

Featured

# Cracking at the corners of your mouth

Cracking at the corners of the mouth is an irritating problem seen frequently by both dentists and dermatologists. This condition is referred to by many names, the most common of which is angular cheilitis. Not surprisingly, angular cheilitis seems similar to many other mouth illnesses, which leads people to improperly diagnose themselves and use the wrong treatments. Ulcers, cold sores, hand, foot & mouth disease, HIV lesions, cancers and 'school sores' just to name a few—all look very similar but are very different in nature and contagiousness.

## What is Angular Cheilitis?

'Chelitis', meaning inflammation of the lip and 'Angular' referring to the corner or angle of the lip; this term is the literal definition of the condition. While there are many names for it, they all describe the same thing and that is sensitive sores at one or both corners of your mouth. Normally these sores will start off as a minor discomfort (that sometimes mimics chapped lips), however the discomfort will generally increase and the corners of your mouth will become dry, chapped, and eventually will have red lesions. It is not uncommon for one or both corners of a person's mouth to begin to crack and split.

Once the mouth corners become cracked, the stage is set for infection due

to accumulation of saliva and contamination from food and other sources. The most widespread infective agent is the yeast known as *Candida albicans*—the same microorganism responsible for 'thrush'. Sometimes the lesions are infected with bacteria (usually *Staphylococcus aureus*) or it can be a combination of the two.

## Who does it affect?

Basically, anything within the mouth that impacts regular and healthful saliva flow at the corner of the lips and/or interferes with our immune system could lead to angular cheilitis. Consequently it is associated with over-closure of the mouth, dehydration, dry mouth, a lip-licking habit, drooling, immunosuppression and nutritional



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## This month...

*It's hardly a crack up! Painful, cracks at the corners of your mouth are no laughing matter. We investigate why they occur and what you can do about it in this month's feature article.*

*Jenna gives you some great health conscious alternatives for keeping dentures clean.*

*Lastly, you may have noticed that we're fast becoming the experts in Diabetes Dentistry. In Australia 280 people are diagnosed with Diabetes every day. On top of this they're rarely made aware of the impacts this disease has on their overall health. Please share our diabetes info with your loved ones.*

Dr Simon Franks



> continued

deficiencies. It can affect anyone at any age; however it is most commonly seen in young children, the elderly and the immune-suppressed. We also see more angular cheilitis in the winter with colder climate and drier air.

Children and younger adults tend to recover faster than the other groups but it is often present in children who drool throughout their sleep, have orthodontic braces, are sick or under a lot of stress.

Angular cheilitis is more far more common and complex in the elderly group. Reduced facial height and support is common in older people caused by edentulism (without teeth) or wearing dentures that are worn down. This results in over-closure of the mouth which extends the angular skin folds at the corners of the mouth - creating an irritating skin crease. The tendency of saliva to pool in these areas is increased, which causes tissue inflammation and favours the development of a yeast infection. The elderly also tend to have weaker immune systems and are prone to vitamin deficiencies.

Systemic ailments like iron-deficiency anaemia, vitamin B deficiency, diabetes and cancer can also lead to changes in the integrity of the oral mucous membranes. These circumstances can predispose individuals to yeast and other secondary infections.

**Is angular cheilitis contagious?**

Angular cheilitis is not contagious. Also, since angular

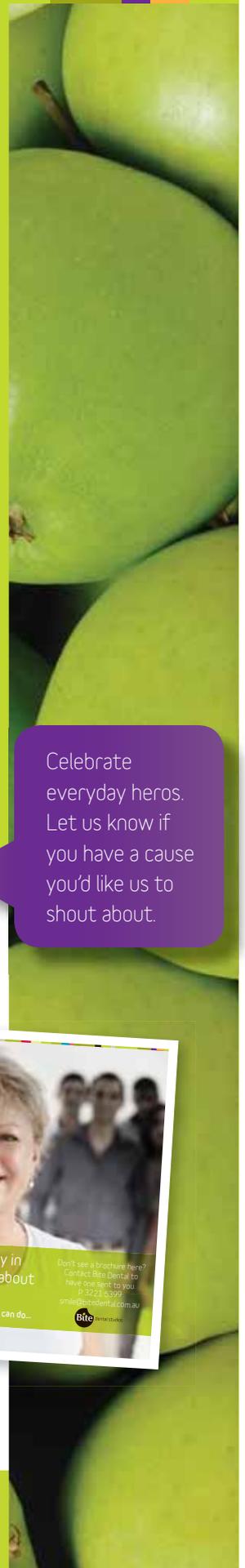
cheilitis only affects the corners of your mouth, it does not spread to other parts of your body. However, it can spread to the other side of your mouth fairly easily. Because of this it's important to try to not touch both corners of your mouth with the same finger, chapstick, or lipstick tube.

**Treatment for angular cheilitis**

Several remedies are available to help fix the cracks at the mouth corners. Antifungal ointments can be applied liberally to the corners of the mouth several times a day to discourage infection. A zinc-oxide paste or ointment (like Sudocrem) is another option. If more intensive medication is required, your dentist can provide a script for the specific anti-microbial agent required.

Denture wearers should be sure to remove and clean their dentures every night before retiring. Chlorhexidine rinses with anti-fungal properties are useful as both as mouthwash and a denture cleaner.

Overall, treatment for angular cheilitis varies based on the exact causes of the condition in each case. That's why at Bite Dental we take the time to check not only your teeth, but your lips and the tissues around the mouth too to ensure any lesions are attended to early. At Bite Dental we're good at reading your lips!



Celebrate everyday heros. Let us know if you have a cause you'd like us to shout about.

**Community**

**Diabetes dentistry**

Last month Simon spoke at the Queensland Diabetes Educators annual conference on the latest research linking gum disease to diabetes. This year at Bite we are continuing to work hard to push the message about diabetics and gum disease; and the importance of oral care being a part of the big picture!

**Diabetes Education Night**

Next month is National Diabetes Week 2014 so Simon and Jenna will be running another free education evening at the Northern Suburbs Bowls Club, Wavell Heights on Wednesday 26th July.

Bite Dental, along with colleagues from a number of different allied health areas including podiatry, optometry, nutrition, exercise physiology, diabetes education and more will be donating their time once a quarter to help others understand how this condition affect different aspects of the body and what you can do about it.

If you, or someone you know has diabetes—ask Lyn-Maree for some more information on the event. It will be very valuable night!



*Healthy Hygiene Hints*

**Denture hygiene**

Denture wearers must still clean their teeth. False teeth are susceptible to stains from tea, coffee and food. Dirty dentures grow all sorts of nasty bacterial and fungal films and having them sit in your mouth will make your tissues irritated and can lead to infections.

There are loads of denture tablets available; however there are homemade remedies that will clean just as well. Household items such as bleach, vinegar and baking soda are powerful cleaners and disinfectants that will remove most stains and food particles, returning the denture to its original state.

The following are a guide for your homemade solutions and work best as a 15 minute soak

- Bleach & Water - 1 tbsp bleach to 10 tbsp water
- White Vinegar & Water - 1 cup vinegar to 1 cup bleach
- Baking Soda & Water - 1 tsp baking soda to 1 cup water

*Jenna*

