

Desalegn Eman Jabana*

Dept of Ng, As Univ Ehija

Abstract

Background: A table diet k diabetes is a disease in which the body is unable to use insulin properly, leading to high blood sugar levels. PHWDEROLVP5HGKHGVDOLYDURZUDWHEURXKWRQEKSHUJOFHPLDLVWSLFDORISHULRGVRRUPHWDEROLFFRQWUROL diabetes which the doctor can use acid to bacteria.

Objectives:

colony properties were examined. Standard biochemical assays were used to identify the various organisms.

The various bacteria were observed to grow as independent colonies when growth-containing material was cultured by plating; each of these colonies was typically a pure culture descended from a single infected cell. Typically, isolation is accomplished by carefully cultured from a plate culture containing colonies that are well-separated. A single colony was selected using an inoculating wire loop and subcultured in a tube or plate of brand-new, sterile culture medium when it appeared likely that the colony was that of an important or pathogenic organism.

Then, conclusive tests were performed using the organism's physical and cultural traits.

Either beta-haemolysis or non-haemolysis was caused by streptococci. After being fed through mannitol sugar for fermentation, the streptococci cultivated colonies were incubated in the incubator for 24 hours. Streptococcus is present if the sugar's colour after fermentation changes from blue to yellow. The age and gender distribution of the cases under research revealed that the average age in years for males in Group A was 59.47 and for females were 55.91. With a male to female ratio of 1.19, the average age in years for Group B participants was 50.79 for men and 45.91 for women.

According to the distribution of organisms between the study and control groups, Z-test for difference between two proportions revealed a highly significant difference between the proportions of SM, Pseudomonas aeruginosa (PA), and Staphylococcus aureus in the study and control group, significant differences for Klebsiella (K), and non-haemolytic streptococci. By applying Student's t-test, it was determined that there was a highly significant difference between the mean values of the DMFT index in the study and control group. As a result, the study group has higher dental cavities than the control group.

By using the Chi-square test, it was discovered that there was a significant link between fasting blood sugar level and organisms in the study group. This association/correlation was between blood sugar level and organisms in the study group. Therefore, when the level of fasting blood sugar raises, so do organisms. By applying Student's t-test, it was determined that there was a highly significant difference between the mean values of DMFT in organism type SM and E in the study and control group. This was determined by comparing the mean values of DMFT in the control and study group according to organisms.

Discussion

A collection of illnesses characterised by increased study and 75-1.2 Td(streptococci) were observed in the study group. The mean DMFT in the study group was 1.2, while in the control group it was 0.5. This difference was highly significant. The association between fasting blood sugar level and DMFT was also highly significant. The mean DMFT in the study group was 1.2, while in the control group it was 0.5. This difference was highly significant. The association between fasting blood sugar level and DMFT was also highly significant.

Conclusion

Our investigation leads us to the conclusion that dental caries increases with age, blood sugar levels, and DMFT values more in the diabetic group than in the control group. Therefore, a diabetes patient should constantly make sure that they maintain their dental hygiene by using the right brushing techniques. If a diabetic's tooth becomes decayed, they should be sure to get it fixed as soon as feasible. They must abide by the recommendations made by their doctor or dietitian about the consumption of a non-cariogenic diet.

References

1. Oba k R, Sink S, Oba k Z, Kat F, Ch k M (2008) 7KHLQWQFHRIWSH 1 diabetes mellitus and oral health in children and adolescents. *Yei Med J* 49:357-365.
2. Sidi k iee J, Machi k iee V, Nid B, Teu J, Ned k iee I (2006) Dental caries and gingivitis in children with type 1 diabetes mellitus. *Eur Oral Sci* 114:844.
3. Han k F (1997) *Biological and clinical aspects of dental caries*. 2c