

CS12.

**PERIODONTAL STATUS OF 26 ACUTE MYOCARDIAL INFARCTION
(AMI) PATIENTS IN SRI LANKA**

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An association between oral infections and systemic diseases have been suspected for centuries. A growing body of scientific evidence suggests an exquisite association between oral infections and systemic disease (eg: atherosclerosis, cardiovascular disease, cerebrovascular disease). Atherosclerosis has been defined as a progressive disease process that involves the large to medium sized muscular and the large elastic arteries. Atherosclerosis can lead to coronary heart disease, as well as myocardial and cerebral infarctions. Chronic inflammatory periodontal disease (CIPD) is an inflammatory reaction to gram negative, anaerobic bacterial infections of the supporting tissues surrounding the tooth. There are several published studies on the relationship between coronary heart disease (CHD), acute myocardial infarction (AMI) and CIPD.

The present study investigates the periodontal disease status of the AMI patients. 26 patients were examined. Age and sex matched controls (n=30 volunteers) were selected. A Borodontic pressure sensitive probe was used. The AMI patients were examined in the ward. All the teeth present in the mouth were examined. Pocket depth and gingival recession was measured with the above probes.

The age distribution of AMI were as follows 40 - 49, two subjects, 50 - 59 seven subjects, 60 -69 twelve subjects and 70- 79 five subjects. 22 were Sinhalese, 2 were Tamils and 2 were Moors. Males were predominant (n= 24). The number of teeth loss were more in the AMI group than in the control group. Upper jaw 317 vs 152, lower jaw 322 vs 184. The total 637 vs 336. This tooth loss was statistically significant ($p<0.005$) in the AMI group. 11 subjects were edentulous where in the control group this was only one. Pocket depth and loss of attachment were graded in to three groups according to the degree of destruction of periodontal tissues. Pockets of, <4mm, >4m.m.>6m.m were grouped and also the loss of attachment were grouped accordingly. The sites with loss of attachment of >4mm and >6mm were higher in AMI subjects ($p<0.005$).

The above findings support at least to a small measure that the periodontal break down in AMI patients are higher than in the age and sex matched controls. Further, larger and more detailed studies are needed in Sri Lanka in order to establish any "Specificity of Association" between CIPD and AMI.

If these associations could be established, there would be a major shift in the paradigm of Dentistry towards a consideration that dental care could be very much more than saving of teeth and smiles.