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The rationale and potential for the reduction of oral malodour using *Streptococcus salivarius* probiotics.

[Burton JP](#)¹, [Chilcott CN](#), [Tagg JR](#).

Author information

Abstract

The primary treatment for **oral malodour** is the **reduction** of bacterial populations, especially those present on the tongue, by use of a variety of antimicrobial agents or mechanical devices. However, shortly after treatment the problematic bacteria quickly repopulate the tongue and the **malodour** returns. In our studies, we have used a broadly-active antimicrobial (chlorhexidine) to effect temporary depletion of the **oral** microbiota and then have attempted to repopulate the tongue surface with ***Streptococcus salivarius* K12**, a benign commensal probiotic. The objective of this is to prevent re-establishment of non-desirable bacterial populations and thus help limit the re-occurrence of **oral malodour** over a prolonged period. In this paper, we discuss why contemporary **probiotics** are inadequate for treatment of **oral malodour** and examine the **rationale** for selection of particular bacterial species for future use in the treatment of this condition. In our preliminary trials of the use of a chlorhexidine rinse followed by strain K12 lozenges, the majority (8/13) of subjects with confirmed halitosis maintained reduced breath levels of volatile sulphur compounds for at least 2 weeks. We conclude that probiotic bacterial strains originally sourced from the indigenous **oral** microbiotas of healthy humans may have **potential** application as adjuncts for the prevention and treatment of halitosis.

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