

Correspondence: Correlation of Salivary pH, Incidence of Dental Caries and Periodontal Status in Diabetes Mellitus Patients: A Cross-Sectional Study

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Dear Editor,

We read with great interest the article by Seethalakshmi C et al., (Correlation of salivary pH, Incidence of Dental Caries and Periodontal Status in Diabetes Mellitus Patients: A Cross-sectional Study), these authors claim that, "there was a significant relationship between the diabetes mellitus and increased incidence of dental caries and periodontitis and there was also a significant reduction in the salivary pH in diabetes mellitus Patients, compared to that of non diabetic subjects" [1], the study had useful theory but some aspects were speculative:

1. There are some important concerns in the methods of saliva collection: In order to ignore the effect of Circadian rhythm on saliva amount and composition, the samples must be taken at a certain time of the day e.g. 10-12 a.m. [2]. To ensure an unstimulated sample, the patient is instructed to refrain from eating, drinking, smoking, chewing gum, and oral hygiene practices or any other oral stimulation at least 60-90 minutes prior the test session [2]. Excessive movement and talking are discouraged during the testing period. Particularly, as measuring the salivary pH is one of the main methodology of this study, for buffering the pH of saliva after eating, a minimum

interval is surely needed.

2. In the aim of this study authors mentioned that "the aim of this study was to evaluate pH saliva in diabetes mellitus patients and to compare with that of normal subjects and ...", and ultimately they concluded that the mean pH of saliva in diabetic patients (despite of increased indices of DMFT and PDI) is lower. While for coming to this conclusion, in order to neglect the effect of DMFT and PDI in pH level of saliva, both the groups of case and control in terms of DMFT and PDI indices must be equal at the beginning of the study, since they influence on decrease of pH [3].

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FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: **Dec 11, 2016**
Date of Peer Review: **Feb 10, 2017**
Date of Acceptance: **Mar 15, 2017**
Date of Publishing: **Sep 01, 2017**