

## Oral health: Risk definition in halitosis

Aydin M, Harvey-Woodworth CN.

---

---

We defined and etiologically classified halitosis into 5 types.

*Aydin M, Harvey-Woodworth CN. Halitosis: a new definition and classification. Br Dent J. 2014 Jul 11;217(1):E1. doi: 10.1038/sj.bdj.2014.552. PMID: 25012349.*



Some colleagues commented our work PMID: [25377800]



You will read our responsive paper to their comments . Cite this paper as follows:

*Aydin M, Harvey-Woodworth CN. Oral health: Risk definition in halitosis. Br Dent J. 2014 Nov;217(9):487. PMID: 25549369*

---

---

The authors of Halitosis: a new definition and classification, M. Aydin and C. N. Harvey-Woodworth, respond: Thank you to the colleagues for paying attention to our work.[PMID: 25012349].

This definition and classification paper is a part of our work. As we have previously explained to the reviewers of the BDJ, we are currently preparing one more manuscript on gas measurement method in halitosis patients to estimate the exact location(s) of the major halitosis gases emitted from the patient. Therefore, the diagnosis, treatment of halitosis and patient management protocol according to this new scheme will be discussed in a separate publication. We have emphasised this condition in the first page of our manuscript (see the last sentence of the ‘previous definitions’ section).

Almost every dentist in the world has been sufficiently trained and has the capacity to manage or refer a halitosis case. Our classification scheme and our gas measurement method (not yet published) do not require specific skills and any medical licence or the involvement of medical specialists.

Note from Murat Aydin:

The studies mentioned in this manuscript has been published at:

1- Aydin M, Özen ME, Evlice B, Ferguson M, Uzel İ. A new measurement protocol to differentiate sources of halitosis. *Acta Odontol Scand.* 2016 Jul;74(5):380-4. doi: 10.3109/00016357.2016.1163732. Epub 2016 May 11. PMID: 27167742.

2- Aydin M, Gunay I. Cysteine challenge test as a novel diagnostic tool to distinguish oral halitosis. *Aust Dent J.* 2022 Mar;67(1):69-75. doi: 10.1111/adj.12884. Epub 2021 Nov 17. PMID: 34729788.

In our manuscript, we have: 1) defined, 2) aetiologically classified halitosis by explaining its mechanisms, and 3) revised its terminology but never described any clinical application that may potentially cause malpractice.

Furthermore, as a general rule, every pathologic condition (including halitosis) must be systematically classified according to its aetiology or according to its mechanism but not according to practitioners' capabilities nor according to any particular medical branch.

On the other hand, amines are found in the composition of saliva, and vaporise when saliva dries. They are detectable by gas detectors or organoleptically, known as 'amine breath' or indole breath,1 nitrogen-containing volatile amines2,3 and more.4

The classification made by Miyazaki et al, 1999 does not reflect the multifactorial nature of halitosis and does not clearly cover every clinical situation. There are a lot of logic and terminological problems with their classification but these are not the main topic of this letter. The old classification does not meet the needs of our new gas measurement method. This is the reason why we need to re-classify halitosis before we declare our new gas measurement method in a separate publication.

Lastly, our classification has already been widely used by practitioners and patients. It is more logical, understandable, memorable, flexible, clear, concise and precise than the old classification. It permits multiple diagnoses, prevents terminological confusion, and more importantly it is a unique classification that is mechanistic and aetiological!

### **References:**

1. Greenman J, Lenton P, Seemann R, Nachnani S. Organoleptic assessment of halitosis for dental professionals - general recommendations. *J Breath Res* 2014; 8: 017102.
2. Aylıkçı B U, Colak H. Halitosis: from diagnosis to management. *J Nat Sci Biol Med* 2013; 4: 14-23.
3. Bollen C M, Beikler T. Halitosis: the multidisciplinary approach. *Int J Oral Sci* 2012; 4: 55-63.
4. Ongole R, Shenoy N. Halitosis: much beyond oral malodor. *Kathmandu Univ Med J* 2010; 8: 269-275.