

## Periodontal problems are not prevalent in Sjögren's disease

Sirs,

Martínez-Nava *et al.* (1) studied the crevicular fluid microbiota in patients with primary Sjögren's disease (pSjD). Surprisingly, 47.7% of their pSjD patients showed mild periodontitis and 52.3% of their patients showed moderate to severe periodontitis. This is surprisingly as Maarse *et al.* (2) in their systematic review showed that SjD is not a risk factor for periodontal disease. According to that systemic review which included 228 SjD and 223 matched non-SjD control patients, the gingival index, the plaque index, the clinical attachment loss and the pocket probing depth of patients with SjD were similar to those of healthy controls. Thus, there was no evidence for periodontal disease to be more prevalent in patients with SjD than in healthy controls. The latter was in agreement with a more recent nation-wide study in Norway in which no association of pSjD and periodontitis was found (3) as well as with a very recent systematic review in which also no differences in periodontal status, and clinical and bacteriological levels were observed between patients with SjD and healthy controls (4). Besides, in contrast to periodontitis, dental caries is much more prevalent in patients with SjD than controls. Because of the reduced salivary flow, SjD patients are more prone to develop in particular dental caries of the cervical region of teeth thought to be due to the reduced mechanical cleansing effect of saliva (5, 6). This process is progressing much faster than periodontitis in the dry mouth (7). Thus, teeth will be lost

due to carious destruction before periodontal disease is present in most cases.

So, what pSjD patients were studied in the study of Martínez-Nava *et al.* (1), were these pSjD patients coming from the general population or were they in fact derived from a selected population of pSjD patients? Probably, the latter is the case as so many SjD patients had periodontal disease in their study and this study would then be biased. This presumption is strengthened by the recent study of Gheorghe *et al.* (8), in that study it was shown that the interleukin-16 level was only increased in the gingival crevicular fluid from patients with pSjD and without dental implants. All other periodontal parameters in their pSjD patients were similar to that of the controls. Again, an indication that the study of Martínez-Nava *et al.* might be biased; their observations will have some limitations and cannot be generalised for patients with pSjD (1).

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