

**ORAL CANDIDOSIS
CLINICAL MANIFESTATIONS AND LABORATORY DIAGNOSIS**

LIBRARY DISSERTATION

**Submitted to the Department of Oral
Pathology & Microbiology**

**In partial fulfilment of the requirements
for the Degree of**

MASTER OF DENTAL SURGERY

In Oral Pathology & Microbiology

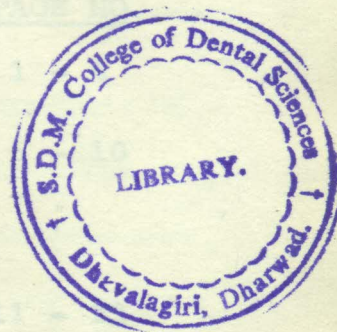
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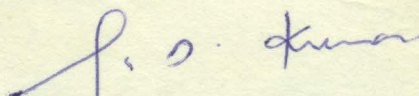
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INTRODUCTION

[Oral Candidosis, which has been known since ancient times as a disease particularly affecting debilitated individuals and infants has assumed a renewed importance in recent times due to its associations with AIDS and need for a reliable definitive diagnosis of candidal infection inspite of tremendous improvement in the laboratory methods. (Lewis et al, 1991)⁶⁰. Candidosis is a collective term given to a group of disorders caused by the yeast Candida.]

Yeasts are the only fungi common to the indigenous oral flora of man and they are the main cause of fungal infections in the oral cavity. (Stenderup, 1990)¹⁰⁶. *Candida* is a genus of yeast, classified by Lodder 1970, in a fourth group of yeasts, that do not reproduce sexually and do not form ballisto spores; hence considered as imperfect fungi, Deuteromycetes (Ross and Holbrook, 1984)⁸⁸.

2 [It is a pathogenic yeast like fungus which exists in four principal forms :- (Samaranayake and MacFarlane, 1990)⁹⁵.

- 1) Yeast Cell or blastospore (budding yeast).
- 2) True Hyphae (tubular thread - like structures produced by elongation of cell).
- 3) Pseudohyphae (an aggregate of hyphal cells lacking septa).
- 4) Chlamydospore (thick walled resting spores) form by rounding up and thickening of hyphal segments).