

LETTERS TO THE EDITOR

Dear Editor,

I would like to congratulate Koray *et al* for their original article entitled 'Fluconazole and/or hexetidine for management of oral candidiasis associated with denture-induced stomatitis'. However, I have a few questions on the Materials and methods section of this article.

- 1 I could not find what the inclusion and exclusion criteria were.
- 2 How did the author match the three groups by systemic diseases and drug consumption, because some systemic diseases or medicines may affect salivary gland function, but others do not?
- 3 It would be useful to know when the research was carried out.
- 4 Denture sore mouth has three forms – mild, moderate and severe. What was the form of the lesions? Were the three groups matched in the severity of the lesions?
- 5 The duration of administration of anti-fungal drugs can differ for the three forms. Why did the author select 14 days for all three forms?
- 6 What were the author's criteria for the treatment of those lesions?
- 7 Oral hygiene itself can decrease the severity of lesions, and sometimes resolve it. Therefore, combining oral hygiene and antifungal therapy can confuse the results.

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Dear Editor,

The queries asked by Farzaneh Agha-Hosseini on the Materials and methods section of our article entitled 'Fluconazole and/or hexetidine for management of oral candidiasis associated with denture-induced stomatitis' (Koray *et al*, 2005) were considered constructive and worthwhile. They have been carefully evaluated and the answers are given accordingly. We sincerely thank you and Farzaneh Agha-Hosseini for your attention on our article.

- 1 Selection of patients was based on positive *Candida albicans* in samples from saliva, lesions and dentures. However, some patients with systemic diseases such

as diabetes mellitus, Sjogren disease, anemia, sarcoidosis and drug consumption, i.e., antihypertensives, antidepressants, which are known to affect the functions of the salivary gland and cause xerostomia, were excluded from the study. Otherwise, the results of the study would have been affected.

- 2 The systemic diseases mentioned in the article are the ones that have insufficient data regarding the direct effect on the functions of the salivary gland. The stimulated salivary flow rate was within normal limits (≥ 0.7 ml min⁻¹) for all the patients. The patient population was randomly divided into three groups and inequality risk among these three groups was removed.
- 3 The study was carried out between January and December 2003.
- 4 The patients were suffering from subjective complaints of denture-induced stomatitis and all had lesions of a mild form. Because there were no differences in severity of lesions, the patients were matched randomly but not according to the severity of the lesions.
- 5 There was no difference among the three groups. They were matched randomly, hence the recovery period was not different. Accepting and advising period of two antifungal drugs for treatment is 14 days.
- 6 We preferred both antifungal drugs because they are widely used for the management of oral candidiasis associated with denture-induced stomatitis. This treatment procedure is applied in our clinic and the aim of this study was to compare the effectiveness of these two antifungal medicines.
- 7 The key to success in any antimicrobial treatment is hygiene. Therefore, we provided oral hygiene and denture care during this antifungal treatment. To brush dentures twice a day is a recommended procedure at any rate.

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Reference

- Koray M, Ak G, Kurklu E, Issever H, Tanyeri H, Kulekci G, Guc U (2005). Fluconazole and/or hexetidine for management of oral candidiasis associated with denture-induced stomatitis. *Oral Dis* 11: 309–313.

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