

The microbial world of the mouth: Exploring oral microbiome dynamics.

Zeyna Bayat*

Department of Oral and Maxillofacial Pathology, Hamadan University of Medical Sciences, Iran

Introduction

The human mouth is not just a gateway for food and communication; it is also a bustling ecosystem teeming with microbial life. The oral cavity harbors a diverse community of bacteria, viruses, fungi, and other microorganisms collectively known as the oral micro biome. This intricate ecosystem plays a crucial role in maintaining oral health and has significant implications for overall well-being [1].

The oral micro biome is a dynamic and complex ecosystem consisting of hundreds of different species of microorganisms. These microorganisms colonize various surfaces within the mouth, including the teeth, gums, tongue, and cheeks. Each of these surfaces offers a unique environment that supports different microbial communities [2].

The composition of the oral micro biome can vary widely from person to person and is influenced by factors such as diet, oral hygiene practices, genetics, and overall health. Despite this variability, certain species of bacteria are commonly found in the mouths of healthy individuals, such as *Streptococcus*, *Veillonella*, and *Antinomyces* [3].

Healthy oral bacteria compete with harmful pathogens for space and nutrients, preventing the colonization of disease-causing microbes. Some oral bacteria break down complex carbohydrates and produce acids that help regulate pH levels in the mouth, contributing to the prevention of dental decay. The oral micro biome interacts with the immune system, helping to train and modulate immune responses. Dysbiosis, or imbalance in the oral micro biome, has been linked to conditions such as periodontal disease and even systemic diseases like cardiovascular disease and diabetes [4].

A diet high in sugars and carbohydrates can promote the growth of acid-producing bacteria that contribute to tooth decay. Regular brushing, flossing, and dental visits help maintain a balanced oral micro biome by removing plaque and food particles that can harbour harmful bacteria. Tobacco use alters the oral micro biome and increases the risk of gum disease and oral cancer. Conditions such as diabetes and autoimmune disorders can affect the oral micro biome's composition and increase susceptibility to oral infections [5, 6].

Recent advancements in technology, such as high-throughput DNA sequencing and metagenomics, have revolutionized our understanding of the oral micro biome. Researchers are now able to identify and characterize microbial communities

with unprecedented accuracy, shedding light on their roles in health and disease [7,8].

Clinical applications of oral micro biome research are promising. Dentists and healthcare providers may soon be able to use microbial profiling to assess oral health status, predict disease risk, and tailor personalized treatment plans. For example, probiotics containing beneficial bacteria could be used to restore microbial balance in patients with dysbiosis [9, 10].

Conclusion

The oral micro biome is a vibrant ecosystem that plays a crucial role in maintaining oral health and influencing overall well-being. Understanding its dynamics and the factors that shape it is essential for developing effective strategies to prevent and treat oral diseases. Continued research into the oral micro biome promises to uncover new insights into its complexities and pave the way for innovative approaches to oral healthcare.

References

1. Pote PG, Banode P, Rawekar S. Lifesaving successful embolization of aggressive vertebral body hemangioma and a large pulmonary arteriovenous malformation. In *J Vasc Endovasc Surg*. 2021;8(3):269.
2. Haile LM, Kamenov K, Briant PS, et al. Hearing loss prevalence and years lived with disability, 1990–2019: findings from the Global Burden of Disease Study 2019. *Lancet*. 2021;397(10278):996-1009.
3. Vos T, Lim SS, Abbafati C, et al. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2020 ;396(10258):1204-22.
4. Parsell DE, Streckfus CF, Stewart BM, et al. The effect of amalgam overhangs on alveolar bone height as a function of patient age and overhang width. *Oper Dent*. 1998;23:94-9.
5. Qualtrough AJ, Wilson NH. The history, development and use of interproximal wedges in clinical practice. *Dent Update*. 1991;18(2):66-70.
6. Santos MJ. A restorative approach for class ii resin composite restorations: a two-year follow-up. *Oper Dent*. 2015;40(1):19-24.

*Correspondence to: Zeyna Bayat, Department of Oral and Maxillofacial Pathology, Hamadan University of Medical Sciences, Iran. E-mail: zyn.byat@gmail.com

Received: 10-Jul-2024, Manuscript No. AACDOH-24-142329; Editor assigned: 11-Jul-2024, Pre QC No. AACDOH-24-142329 (PQ); Reviewed: 17-Jul-2024, QC No. AACDOH-24-142329; Revised: 21-Jul-2024, Manuscript No. AACDOH-24-142329(R); Published: 28-Jul-2024, DOI: 10.35841/aacдох-8.4.215

7. Wirsching E, Loomans BA, Klaiber B, et al. Influence of matrix systems on proximal contact tightness of 2-and 3-surface posterior composite restorations in vivo. *J Dent.* 2011;39(5):386-90.
8. Quadir F, Ali Abidi SY, Ahmed S. Overhanging amalgam restorations by undergraduate students. *J Coll Physicians Surg Pak.* 2014;24(7):485-8.
9. Burke FJ, Shortall AC. Successful restoration of load-bearing cavities in posterior teeth with direct-replacement resin-based composite. *Dent Update.* 2001;28(8):388-98.
10. Uma Maheswari TN, Nivedhitha MS, Ramani P. Expression profile of salivary micro RNA-21 and 31 in oral potentially malignant disorders. *Braz Oral Res.* 2020;34.