MRS. LEA LADEGAARD GRØNKJÆR (Orcid ID : 0000-0001-5754-8235)

Article type : Letter to the Editor

Handling Associate Editor: Christophe Bureau

**Oral health and liver disease**

Lea Ladegaard Grønkjær¹,²
Hendrik Vilstrup¹

1. Department of Gastroenterology and Hepatology, Aarhus University Hospital, Palle Juul-Jensens Boulevard 99, 8200 Aarhus N, Denmark

2. Department of Gastroenterology, Hospital of South West Jutland, Finsensgade 35, 6700 Esbjerg, Denmark

**Corresponding author**

Lea Ladegaard Grønkjær
Department of Hepatology and Gastroenterology
Aarhus University Hospital
Palle Juul-Jensen Boulevard 99
8200 Aarhus N
Denmark
Email: lea.ladegaard.gronkjaer@rsyd.dk
Phone No: +45 26668184

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/LIV.14033

This article is protected by copyright. All rights reserved
Dear Editor,

We read with great interest the recently published study by Helenius-Hietala et al.\(^1\) on the generally overlooked problem of poor oral health and liver disease. They showed
that periodontitis is associated with incident liver disease including cirrhosis in the population independently of various other factors. The authors concluded that periodontal disease may be a modifiable risk factor for development of liver disease.

We wish to draw the attention to the association between periodontal disease and the course of diagnosed cirrhosis, indicating that periodontal disease is also a prognostic factor in cirrhosis.²

We showed that poor oral health leads to nutritional risk and systemic inflammation activation,³,⁴ which are common and strong risk factors for morbidity and mortality in cirrhosis. Accordingly and not least, we found that severe periodontitis predicts markedly higher mortality in patients with cirrhosis even after risk adjustment for relevant confounders.⁴ Interestingly, the cirrhosis patients without teeth had better survival than those with teeth – supporting the notion that periodontal disease may indeed be a modifiable prognostic factor, although other ways of managing the problem are obviously preferable.

Taken together, Helenius-Hietala’s and our studies indicate that poor oral health is a clinically significant factor in the complete chain of events from risk for and prognosis of cirrhosis. Much more attention should be paid to this problem that we feel is often grossly neglected. We fully agree with Helenius-Hietala that there is an unmet need for further studies of the effects of prevention and treatment of periodontal disease on liver disease.⁵ Notably, such interventions may well be quite low-tech and cheap, ie cost-effective, and be taken care of within the frames of general primary public health and clinical nursing tasks.

References