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Review Article

# Halitosis: Causes and its Management

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## Abstract

Halitosis or oral malodor or bad breath is a prevalent condition which presents itself commonly in routine dental practice. It is a common problem that affects all ages and also has a psychosocial impact on the patients causing many of them distress, anxiety and embarrassment. The condition can be physiological or pathological with a number of underlying factors, with many a time multiple factors contributing to the issue. This article reflects on the multifactorial etiology of the condition and its management briefly.

**Keywords:** Halitosis; Causes; Management

## Introduction

Halitosis commonly referred as bad breath, is a malodor due to any reason that is perceived in expired breath [1]. There is limitation in terms of available information from studies, since the condition even though is prevalent, is still underrated [2]. Oral malodor also is a frequent complain, after caries and periodontal diseases, for which dental treatment is sought. Halitosis is perceived differently among different populations hence this awareness is of importance to the dentist. The knowledge about the causes responsible for the condition along with the awareness will better equip the dentist in relieving the patient of the issue and contributing in their overall welfare [3].

## Classification

Classification is as follows

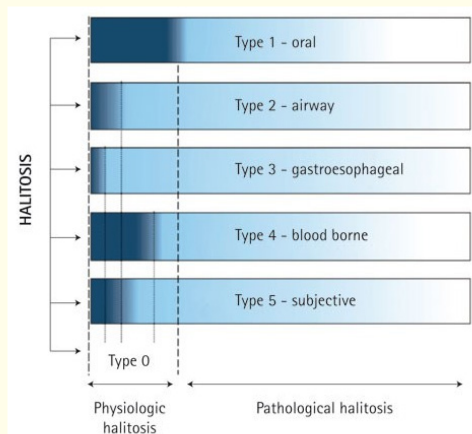


**Figure 1:** [4].

## Causes

- Morning bad breath is physiologic halitosis, which can be because of a person suffering from any respiratory issue, dry mouth or sleeping under dry, hot conditions [5].
- Any food lodgement problems, acute or chronic periodontitis, gingivitis, acute necrotizing ulcerative gingivitis, ulcerations, oral lesions, oral malignancy [5]
- Xerostomia or dry mouth condition
- Poor oral hygiene maintainence.
- Coated tongue in association with periodontal issues can contribute to malodor [6].
- Old restorations, long standing untreated dental infections, deeply carious tooth, improper wearing of acrylic dentures, extraction complications, crowding, teeth undergoing orthodontic treatment, improper prosthesis [7].
- Respiratory disease such as sinus related issues, nasal obstruction, existing bronchial conditions, tonsillitis, malignancies of the respiratory tract [5].
- Dietary intake of garlic, onions, certain fruits like durian, spicy food, heavy consumption of tobacco or alcohol [5].
- Systemic causes: Patients with hepatic or renal failure, respiratory infections, diabetic ketoacidosis, conditions like Trimethylaminuria, Hypermethioninaemia, gastro oesophageal reflux, certain hormonal imbalances as during mensturation [5]
- Drugs that can cause malodour: Antihistaminics, metronidazole, griseofulvin, diuretics, nitrites and nitrates, bisphosphonates [7].

### Metabolic disorders

| Disease | Characteristic odor |
|---|---|
| Diabetes mellitus | Acetone breath, fruity |
| Unbalanced insulin dependent diabetes | Rotten apples |
| Liver insufficiency | Sweet odour that can be described as dead mice; fetor hepticus (breath of death) |
| Trisonemy | Cabbage odor |
| Kidney insufficiency, trimethylaminuria | Fish odor |
| Uremia, kidney failure | Ammonia or urine like |
| Maple syrup urine disease | Burned sugar odor |
| Homocystinuria | Sweet musty odor |
| Isovaleriaan acidity | Sweating feet odor |
| Lung abscess or bronchiectasis | Odorous rotten meat smell, foul putrefactive |
| Putrefaction of pancreatic juices | Hunger breath smell |
| Portocaval venous anastomosis | Feculent "amine" odor resembling a fresh cadaver known as "fetor hepaticus" but characteristically intermittent in nature for long period of time |
| Blood dyscrasias | Resembling decomposed blood of a healing surgical wound |
| Liver cirrhosis | Resembling decayed wound |
| Weger's granulomatosis | Necrotic putrefactive |
| Syphilis, exanthematous disease, granuloma venerum | Fetid |
| Azotemia | Ammonia-like |

**Figure 2:** [7].

### Management

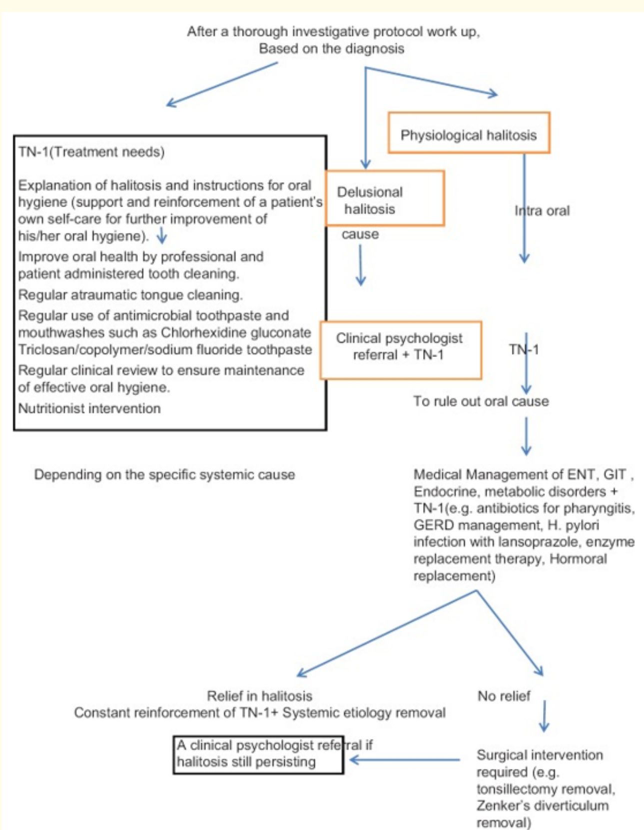


**Figure 3:** [7].

### Management [8]

- The dentist should address and resolve all odontogenic issues by giving the appropriate treatment as per the requirement of the patient like restorations, proper prosthesis, extractions for impacted tooth, removal of old and faulty restorations or prosthesis, scaling and root planning.
- Use of tongue scrapers, interdental cleaning aid and antibacterial mouth-rinsing agent with proper oral hygiene instructions should be given.
- For a short term solution that will mask the odor, usage of toothpastes with fluoride content, mint flavored tablets, chewing gums can be advised.
- For patients with hyposalivation appropriate medicines can be prescribed that can help with the dry mouth condition.
- Dietary intake of garlic, onion and certain odoriferous food can be restricted or followed by appropriate cleansing.
- Counselling for smoking and tobacco usage should be given as they are the contributing factors in halitosis along with reduction in consumption of alcohol.
- If medical reasons are thought to be the causative factors appropriate consultation and referral should be made for the systemic etiologies. In metabolic diseases the underlying condition has to be treated for improvement of the halitosis. Surgeries can be a mode of intervention in cases of tonsillitis and sinus infections.
- For patients with subjective halitosis assurance and counselling can be given, in cases of halitophobia they should be appropriately referred.

## Conclusion

Halitosis is fairly common problem for which patients seek treatment and assurance since it impacts their daily social life. The dentist should be able to recognise the various factors that can result in causation of halitosis so as to keep the patient better informed and reduce the psychosocial impact. The understanding of the multidisciplinary approach is also important and it better enables s the health professional in managing the condition [7].

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