body
Neurological Problems concentration, memory loss (brain fog)
Dry nose, recurrent sinusitis, nose bleeds
Dry mouth, mouth sores, dental decay, difficulty chewing, speech, taste and dentures
Dry skin, vasculitis, Raynaud's phenomenon
Stomach upset, gastroparesis, autoimmune pancreatitis
Peripheral Neuropathy (numbness and tingling in the extremities)
Dry eyes, corneal ulcerations and infections
Difficulty swallowing, heartburn, reflux esophagitis
Recurrant bronchitis, pheumonia, interstitial lung disease
Arthritis, muscle pain
Abnormal liver function tests, chronic active autoimmune hepatitis, preliminary bilary cirrhosis
Vaginal dryness, painful intercourse


Glandular involvement
Extraglandular involvement
quality of life
Lymphocytic infiltration
Death
General symptoms
Lymphoma

Manifestaciones Orales

- Xerostomia
- Disgeusia
- SBU
- Caries cervicales
- Lengua agrietada
- Sequedad de mucosas
- Infecciones oportunistas
- Parotidomegalia en el 60% de los casos, generalmente bilateral y episódica.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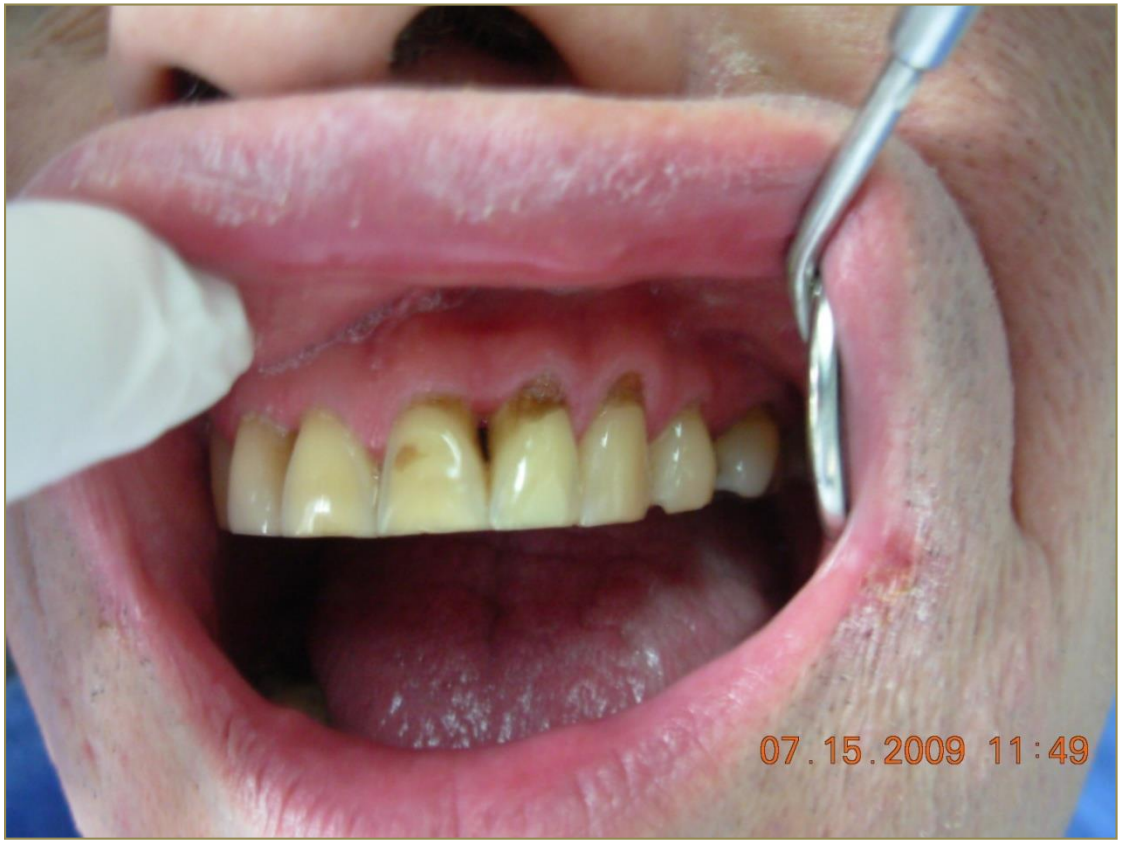
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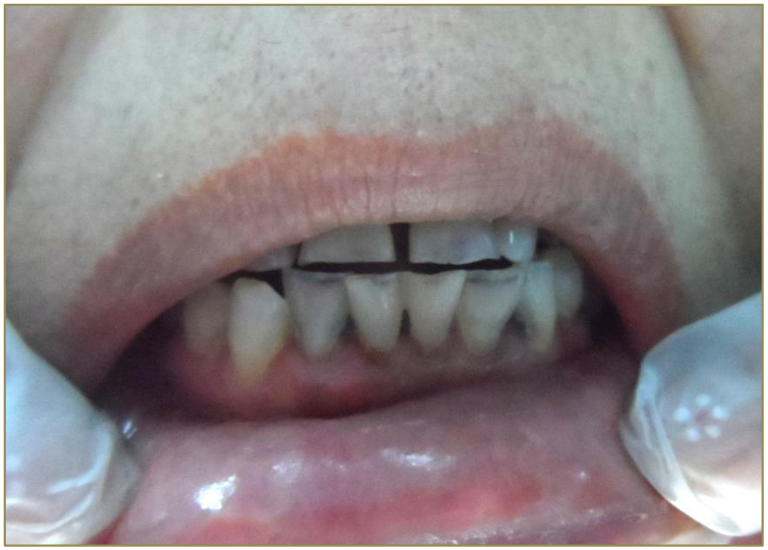
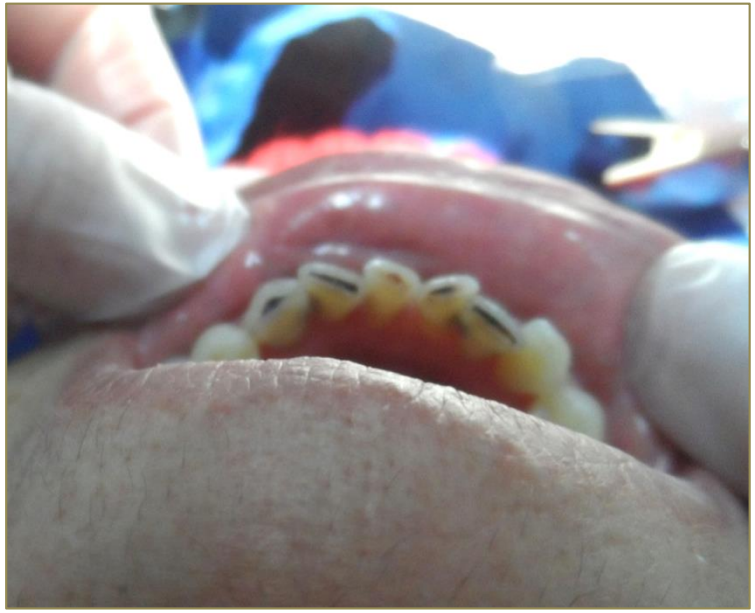




Hiposalivación

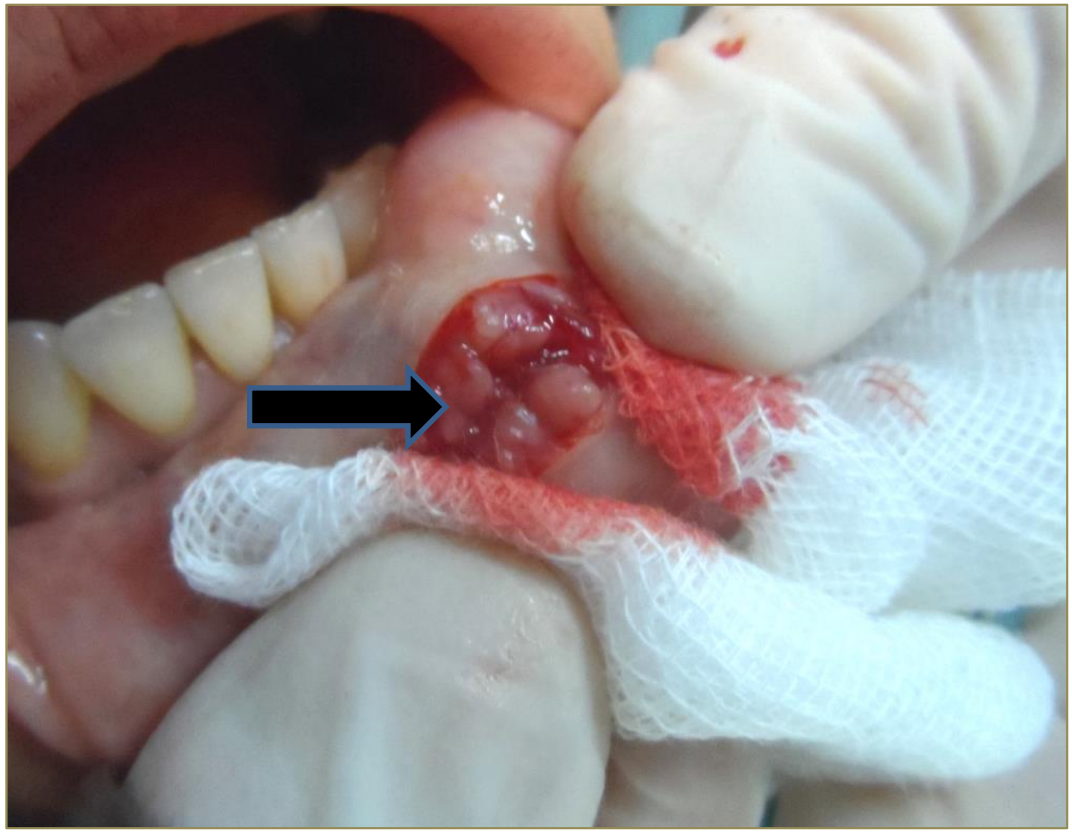
- Disminución del flujo salival
- Valores aceptados son:
  - < 0,2 ml/min de saliva no estimulada
  - <1 ml de saliva estimulada

Clasificación 2016

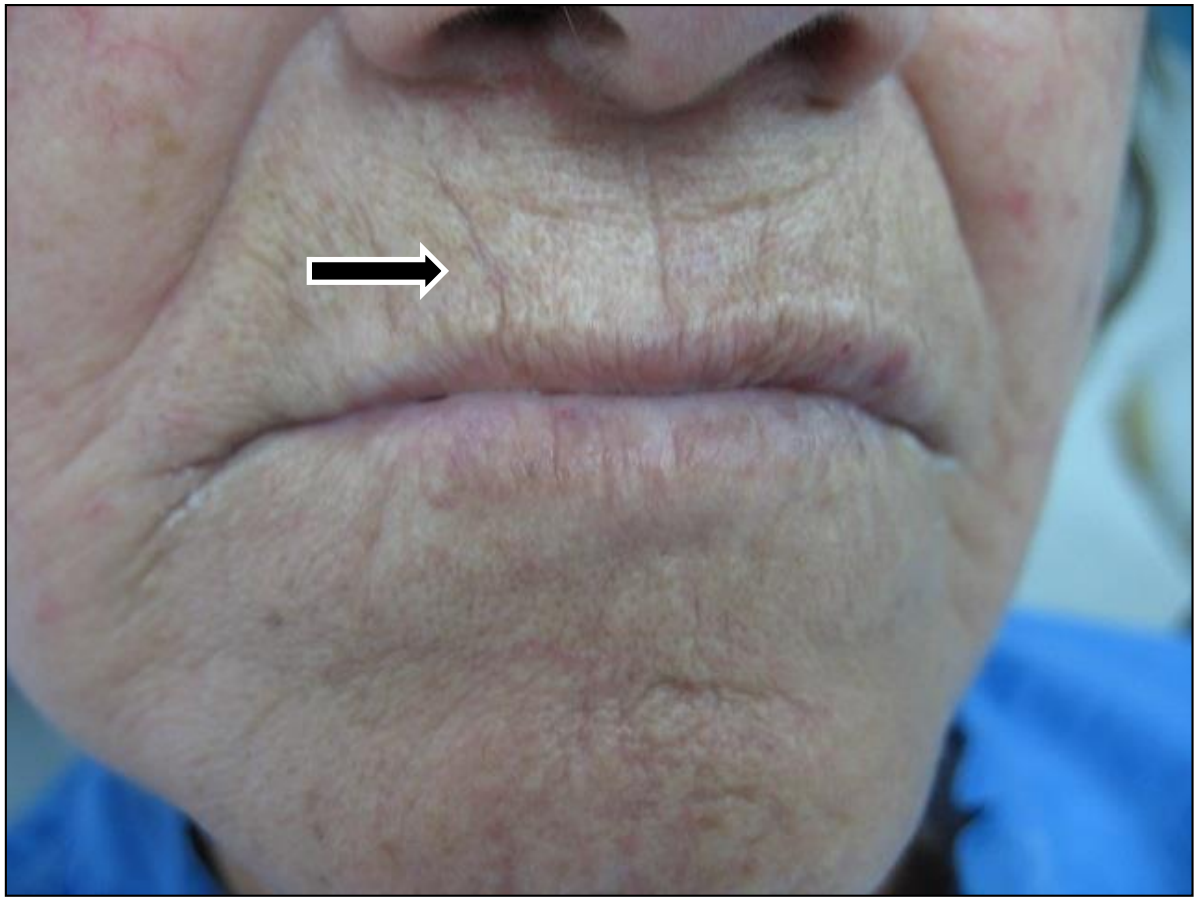
Table 3 American College of Rheumatology/European League Against Rheumatism classification criteria for primary Sjögren's syndrome: The classification of primary Sjögren's syndrome (SS) applies to any individual who meets the inclusion criteria,* does not have any of the conditions listed as exclusion criteria,† and has a score of ≥4 when the weights from the five criteria items below are summed

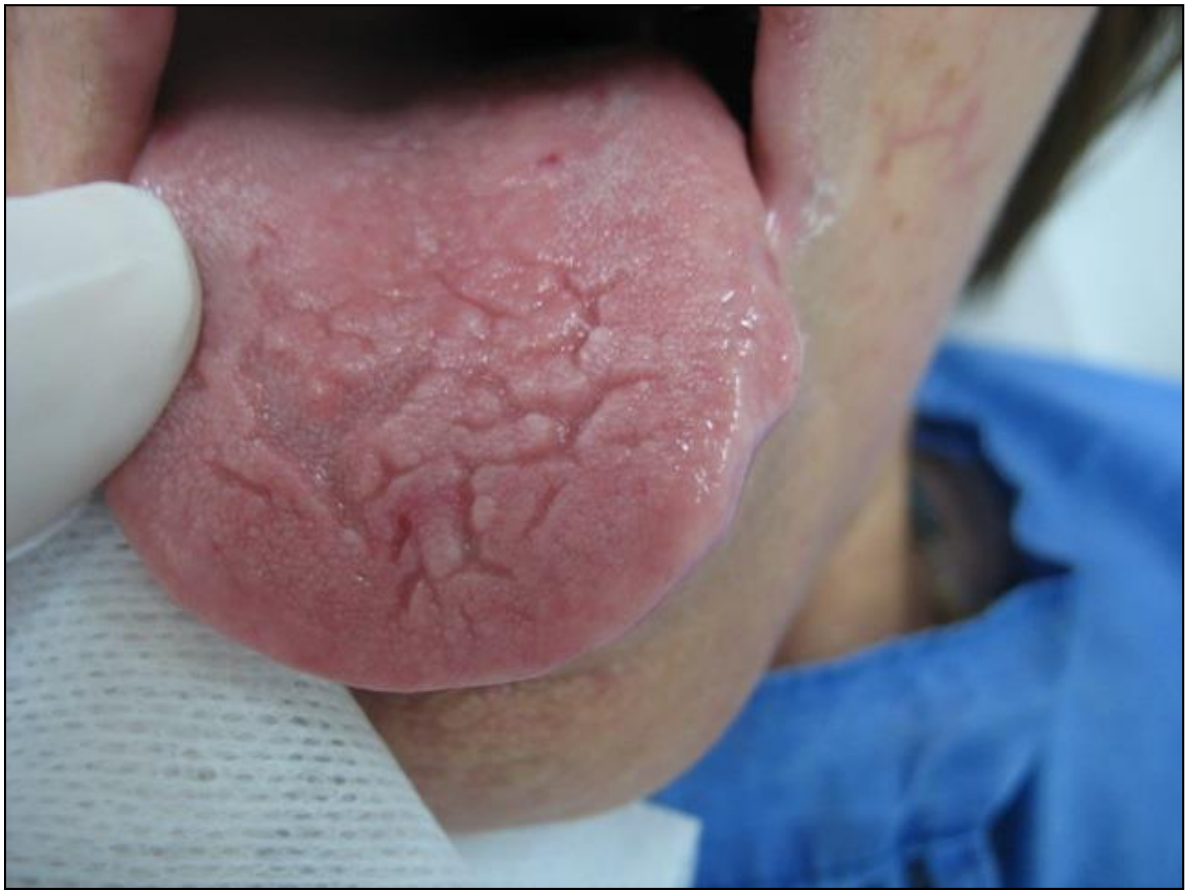
Item	Weight/score
Labial salivary gland with focal lymphocytic sialadenitis and focus score of ≥1 foci/4 mm^2‡	3
Anti-SSA/Ro-positive	3
Ocular Staining Score ≥5 (or van Bijsterveld score ≥4) in at least one eye§¶	1
Schirmer's test ≤5 mm/5 min in at least one eye§	1
Unstimulated whole saliva flow rate ≤0.1 mL/min§**	1

Glándulas Salivales Menores

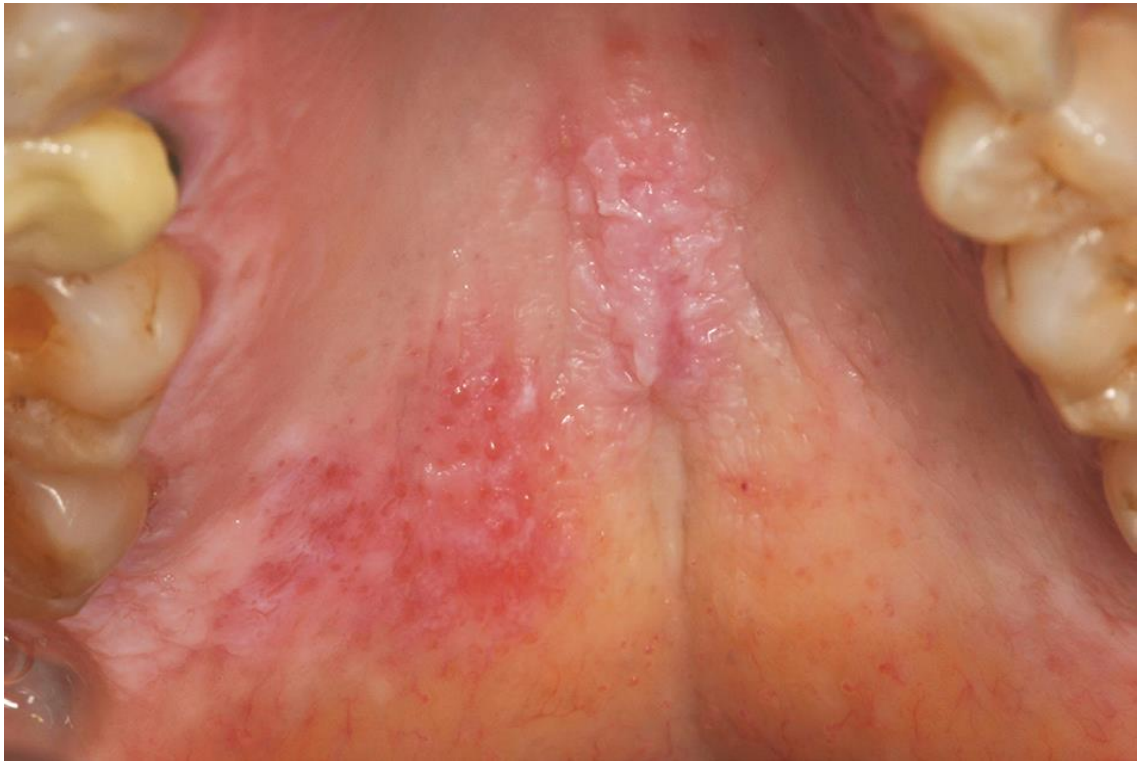


Esclerodermia





Lupus Eritematoso



Oral Manifestations of Systemic Disease

ANGELA C. CHI, DMD; BRAD W. NEVILLE, DDS; JOE W. KRAYER, DDS; and WANDA C. GONSALVES, MD

Am Fam Physician. 2010;82(11):1381-1388

Lupus Eritematoso

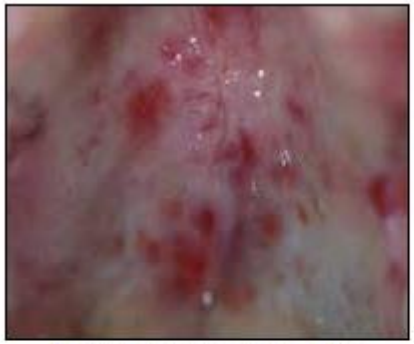


Fig 1. Lesiones erosivas en paladar

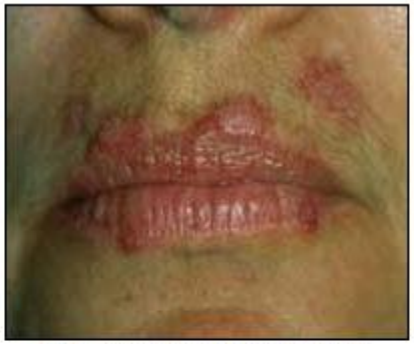


Fig 2. Placas descamativas en labios

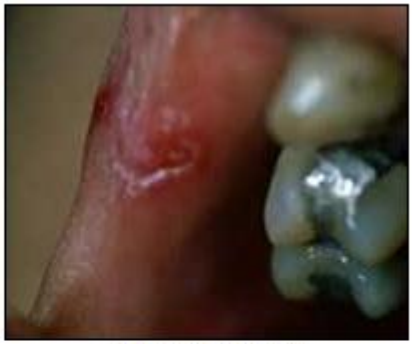


Fig 3. Lesión ulcerativa

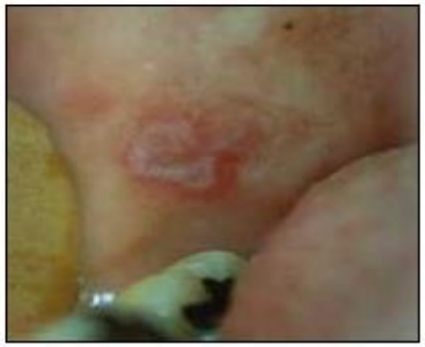


Fig 4. Lesión discoide en carrillo

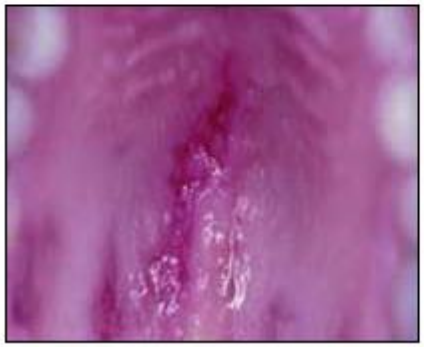


Fig 5. Lesión macular eritematosa

MANIFESTACIONES BUCALES DEL LUPUS ERITEMATOSO. REVISIÓN DE LA LITERATURA

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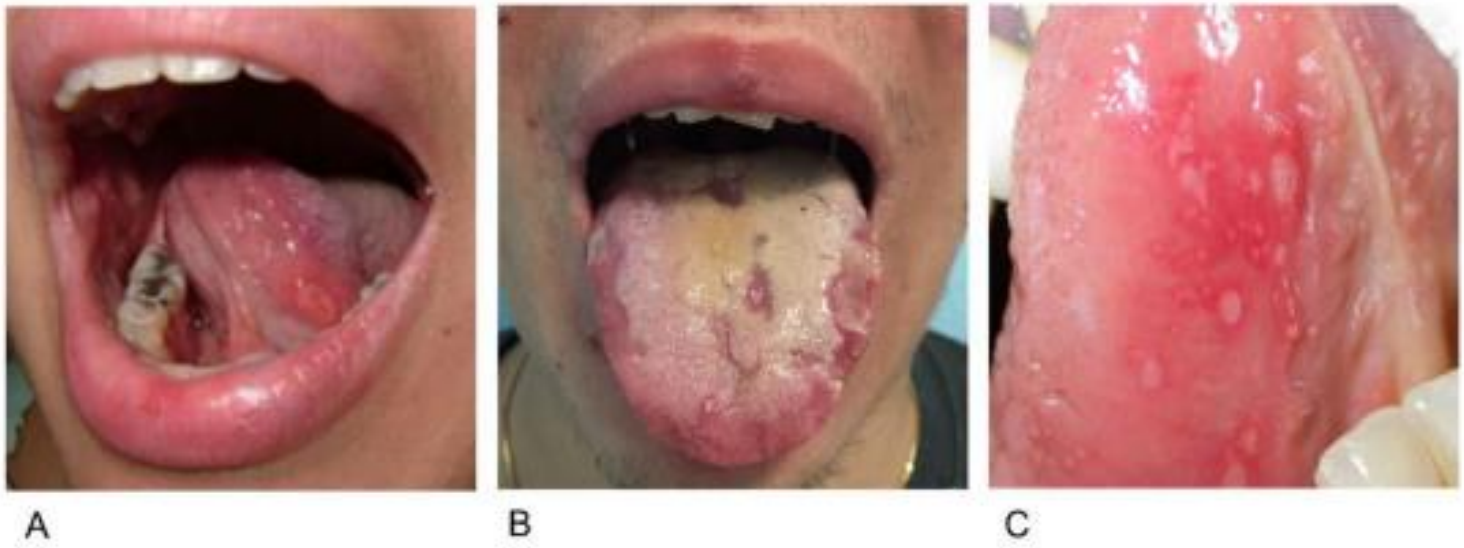
Enfermedad de Behcet



Journal of
Clinical Medicine

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Review

Main Oral Manifestations in Immune-Mediated and Inflammatory Rheumatic Diseases

Roberta Gualtierotti [1,*], Angelo Valerio Marzano [2], Francesco Spadari [3] and Massimo Cugno [4]

Behcet's Disease: Experience in a Tertiary Rheumatology Centre in Singapore and a Review of the Literature

YK Cheng,[1] *MBBS, MRCP (UK)*, BY Thong,[1] *MBBS, MRCP (UK)*, HH Chng,[1] *MBBS, M Med (Int Med), FRCP (Glas)*

Table 1. Characteristics of Behcet's Disease in Singapore,[1] Iran,[2] Korea[3] and Hong Kong[4]

Characteristics	Iran[2] (n = 2806)	National Skin Centre, Singapore[1] (n = 34)	Tan Tock Seng Hospital, Singapore (n = 37)	Korea[3] (n = 1527)	Hong Kong[4] (n = 37)
Mean age of onset (years)	26.2 (range, 21 to 63)	37 (range, 15 to 58)	32.7 (range, 5 to 75)	33 (range, 18 to 74)	36.2
Male-to-female ratio	1:1.16	1:1.8	1:1.1	1:1.75	1:1.1
Percentage of patients					
Oral ulcers	95.5%	100%	100%	98.8%	100%
Genital ulcers	64%	97%	64.9%	83.2%	81%
Skin lesions	74%	70%	48.6%	84.3%	73%
Ocular lesions	61%	5.9%	35.1%	50.9%	35%
Articular lesions	43%	15%	43.2%	38.4%	54%
Gastrointestinal lesions	4.2%	0%	40.5%	7.3%	14%
Epididymitis	6.2%	0%	0%	0.6%	0%
Vascular lesions	8%	0%	5.4%	1.8%	11%
Neurologic lesions	3.2%	0%	5.4%	4.6%	5%

Raynaud en dedos de las manos

Preguntas

- ¿Qué aspectos caracterizan a las enfermedades reumatológicas?
- ¿Cuáles son manifestaciones orales comunes de ER?
- ¿Cuáles son órganos frecuentemente comprometidos en Sjogren; LES y enfermedad de Behcet?
- ¿Cuál es la base del diagnóstico y tratamiento de las ER? Relacionar con sistema inmune.
- ¿Cómo se explica la disfagia en el SS, dermatomiositis y en la Esclerodermia?