

Oral Microbial Flora in Malnourished Children: Implications for Health and Disease

Abiodun Jacob Osatogbe^{1*}, Shafiu Isah A² and Adamu Aliero A¹

¹Microbiology Department, Kebbi State University of Science and Technology, Aliero, Kebbi State, Nigeria

²NOMA Children Hospital, Sokoto, Ministry of Health, Sokoto State

*Corresponding Author

Abiodun Jacob Osatogbe, Microbiology Department, Kebbi State University of Science and Technology, Aliero, Kebbi State, Nigeria, Tel: +2348077730479

Submitted: 2023 Nov 15; Accepted: 2024 Mar 01; Published: 2024 Mar 15

Citation: Osatogbe, A. J., Isah, S. A., Aliero, A. A. (2024). Oral Microbial Flora in Malnourished Children: Implications for Health and Disease. *J Oral Dent Health*, 8(1), 01-03.

Abstract

Malnutrition is a global issue affecting children's well-being, growth, and resilience. Protein-calorie malnutrition (PCM) is the most common form, affecting pregnant women, the elderly, and young children, leading to obesity in emerging countries. Vitamin A, iron, iodine, zinc, and folate are essential for a balanced diet and healthy nutrition. One-third of sub-Saharan Africans lack these nutrients, affecting mental and physical health, vitality, and economic growth. Oral microbial populations like *Streptococcus* and *Enterococcus* also affect human health and disease development. Malnutrition increases infection risk and mortality, with diarrhoea and respiratory illnesses being the most common causes of mortality in infants under five. A deeper understanding of the oral microbiota can help develop better management options. Severe malnutrition in children with comorbidities increases mortality risk by four times. Medical personnel must prioritise diagnosing and treating severe acute malnutrition in children, as comorbidities increase the risk of death for extremely malnourished children by four times.

Keywords: Malnutrition, Oral Microbial Flora, Streptococcus, Bacterial Infection, Child Health, Public Health

1. Background

The dietary requirements of an infant or kid have an essential effect on numerous aspects of his or her health, including normal growth and development, participation in vigorous physical activity, and the capacity to withstand severe ailments [1]. Malnutrition can result from a deficiency or absence of particular nutrients. Malnutrition's manifestation and severity are determined by its aetiology, severity, and duration [2]. Protein-calorie malnutrition (PCM) may result from an insufficiency of macronutrients, such as protein, carbohydrates, and lipids. Combined with micronutrient deficiencies, these imbalances pose substantial nutritional challenges, especially for expectant women, the elderly, and young children. According to Rodriguez, et al. (2011), this problem impacts a substantial number of people. Malnutrition and developmental deficiency are significant problems affecting children, resulting in roughly half of all child deaths in developing countries [3]. The nutrition transition in Sokoto is progressing rapidly, resulting in an increasing prevalence of obesity as an urgent issue, especially in regions that are semi-urban and rural. Accompanying the recurrent occurrence of dietary shortages, the global prevalence of obesity is rising. Malnutrition is an alarming worldwide problem. Undernutrition is a form of malnutrition characterised

by stunting, atrophy, and deficits in essential vitamins and minerals. The additional manifestation of malnutrition entails obesity, which results from excessive ingestion of specific nutrients. The prevalence of underweight, stunting, and waste in children, which are regarded as the most accurate indicators of malnutrition, is primarily observed in a few South Asian and Eastern African nations. According to a 2011 report by Gupta et al., approximately 33% and 28% of children under the age of 5 are classified as underweight in these regions [4]. Numerous studies have demonstrated that malnutrition is associated with a higher vulnerability to infection and mortality. Micronutrients play an essential role in sustaining proper nutrition, and their deficiency in the human diet is responsible for a variety of health problems. Vitamin A, iron, iodine, zinc, and folate are the micronutrients that have attracted the most academic interest in recent years. A significant portion of the world's population suffers from a deficiency in micronutrients that are vital, posing an ongoing problem in numerous African countries. In accordance with Kuku-Shittu, et al. (2016), approximately one-third of the population south of the Sahara in Africa suffers from vitamin and mineral deficiencies. These deficiencies have substantial effects on the cognitive and physical health of individuals, as well as their energy levels. Moreover, these deficiencies

have a negative impact on the economic growth of societies in this region [5]. The human body contains a wide variety of autochthonous bacteria, with distinct communities located at different anatomical sites. There are microbial populations in the oral cavity that have significant effects on human well-being and disease. Individual dental health is dependent on the presence of healthy endogenous bacteria on the surfaces of the gums, teeth, and oral cavity linings [6]. Understanding the composition of oral flora and its components, microbes, has been the subject of limited study to date. Bacteria are typically present in the surface tissues of all individuals, such as the buccal cavity. The composition and abundance of microorganisms can vary depending on a person's age, dietary habits, and personal hygiene practices [7]. The oral bacteria mentioned in the study by Bik, et al. (2010) have been identified as the primary agents responsible for numerous systemic diseases, such as endocarditis caused by bacteria, pulmonary pneumonia, osteomyelitis in infants, preterm low birth weight, and cardiovascular disease. The human buccal cavity is an extremely active ecosystem that supports a wide variety of bacterial species. Within this environment, these bacteria engage in fierce competition, resulting in the formation of biofilm structures comprised of numerous species. Bacteria like *Streptococcus*, *Lactobacillus*, *Lactococcus*, *Enterococcus*, *Staphylococcus*, *Corynebacterium*, *Veillonella*, and *Bacteroids* are often found in the mouth [8, 9]. Oral microbial-plaque colonies are bacterial biofilms composed of a variety of genetically distinct bacterial types that coexist on surfaces inside the microbial host. Multiple mechanisms, which include coaggregation and coadhesion, as well as additional physiological and metabolic interactions, facilitate bacterial communication [10]. Multiple research investigations have presented evidence demonstrating that malnutrition is associated with increased susceptibility to infection and mortality [2]. Abrupt diarrhoea and severe respiratory infections are the most prevalent causes of morbidity among infants under the age of five. Multiple studies have established a causal link between malnutrition and these fatalities. Due to its rare inclusion as a direct cause of death on official death certificates, however, the true impact of malnutrition is frequently understated [11]. This review aims to explore the relationship between malnutrition and oral microbial flora in children, with a focus on the prevalence of protein-calorie malnutrition (PCM). The objective are 1. Investigate the prevalence and severity of malnutrition, particularly protein-calorie malnutrition, in children. 2. Explore the composition and diversity of oral microbial flora in malnourished children, focusing on *Streptococcus* and *Enterococcus*. 3. Examine the association between malnutrition, oral microbial flora, and the increased susceptibility to infectious diseases in children. The study investigates the impact of malnutrition on the composition of oral bacterial populations, particularly *Streptococcus* and *Enterococcus*, and their potential role in affecting children's health and disease development [12-15].

2. Methodology

This investigation seeks to clarify the relationship between malnutrition and bacterial infections. In addition, we investigate the increased prevalence of infectious diseases among malnourished children. To determine the extent to which studies

have investigated the association between malnutrition and microbes, an in-depth review of existing research articles was conducted. To identify original articles, an inquiry was carried out on MEDLINE, which is maintained by the National Library of Medicine in Bethesda, Maryland. This was accomplished by using the PUBMED query programme. In addition, our analysis utilised electronic databases such as the EMBASE database and Scopus. The databases were queried systematically for articles published between 2010 and 2022, with a focus on English-language publications with an English abstract. The research made use of several combinations of the following keyword groups: malnourished children, malnutrition, bacteria, Nigeria, and global scope. Subsequently, an independent investigation was conducted to determine the literature regarding the presence of microorganisms in malnourished children. Bacteria and malnutrition are discussed separately in distinct sections of this review. The exclusion criteria, are the studies does not focus on other pathogenic agents or malnourished adults as well the investigation did not include studies that examined the association between malnutrition and other pathogenic agents, such as HIV-related or other viral diseases. In addition, research on emaciated adults was eliminated from the analysis.

3. Discussion

In the discipline of public health nutrition in this issue region, malnutrition and micronutrient deficiencies continue to be the primary concerns. Multiple genotypes of oral bacteria classified as *Streptococcus* and *Enterococcus* and presenting diverse patterns of susceptibility to antibiotics were successfully identified in the present study, which was also proved by Alghamdi (2022). In accordance with Karajibani et al. (2013), the conclusions of the research study revealed the presence of varying degrees of malnutrition, ranging from mild to severe, but found that overweight and obesity were not significant issues among children. According to Jain (2011), the results show that the ability of bacterial biofilm cells to keep their intracellular pH level stable is what makes them more physiologically stable and resistant to acidity.

4. Conclusion

The findings reveal insights into the association between malnutrition, bacterial infections, and increased susceptibility to infectious diseases in malnourished children. A greater understanding of the significance of oral microflora, which functions as a colony comprised of several different microbes exhibiting synchronised behaviour, will lead to the development of more efficient management methods. There was a significant correlation between comorbidity prevalence and mortality. On admission, the probability of death for severely emaciated children with complications was discovered to be four times that of children who were severely malnourished without comorbidities. Medical professionals and healthcare professionals must prioritise the prompt identification and effective management of complications in paediatric patients with severe acute malnutrition.

Acknowledgement

I want to express my gratitude to Prof. A. A. Farouq for

giving me the chance to work in the field of human microbial metagenomics. Prof. A. A. Farouq has always given me a great deal of latitude to create my own projects and has provided me with unwavering support as I conduct my research. Every time I encountered a setback, his upbeat and creative attitude has been a source of inspiration. Over the past years, he has been a motivating mentor. My co-supervisors Dr. S. S. Manga, Dr. D. D. Attah, Dr. Obaro, and HOD Microbiology Dr. A. Aliero held deserve my gratitude for their time, helpful criticism, and suggestions on my work. Additionally, I want to thank the entire Microbiology Department staff and my departmental peers for the inspiring atmosphere, especially Mr. Joseph, Hajiya Zara, and Mrs. Martina for the fruitful brainstorming sessions. We appreciate the efforts of the Laboratory staff, especially Mal Dabai Ahmed for his prompt assistance when required. Thank you to the department's entire administrative team for providing prompt assistance when required. Additionally, I want to thank the functional genomics facility (CAMRET) for making it simple for me to access top-notch sequencing technologies and for supporting my research.

References

1. Jarso, H., Workicho, A., & Alemseged, F. (2015). Survival status and predictors of mortality in severely malnourished children admitted to Jimma University Specialized Hospital from 2010 to 2012, Jimma, Ethiopia: a retrospective longitudinal study. *BMC pediatrics*, 15, 76.
2. Rodríguez, L., Cervantes, E., & Ortiz, R. (2011). Malnutrition and gastrointestinal and respiratory infections in children: a public health problem. *International Journal of Environmental Research and Public Health*, 8(4), 1174-1205.
3. Karajibani, M., Sheikhi, M., & Montazerifar, F. (2013). Prevalence of Nutritional Status in Children under 6 Years in Sistan and Baluchistan Province, South-East of Iran Article information Abstract Prevention Prevention. 2012.
4. Rabinowitz, S. S., Gehri, M., Di Paolo, E. R., Wetterer, N. M., & Prince, E. N. (2012). Marasmus. Maria Rebello Mascarenhas, Mary L Windle, Jatinder Bhatia, Merrily PM Poth, editors.
5. Bik, E. M., Long, C. D., Armitage, G. C., Loomer, P., & Emerson, J., et al. (2010). Bacterial diversity in the oral cavity of 10 healthy individuals. *The ISME journal*, 4(8), 962-974.
6. Gerald, P. C. (2013). Oral microbiome homeostasis: The new frontier in oral care therapies. *J Dent Oral Disord Ther*, 1(3).
7. Sharma, N., Bhatia, S., Sodhi, A. S., & Batra, N. (2018). Oral microbiome and health. *AIMS microbiology*, 4(1), 42.
8. Wang, Q. Q., Zhang, C. F., Chu, C. H., & Zhu, X. F. (2012). Prevalence of *Enterococcus faecalis* in saliva and filled root canals of teeth associated with apical periodontitis. *International journal of oral science*, 4(1), 19-23.
9. Alghamdi, S. (2022). Isolation and identification of the oral bacteria and their characterization for bacteriocin production in the oral cavity. *Saudi journal of biological sciences*, 29(1), 318-323.
10. Jain, K. (2011). Studies on Isolation and Characterization of Oral Biofilm Forming Bacteria. *Project Report, NIT,R*, 1-112.
11. Black, R. E., Cousens, S., Johnson, H. L., Lawn, J. E., & Rudan, I., et al. (2010). Global, regional, and national causes of child mortality in 2008: a systematic analysis. *The lancet*, 375(9730), 1969-1987.
12. World Health Organization. (2021). Malnutrition Key fact sheet. WHO 2018.
13. World Health Organization. WHO, (2020) child growth standards and the identification of severe acute malnutrition in infants and children. 2009. ISBN: 978 92 4 159816 3. https://www.who.int/nutrition/publications/severe_malnutrition/9789241598163/en/
14. World Health Organization(2021). Malnutrition Key fact sheet. WHO 1st April 2020.
15. World Health Organization (WHO, 2021). Updates on the management of severe acute malnutrition in infants and children.

Copyright: ©2024 Abiodun Jacob Osatogbe, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.