

Discussion

Comment on “Halitosis associated volatiles in breath
of healthy subjects” by S. van den Velde et al.
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Dear Sir,

As mentioned in the introductory passages of the above article most cases (around 85%) of halitosis result from intraoral causes [1]. Tongue coating has been identified as the main cause of halitosis. Some of the other reported intraoral causes include periodontal disease, pericoronitis, dry socket, dry mouth, ulcers and poor denture hygiene [2,3].

The title of the article states the subjects included in this study were healthy. However, to recruit “healthy” subjects a strict set of exclusion criteria should have been adapted. Investigators cannot solely rely on the subjects self awareness of the presence or absence of halitosis. Most individuals may not be aware that they are suffering from halitosis due to acclimatization to ones own breath [4,5]. Therefore, a simple clinical examination to assess the subject’s oral hygiene, denture hygiene or the presence of other oral pathology should be employed when recruiting subjects for studies of this nature. Some of the exclusion criteria proposed and used by Donaldson et al. for studies on halitosis include generalized visible plaque and calculus deposits, signs of gingivitis or periodontitis, cavitation in one or more teeth that may cause food trapping, pathology of the oral mucous membranes or attached gingivae, edentulousness and smoking [6].

Extrinsic factors such as smoking, dietary products or cosmetics may influence the assessment of halitosis [6]. Apart from garlic, onion or spicy food the subjects should also be advised to avoid smoking, alcohol and mouthwashes at least 48 h prior to the screening. On the morning of the appointment, subjects should be asked to refrain from drinking coffee, eating mints, using minted chewing gum, scented oral hygiene products, heavily scented perfume or aftershave [6]. With such advice the influence of extrinsic odours on gas chromatography measurements could be minimized.

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