

## Lets scrape the opportunist



Comparison of the efficacy of Fluconazole mouthrinse and Clotrimazole mouthpaint in the treatment of Oral Candidiasis

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## Introduction



 Candidiasis occurs as an opportunistic infection in immunocompromised patients.

 Azoles – Ketoconazole, Itraconazole, Clotrimazole and Fluconazole have been the initial choice of antifungals for almost half a century.

 No study has evaluated the comparison of clinical and mycological response of Oral candidiasis to Fluconazole mouthrinse and Clotrimazole mouth paint.

## Aim

 To compare the efficacy of Fluconazole mouthrinse and Clotrimazole mouth paint in the treatment of oral candidiasis



# Objectives

- To compare the two test groups in terms of age, gender, severity of lesions prior to treatment.
- To compare the clinical efficacy of the two drugs.
- To compare the mycological cure achieved by the two drugs.
- To determine the side effects associated with the two drugs.

# Subjects & Methods

 The study group included 89 patients with a clinical diagnosis of oral candidiasis.

 A medical history was obtained and physical examination was conducted.

Patients completed institution approved consent forms.

#### **INCLUSION CRITERIA**

 Patients with signs and symptoms of Oral candidiasis like mucosal erythema, adherent white plaques, burning sensation and altered taste were included in the study.

#### **EXCLUSION CRITERIA**

◆ If they were pregnant or lactating.

- If they had used any other antifungal agent during the past 10 days.
- ◆ If they were taking barbiturates or anticoagulants.
- If they had a known sensitivity to polyenes or the azole group of antifungals.

If they had a history of alcoholism, drug abuse, psychiatric disorder.

 The first 43 patients - treated with fluconazole mouthrinse - Group A.

 46 successive patients - treated with Clotrimazole mouthpaint - Group B.

 The clinical diagnosis - burning sensation / altered taste / mucosal erythema / adherent plaques.

# Signs and symptoms – graded as mild (+), moderate (++), and severe(+++)

Severity	Extent of lesion
Mild(+)	<2 localized areas
Moderate(++)	>2 localized areas
Severe (+++)	Generalized involvement

Group A patients - Fluconazole
 2mg/ml in distilled water....

 Group B patients - 1% Clotrimazole mouthpaint....  The mucosa of the patients was swabbed – laboratory.



- recalled after 2 weeks,
- checked for clinical signs and symptoms
- mycological assessment was carried out

 Side effects associated with both the mouthrinse and the mouthpaint were noted.

### **Mycologic assessment:**

 Candida colony counts were obtained using Sabouraud's dextrose agar.



Candida Colony counts

## **Statistical Methods**

- <u>Student's T test</u> comparison of age between two groups.
- <u>Chi square test</u> comparison of the distribution of all the variables
- Fisher's exact test comparison of side effects
- <u>Mann Whitney U test</u> comparison of clinical cure between two groups.
- <u>Wilcoxan's sign rank sum test</u> comparison of mycological cure between two groups.
- The test was considered

   Significant, if P value was ≤ 0.05
   Highly significant if P value was ≤ 0.01
   Very Highly significant if P value was ≤ 0.001

## RESULTS AND ANALYSIS











#### Graph 4 : Types of clinical presentation in Group A and Group B



TYPES OF CLINICAL PRESENTATIONS

#### Chi sq test

X <sup>2</sup>	р
4.663	0.588
	ns

#### Graph 5 : Clinical signs and symptoms before and after treatment

CLINICAL SIGNS & SYMPTOMS BEFORE & AFTER TREATMENT



	Group A (n=27)	Group B (n=28)	X <sup>2</sup>	р
Clinical signs before treatment			4.336	0.114
+ (mild)	5	12		ns
++(moderate)	19	15		
+++(severe)	3	1		
Clinical signs after treatment			3.888	0.049
+ (mild)	1	6		sig



#### Wilcoxan sign rank sum test

	Z	р
Colony counts before treatment	0.48	0.63 ns
Colony counts after treatment	0.45	0.65 ns

#### ◆ SIDE EFFECTS

#### Both treatment regimens were well tolerated.

	Group A (n=27)	Group B (n=28)
Side effects	1	0

n = .491 ns

# Results of treatment with Fluconazole mouthrinse









Results of treatment with Clotrimazole mouthpaint















## Discussion

 Candida - common and harmless dimorphic yeast that lives without producing disease in the oral cavities of upto 68% of normal individuals.

 This microorganism is typically opportunistic and lacks the pathogenic features necessary to produce a fungal infection.  Thus local or general predisposing factors are necessary for candida to establish an infection.

 Accordingly, management of the candida infections should be directed towards eradicating these predisposing factors or antifungal agents are warranted.

## Limitations in this study

 It was not double blinded which could have lead to some bias among patients/clinician.

Secondly, patients were not followed up after
 2 weeks for any possibility of recurrence.

 Thirdly, patients were only asked about side effects but were not assessed objectively for any liver damage. However, although the sample size was small, the outcome was promising, the dose of Fluconazole used per day was only 30mg which is less than 1/3rd of the standard dose of Fluconazole.

# Conclusion



 The results of this study can be used as a basis for further studies with larger sample of patients with Oral candidiasis to compare the efficacy of fluconazole aqueous mouthrinse with Clotrimazole mouth paint.

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