**Chronic Hyperplastic Candidiasis**   
By Tatiana Shchedrina  
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**Overview**  
Oral candidiasis is a group of fungal infections that involves the skin and mucous membranes. This infection is caused by presence of *Candida albicans* fungi. The genus Candida includes eight different species of fungi, where *Candida albicans* is the most common. The *Candida albicans* fungi is part of normal micro flora. The presence of candidal infection depends on the immune status and the oral mucosal environment of the host. Oral hyperplastic candidiasis is one of the types of this yeast-like fungal infection. Even though the term “leukoplakia” is used to describe a lesion that cannot be characterized clinically or pathologically as any other disease, the term “candidal leukoplakia” still in use in dental field interchangeably with chronic hyperplastic candidiasis.

**Etiology**

At the higher risk to develop chronic hyperplastic candidiasis are patients who wear ill-fitting dentures, have xerostomia, and immunocompromised patients. Bánóczy et al. (2001) provided strong evidence that smokers are at the higher risk to develop hyperplastic candidiasis. In one study conducted in Indian villages, 98% of patients with hyperplastic candidiasis were smokers (Daftary et al., 1972).

**Clinical Presentation**  
Chronic hyperplastic candidiasis presents as a white plague most frequently adjacent to the commissural region of the oral mucosa or lateral border of the tongue. The plaque can’t be rubbed off (nodular lesion).

**Demographic**  
Chronic hyperplastic candidiasis is most prevalent in middle aged males who are smokers and in immunocompromised patients.

**Biopsy / Histology / Radiographs**  
Histopathological examination of a lesion is essential for the diagnosis of chronic hyperplastic candidiasis. Special staining techniques such as periodic acid-Schiff (PAS) and Gridley’s or Grocott’s methenamine silver (GMS) stains can be required for determination of the presence of candida hyphae. Biopsy should be taken for distinguishing it from other non-candidal diseases and examine for possible dysplasia.

**Differential Diagnosis**  
Chronic hyperplastic candidiasis is a least common form of oral candidiasis and can be clinically mistaken for Epstein-Barr virus, Human Papilloma virus, Syphilis, Lichen planus, scars, and developmental disorders of keratinization, such as white sponge nevus.

**Treatment**  
This condition is treated with use of systemic anti-fungal medications such as fluconazole. Treatment can last for several month. An important adjunct to treatment is elimination of contributing factors, such as smoking cessation, elimination of infection from dentures, fixing of ill-fitting dentures.

**Prognosis**  
Chronic hyperplastic candidiasis may develop into carcinoma. The risk level is debatable but low 9% to 40%. The risk factors includes tobacco and alcohol use, the degree and presence of dysplasia.

**Professional Relevance**  
Candidiasis is a condition that should not be overlooked by the dental professionals. This condition may be an indicator for undiagnosed systemic problems. Chronic hyperplastic candidiasis is relevant to the dental hygiene specialty because this is a pathology that is found in the oral cavity. Dental hygienist is the health care professional who can be first who recognizes this disease, and providing a referral for the evaluation of the disease. As a result of detecting the disease a dental hygienist can save a patient’s life.

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