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Influence of Pregnancy on Oral Microbiocenosis

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During pregnancy a woman's body hormonal changes occur that affect the state of the general and local immune system that leads to disruption of the dynamic equilibrium between the normal and the pathogenic oral microflora and the development of dental disease. In this regard, the aim of research was to study the state microbiocenosis oral fluid dynamics in the development of pregnancy and the early postpartum period.

Materials and methods : Status oral fluid microflora evaluated in women with intact periodontium: in 132 pregnant women in the I; 110 - II and 95 - in the III trimester; 90 women in the immediate postpartum period; 50 non-pregnant women in the control group. Tribal affiliation is determined by substances produced by certain microorganisms.

Results and discussion : Species diversity of flora in women with intact periodontium control group allowed to regard the situation microecological mouth as normocenosis 1, 2 or 3 orders of magnitude.

In pregnant women with intact periodontium in the I trimester of pregnancy reduce the concentration of lactic acid bacteria for the control (2,36 ± 0,11 cfu / ml) was 6.78% (P> 0.05); in the II trimester - 11.02% (P> 0.05) in the III trimester - 15.25% (P <0.05); after birth - at 10.17% (P> 0.05); Streptococcus salivarius (4,36 ± 0,15 cfu / ml) and sangus (3,92 ± 0,17 cfu / ml) corresponding to the dynamics was 5.96% and 1.02%; 10.10% and 7.65% (at P> 0.05); 14.0% (P> 0.05) and 12.21% (P <0.05) in the I, II and III trimester; and in the postpartum period - 11.01% (P> 0.05) and 5.36% (P <0.05).

Titer Streptococcus Mitis increased during pregnancy by 3.0%; 7.3% and 12.02%; remaining at 3.4% (at P> 0.05) above control values (2,33 ± 0,11 cfu / ml) in the early postpartum period, which means normocenosis 2 order; corresponding speaker Streptococcus mutans (2,21 ± 0,08 cfu / ml) was more pronounced and amounted to 4.98% (P> 0.05); and 15.38%; 32.13% and 16.30% (P <0.05); corresponding increase in opportunistic species titers were: Staphylococcus epidermidis compared to control (3,62 ± 0,13 cfu / ml) - 2.21%; 7.18%; 11.87% and 4.98% (at P> 0.05); Fungi of the genus Candida (1,62 ± 0,07 cfu / ml) - 6.62% (P> 0.05); 7.22% (P> 0.05); 21.08% (P <0.05) and 9.64% (P> 0.05) (3 normocenosis order).

However, even with intact periodontium in the oral fluid of pregnant women there are such unusual given biotope types of microorganisms such as Staphylococcus aureus, which is in the I trimester amounted to 0,12 ± 0,004 CFU / ml in the absence of control; in the II trimester - 0,22 ± 0,01 cfu / ml, in III - 0,41 ± 0,02 cfu / ml and the postpartum period - 0,26 ± 0,01 cfu / ml; corresponding dynamics of E. coli was 0,4 ± 0,005; 0,25 ± 0,01; 0.32 ± 0.01 and 0.20 ± 0.005 cfu / ml; and Proteus respectively 0,22 ± 0,01; 0,32 ± 0,008; 0.40 ± 0.01 and 0.30 ± 0.01 cfu / ml. The appearance of the above-mentioned microorganisms regarded as goiter, most pronounced in the III trimester.

Thus, the dynamics of the development of pregnancy as a result of the oppression of life representatives of the normal microflora imbalance (eubiosis) between it and the microorganism developing dysbiosis (dysbiosis), which subsequently leads to the development of inflammatory and inflammatory-destructive diseases of the mouth and are not permitted in the early postpartum period.

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