STOMATITIS AND PERIODONTAL DISEASE IN CYNOMOLGUS MONKEY

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Introduction

Stomatitis and Periodontal Disease are the most common disease in the human oral cavity, which can also occur in non human primate. Stomatitis is an inflammation of the lining of any of the soft-tissue structures of the oral cavity. This inflammation involves the cheeks, gums, tongue, lips, and roof or floor of the mouth. It can be caused by conditions in the mouth itself, such as poor oral hygiene, poorly fitted dentures, or from mouth burns from hot food or drinks, or by conditions that affect the entire body, such as medications, allergic reactions, infections, foreign bodies, chemicals, bums, or immune-related conditions, Kissing ulcer occur where the buccal mucosa touches a large tooth surface such as the upper canine tooth. Stomatitis is usually a painful condition, associated with redness, swelling, and occasional bleeding from the affected area. Bad breath (halitosis) may also accompany the condition.

Periodontal disease is divided into two categories depending upon whether or not attachment loss occurs. Gingivitis is inflammation of the gingival tissue without any loss attachment. Accumulation of plaque along the gingival margin and in dental sulcus leads to inflammation of the gingival. If gingivitis is not treated, periodontitis is likely to develop.

Material and Method

During 2007 we found several cases of stomatitis and periodontal disease in cynomolgus monkey at holding animals facility in Primate Research Center, IPB, Bogor. A physical examination was done to evaluate the oral lesions and other skin problems around the mouth area. Treatment had been performed for these cases.

Discussion

Clinical diagnosis of stomatitis in non human primate was difficult to be done without anasthesized. The treatment of stomatitis was based on the problem causing it.

Local cleansing and good oral hygiene were are basic prevention of oral disease. The goal of treatment is to eliminate the primary cause of periodontal disease and to arrest disease progression.

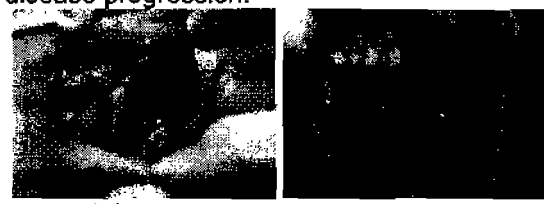

Figure 1,2. Local stomatitis

Chronic problems with aphthous stornatitis were treated by first correcting any vitamin B_{12}, iron, or folate deficiencies. If those therapies were unsucessful, medication might be prescribed which was applied to each aphthous ulcer with a cotton-tipped applicator. Alternate treatment of stomatitis mainly only involved prevention of the problem. Periodontal disease was diagnosed with a thorough periodontal exam. Gingivitis was inflammation of the gingival tissue without any loss attachment. Gingivitis was treated with removing the plaque and calculus on teeth. Accumulation of plaque along the gingival margin and in dental sulcus leads to inflammation of the gingival. If gingivitis was not treated, periodontitis might be likely to develop.

Figure 3, 4. Severe, local extensive periodontitis.

A small, blunt probe was used to measure the depth of the gum pockets around every tooth in the mouth. Measurements were taken at six sites on each tooth. This depth gave an objective gauge of the health of the gums. If the pockets bleeded easily during probing this was noted as well. This bleeding was a sign of inflammation of the pocket. The appearance of the gums was also noted; infected gums showed red and puffy. The amount of tartar, or *calculus,* was determined. The mobility of all

teeth was checked and the bite was evaluated. X-rays of all teeth were needed to evaluate the condition of the bone around each tooth and show calcutus **deposits** below the gumline. Scaling and root planning are procedures to remove dental deposit supra and sub gingival. Root planning involves the removal of superficial layer of toxin under cementum from the root surface. Teeth affected by severe periodontal disease are usually extracted. In some case, spontaneous pathological fracture may develop because several bones lose. Systemic antibiotic can be use for phylaxis or treatment.

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