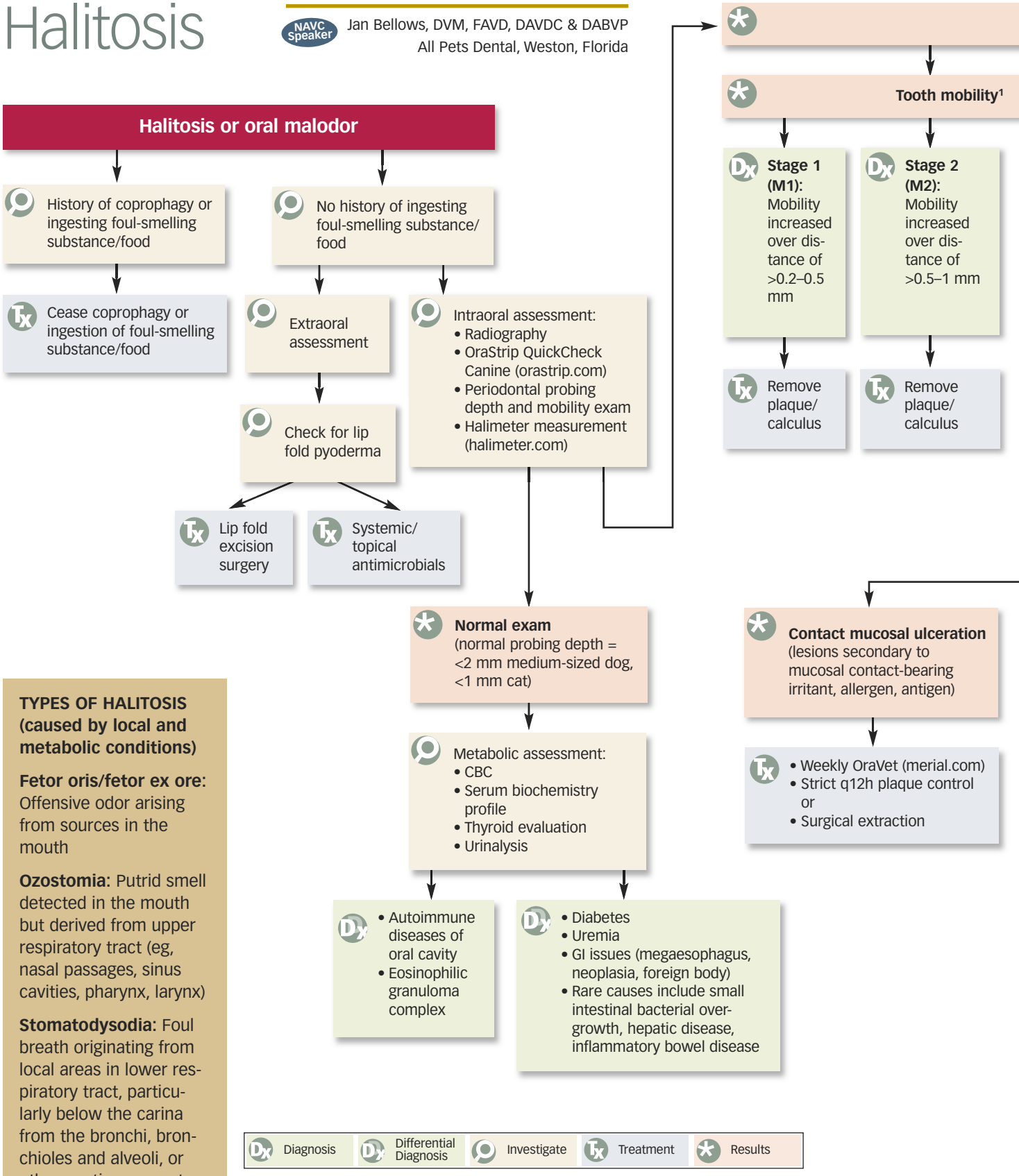
Halitosis

NAVC Speaker
Jan Bellows, DVM, FAVD, DAVDC & DABVP
All Pets Dental, Weston, Florida



TYPES OF HALITOSIS (caused by local and metabolic conditions)

Fetor oris/fetor ex ore: Offensive odor arising from sources in the mouth

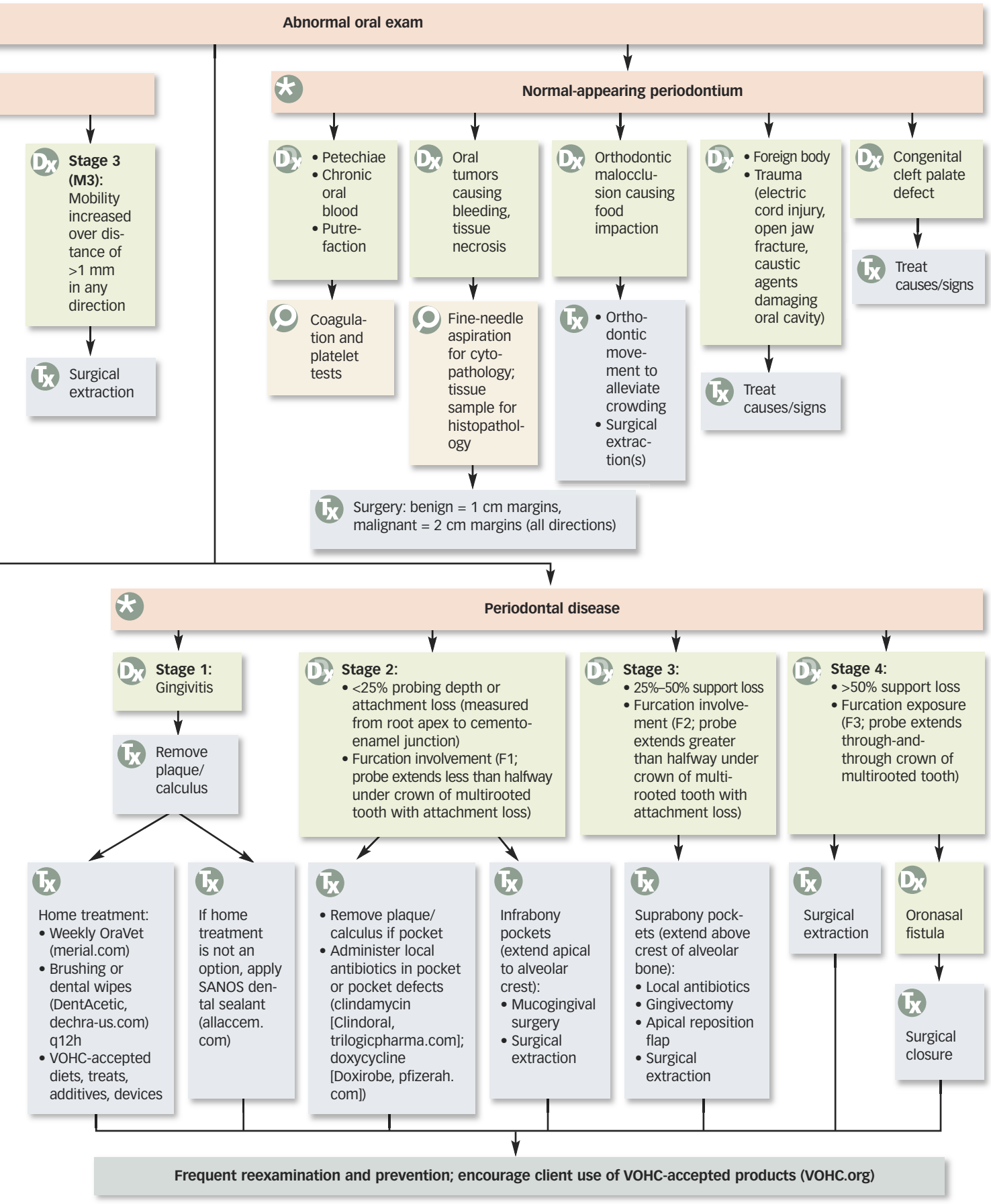
Ozostomia: Putrid smell detected in the mouth but derived from upper respiratory tract (eg, nasal passages, sinus cavities, pharynx, larynx)

Stomatodysodia: Foul breath originating from local areas in lower respiratory tract, particularly below the carina from the bronchi, bronchioles and alveoli, or other contiguous parts of the lung (eg, pleura)

Dx Diagnosis | Dx Differential Diagnosis | Investigate | Tx Treatment | Results

See **Aids & Resources**, back page, for references & suggested reading.

VOHC = Veterinary Oral Health Council


Abnormal oral exam
Normal-appearing periodontium
Stage 3 (M3): Mobility increased over distance of >1 mm in any direction
Surgical extraction
• Petechiae
• Chronic oral blood
• Putrefaction
Coagulation and platelet tests
Oral tumors causing bleeding, tissue necrosis
Fine-needle aspiration for cytopathology; tissue sample for histopathology
Orthodontic malocclusion causing food impaction
• Orthodontic movement to alleviate crowding
• Surgical extraction(s)
• Foreign body
• Trauma (electric cord injury, open jaw fracture, caustic agents damaging oral cavity)
Treat causes/signs
Congenital cleft palate defect
Treat causes/signs
Surgery: benign = 1 cm margins, malignant = 2 cm margins (all directions)
Periodontal disease
Stage 1: Gingivitis
Remove plaque/calculus
Stage 2:
• <25% probing depth or attachment loss (measured from root apex to cementoenamel junction)
• Furcation involvement (F1; probe extends less than halfway under crown of multirooted tooth with attachment loss)
Stage 3:
• 25%–50% support loss
• Furcation involvement (F2; probe extends greater than halfway under crown of multirooted tooth with attachment loss)
Stage 4:
• >50% support loss
• Furcation exposure (F3; probe extends through-and-through crown of multirooted tooth)
Home treatment:
• Weekly OraVet (merial.com)
• Brushing or dental wipes (DentAcetic, dechra-us.com) q12h
• VOHC-accepted diets, treats, additives, devices
If home treatment is not an option, apply SANOS dental sealant (allaccem.com)
• Remove plaque/calculus if pocket
• Administer local antibiotics in pocket or pocket defects (clindamycin [Clindoral, trilogicpharma.com]; doxycycline [Doxirobe, pfizerah.com])
Infrabony pockets (extend apical to alveolar crest):
• Mucogingival surgery
• Surgical extraction
Suprabony pockets (extend above crest of alveolar bone):
• Local antibiotics
• Gingivectomy
• Apical reposition flap
• Surgical extraction
Surgical extraction
Oronasal fistula
Surgical closure
Frequent reexamination and prevention; encourage client use of VOHC-accepted products (VOHC.org)