

5 Table. Oral candidiasis —

A dry mouth is not necessarily a painful mouth, but may become a painful mouth if the patient develops oral candidiasis, and patients with SS are at greater risk of developing this complication [1]. Thus, patients can have dry mouth for many years and only present to the clinician when the mouth becomes painful. Also, there may be a change in the sense of taste and examination reveals a decrease in the number of papillae on the tongue.

Oral candidiasis is particularly frequent following antibiotic treatment or the use of glucocorticoids. Affected patients present with mouth pain, erythematous or white patches on the mucosal surfaces, and loss of tongue papillae. A common clue to the presence of oral candida is angular cheilitis and atrophic changes of the buccal mucosa³⁶.

The appearance of erythematous candidiasis (one of the most common presentations) on the roof of the mouth is small red petechial lesions³⁷. This appearance is different than the plaque like candida infection that clinicians are used to looking for in patients with severe immunosuppression.

Another presentation of low grade candidiasis in the SS patient is leukoplakia-like lesions, especially in the buccal recesses. The candida infection can occur despite a careful program of regular dental hygiene³⁸ Treatment of this low grade erythematous candida is a slow process that involves:

- a) treatment of the angular cheilitis with topical chlortrimazole cream twice a day for at least 2 weeks;
- b) special cleaning treatment of the dentures (if being used by patient) at night by cleaning in solutions that will disinfect the denture without discoloring the materials (0.2% chlorhexidine solution is often used) and additionally using nystatin powder to “brush” the dentures after they have soaked overnight in the cleaning solution.
- c) use of oral mouth rinses 3 to 4 times per day with a solution that contains “Mylanta” as the vehicle (since most other oral rinses contain alcohol based dilutents; 300 ml of Mylanta can be added to nystatin elixir solution (20ml), benadryl liquid (20 ml, to serve to decrease pain) and doxycycline 100 mg. (In past editions of UpToDate, the vehicle was “peptobismal” but the formulation of this compound has recently been changed, so now we recommend “Mylanta” as the vehicle.) This mouth rinse is available in many pharmacies where it is known as “Stanford Radiation Therapy Mouth Rinse®” or as “XYZ Mouth Rinse®” as patients use it with severe oral dryness after radiation to head and neck. In our clinic, we have the pharmacy simply dispense the components, as this is much less expensive than having the pharmacy “compound” the mixture.

- d) *nystatin 200 mg tablets* (1 per day) for 5 days; in some patients, the yeast may be resistant to nystatin or chlortrimazole and topical amphotericin may be required³⁹.
- e) nystatin vaginal suppositories (sucked like lozenges) or amphotericin B lozenges used daily; they are taken with sips of water for periods and used once or twice a day for up to 6 weeks [1].