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Introduction

Oral microbiology is a branch of microbiology that focuses on the study of microorganisms that inhabit the oral cavity [1]. It encompasses the identification, characterization, and understanding of the complex microbial communities residing in the mouth [2]. The oral microbiome plays a crucial role in maintaining oral health, and its imbalance can lead to various oral diseases and systemic conditions. Oral microbiology is a dynamic field that examines the microorganisms residing within the human oral cavity and their interactions with the host [3]. The oral environment is home to a rich and varied microbial community, which includes hundreds of bacterial species, as well as fungi, viruses, and protozoa. These microorganisms form complex biofilms on teeth, gums, and other oral surfaces and their interactions can significantly impact oral health and disease. The development of the oral microbiota begins early in life, with the acquisition of microorganisms from the environment, caregivers, and other sources [4]. As an individual grows, the composition of the oral microbiota evolves, influenced by factors such as diet, oral hygiene practices, and overall health. A balanced oral microbiome contributes to oral health by preventing the overgrowth of pathogenic species and supporting the immune system [5]. Conversely, disruptions in this microbial balance

microbiota can influence conditions beyond the mouth, including cardiovascular disease, diabetes, and respiratory infections [9]. These findings underscore the importance of maintaining oral health and highlight the need for further research to explore the mechanisms underlying these associations.

Oral microbiology is a rapidly evolving field that plays a critical role in understanding both oral and systemic health. As research progresses, it is anticipated that new therapeutic and preventive strategies will emerge, potentially transforming the management of oral diseases and improving overall health outcomes [10].

Oral microbiome

The oral cavity is home to a diverse array of microorganisms, including bacteria, fungi, viruses, and protozoa. The microbiome of the mouth is composed of hundreds of different species, which can vary depending on factors such as age, diet, oral hygiene, and systemic health.

Bacteria: The most abundant microorganisms in the oral cavity are bacteria. They form biofilms on the surfaces of the teeth and mucosal tissues. Key bacterial species include:

Streptococcus mutans: Associated with dental caries (tooth decay).

Porphyromonas gingivalis: Linked to periodontal disease.

Fusobacterium nucleatum: Plays a role in periodontal disease and can influence the development of systemic diseases.

Fungi: Candida species, particularly Candida albicans, are common fungal inhabitants of the oral cavity. They can cause oral thrush or candidiasis, especially in immunocompromised individuals.

Viruses: Various viruses can inhabit the oral cavity, including:

Herpes simplex virus (HSV): Causes cold sores and can lead to recurrent oral lesions.

Human papillomavirus (HPV): Associated with oral cancers and warts.

Protozoa: Protozoan infections in the oral cavity are less common but can occur. For example, Entamoeba gingivalis is found in periodontal pockets and may be associated with oral infections.

Oral biofilm formation

Oral biofilms are complex communities of microorganisms that adhere to surfaces within the mouth. These biofilms form on teeth, gums, and other oral tissues and they play a critical role in oral health and disease.

Formation: Biofilm formation begins with the adherence of early colonizers, such as Streptococcus species, to the tooth surface. These bacteria produce extracellular polymeric substances (EPS) that help in the establishment of a stable biofilm. As the biofilm matures, it becomes increasingly complex with the addition of various bacterial species.

Maturation: Over time, the biofilm becomes more structured and organized. The microorganisms within the biofilm communicate through quorum sensing, which regulates gene expression and contributes to the biofilm's stability.

Disruption: Oral hygiene practices, such as brushing and flossing, are essential for disrupting and removing biofilms. Failure to maintain good oral hygiene can lead to biofilm accumulation, resulting in dental plaque, caries, and periodontal diseases.

Dental caries: Dental caries is caused by the demineralization of tooth enamel due to the production of acids by cariogenic bacteria like Streptococcus mutans. The accumulation of plaque leads to the breakdown of enamel and the formation of cavities.

Periodontal disease: Periodontal diseases, including gingivitis and periodontitis, result from the inflammation and destruction of periodontal tissues due to pathogenic bacteria such as Porphyromonas gingivalis and Tannerella forsythia. These conditions can lead to gum recession, tooth loss, and bone damage.

Oral candidiasis: Oral candidiasis is an infection caused by the overgrowth of Candida albicans. It often occurs in individuals with weakened immune systems or those using dentures.

Oral cancer: Certain high-risk human papillomavirus (HPV) strains are associated with oral cancers, particularly oropharyngeal cancers. HPV can integrate into the host cell genome and promote carcinogenesis.

Diagnostic techniques in oral microbiology

Culture methods: Traditional methods include culturing on agar plates. Modern techniques use PCR and sequencing to identify specific pathogens like HPV.

cavity. Understanding the interactions between oral microorganisms and their impact on health and disease is essential for developing effective prevention and treatment strategies. Continued research in oral microbiology will contribute to better oral health outcomes and a deeper understanding of the connections between oral and systemic health. Oral microbiology is a complex and dynamic field that examines the myriad microorganisms inhabiting the oral cavity and their interactions with the host. The oral microbiome is a diverse community of bacteria, fungi, viruses, and archaea that play crucial roles in maintaining oral health, as well as contributing to various pathological conditions when imbalanced. The intricate balance between these microorganisms and the host's immune system is fundamental to understanding oral diseases such as dental caries, periodontitis, and oral infections.

Oral microbiology is a rapidly evolving field that bridges microbiology, immunology, and clinical dentistry. As our understanding of the oral microbiome deepens, it promises to enhance our ability to prevent, diagnose, and treat oral and systemic diseases. Ongoing research and technological advancements will continue to unravel the complexities of the oral microbiome, ultimately leading to more effective and personalized approaches to oral health and disease management.

References

1. Tun KM, Imwong M, Lwin KM, Win AA, Hlaing TM, et al. (2015) Spread of artemisinin-resistant *Plasmodium falciparum* in Myanmar: a cross-sectional survey of the K13 molecular marker. *THE LANCET Infectious Diseases* 15: 415-421.

Akorio OA, Arhuidese IJ (2014) Progress toward elimination of malaria in Nigeria: Uptake of Artemisinin-based combination therapies for the treatment of malaria in households in Benin City. *Annals of African medicine* 13: 104-113

Baragana B, Hallyburton I, Lee MCS, Norcross NR, Grimaldi R, et al. (2015) A novel multiple-stage antimalarial agent that inhibits protein synthesis. *Nature* 522: 315-320.

Exavery A, Mbaruku G, Mbuyita S, Makemba A, Kinyonge IP, et al. (2014) Intermittent preventive treatment of malaria in pregnancy in six districts of Tanzania. *Malaria Journal* 13: 10-1186.

Simba DO, Kakoko D, Tomson G, Premji Z, Petzold M, et al. (2012) Adherence to artemether/lumefantrine treatment in children under real-life situations in rural Tanzania. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 106: 3-9.

6. Bruxvoort K, Kalolella A, Cairns M, Festo C, Kenani M, et al. (2015) Are Tanzanian patients attending public facilities or private retailers more likely to adhere to artemisinin-based combination therapy? *Malaria Journal* 14: 1-12.

7. Win TZ, Zaw L, Khin W, Khin L, Tin OM, et al. (2012) Adherence to the recommended regimen of artemether-lumefantrine for treatment of uncomplicated falciparum malaria in Myanmar. *Myanmar Health Science Research Journal* 24: 51-55.

8. (2015) Quality of care for the treatment for uncomplicated malaria in South-East Nigeria: how important is socioeconomic status?. *International Journal for Equity in Health* 14: 19.

9. (2015) Determining anti-malarial drug use in a peri-urban population from malaria holoendemic region of western Kenya. *Malar J* 9: 295.

10. Das A, Dash A (2007) Evolutionary paradigm of chloroquine-resistant malaria in India. *Trends Parasitology* 123: 132-135.