

PD Essentials

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Hot off the press!

This month, **Professor Andrew Eder** looks at conditions affecting tooth wear and the various treatment options available

Achalasia is a rare condition, affecting approximately 6,000 people in the UK. Patients suffering with achalasia often suffer from a more common condition as well – dysphagia, which comprises difficulties in swallowing.

NHS Choices describes achalasia as a loss of function of the gullet and lower oesophageal sphincter due to idiopathic nerve damage.

Usually, the sphincter relaxes on swallowing to allow food to pass into the stomach and closes afterwards to prevent acid reflux.

However, in achalasia, the muscle does not relax, resulting in ingested food getting lodged and, subsequently, regurgitated. This can cause coughing, choking, heartburn and chest infections.

From a dental perspective, the spasm of the oesophageal sphincter can mean that patients suffer with acid reflux – this intrinsic acid source can cause dental erosion.

Additionally, the passing of food in and out of the mouth equates to a higher frequency of exposure to substrate and could increase susceptibility to decay. The trapped food will likely cause a sour taste and possibly bad breath.

Treatment options include medication, dilating the sphincter, injection with botulinum toxin and surgery, but these are

not long-term solutions, nor do they entail a lengthy rehabilitation phase.

Reported in the *Evening Standard* in November 2013, the most successful treatment option was pioneered in Japan and recently carried out at King's College Hospital. The sphincter muscles are cut via endoscope in an operation that takes 90 minutes and facilitates a fast recovery.

'Intrinsic factors such as acid reflux are important to consider when assessing patients for tooth wear'

Hiatus hernia

A more common condition that can cause dental erosion and affects a third of people over the age of 50 is a hiatus hernia.

This can cause gastro-oesophageal reflux and in turn lead to tooth wear. This intrinsic source of acid is produced when the lower oesophageal sphincter is not working properly and allows stomach acid to enter the oesophagus.

The tissues become irritated, potentially causing symptoms including chest pain, altered taste and dysphagia. Surgery is usually only recommended when other methods, such as lifestyle changes and medication, haven't worked.

Advice includes eating smaller portions more frequently, avoiding lying down for three hours after eating, as well as foods that worsen the symptoms.

Intrinsic factors such as acid reflux are important to consider when assessing patients for tooth wear and, in addition to extrinsic factors, the rate of wear may be exacerbated.

Be mindful of the fact that both a hiatus hernia and achalasia can cause no symptoms at all, especially when patients present with signs that you cannot attribute to a clear diagnosis. **PD**

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