

IMPORTANT MICROBES IN DENTISTRY

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I. INTRODUCTION

In dentistry, microbes are crucial because they affect both oral health and illness. It is essential to comprehend these microbes in order to engage in proper dental hygiene and avoid dental diseases. One of the most important microorganisms is *Streptococcus mutans*, which is known to have a part in the development of dental caries. Because it depends on confections, these bacteria produce acids that damage tooth enamel and promote the growth of cavities. On the other hand, *Streptococcus salivarius* is advantageous because it produces antimicrobial peptides that fight harmful microbes and improve dental health.

Porphyromonas gingivalis is another important bacteria that is linked to periodontal disease. If left untreated, it can lead to inflammation and eventual tooth loss. Its existence emphasizes how crucial it is to maintain proper oral hygiene and arrange frequent dental screenings in order to stop gingivitis from becoming aggravated.

II. ORAL MICROBIOME

A varying collection of oral bacteria known as the oral microbiome play important roles in both health and disease. The majority of bacteria, including *Streptococcus*, *Actinomyces*, and *Veillonella*, are involved in the production of plaque and the preservation of oral homeostasis. This ecosystem also contains fungi, such as species of *Candida*, which may have an impact on oral health outcomes. There are several factors that affect the balance and cosmetics of these microorganisms, including host genetics, oral hygiene habits, and food. Studies reveal a connection between oral disorders such as dental caries, periodontitis, and oral candidiasis and dysbiosis in the oral microbiome. Comprehending the intricacies of the oral microbiome is imperative in order to formulate focused treatments and prophylactic measures that advance oral health and overall well-being.

III. NORMAL FLORA

Normal human flora includes microorganisms such as bacteria, fungus, viruses, and protozoa that reside in many regions of the body, including the skin, stomach, and mucous membranes. These bacteria live without causing illness and serve important functions in health maintenance such as digestion, vitamin production, and pathogenic infection prevention. The chemical composition of typical flora differs by internal location and person, adjusting to diverse surroundings and life periods.

IV. TYPES OF NORMAL FLORA

Normal flora may be divided into three categories depending on their connection with the host

Commensal Microflora: These microorganisms live beside the host without causing damage. They get benefits like as nutrition and consistent habitat, while the host is not impacted. Examples include numerous *Staphylococcus* species on the skin.

Mutualistic Microflora: These bacteria are advantageous to the host. They help in digestion, vitamin synthesis, and defense against harmful germs. For example, *Lactobacillus* species in the stomach contribute to a healthy digestive tract.

Opportunistic Microflora: These organisms do not normally cause disease, but they can become pathogenic under specific circumstances, such as when the host's immune system is impaired. For example, *Escherichia coli* in the colon can cause infections if they move to other areas of the body.

Normal flora may be present in a variety of internal regions, including the mouth cavity, nasopharynx, stomach, small intestine, colon, and vagina.

Normal Oral Flora

Normal oral flora is the varying collection of microorganisms that live in the mouth cavity. Bacteria, fungi, viruses, and protozoa reside on a variety of oral surfaces, including the teeth, gums, tongue, and cheeks.

Key Aspects of Normal Oral Flora: The key aspects of normal oral flora are:

Diversity: The mouth cavity supports a varied microbial community. Some of the most common bacterial genera include *Streptococcus*, *Actinomyces*, *Veillonella*, *Fusobacterium*, and *Porphyromonas*.

Site-Specificity: Diverse areas of the mouth support diverse microbial populations, resulting in unique microenvironments.

Beneficial Roles: These microbes are vital for oral health because they prevent harmful bacteria from colonizing, improve digestion, and contribute to immune system function. The balance of these microbial populations is critical for dental health, and disturbances can result in cavities, gingivitis, and periodontal disease.

V. IMPORTANT MICROBES IN DENTISTRY

Several microbes play crucial roles in dentistry due to their involvement in oral health and disease. Key microbes include:

- Bacteria
- Viruses
- Fungi

VI. IMPORTANT BACTERIA RELEVANT TO DENTISTRY

Following is the list of bacteria important and relevant to dentistry

- *STREPTOCOCCI*
- *STAPHYLOCOCCI*
- *MICROCOCCUS*
- *LACTOBACILLUS*
- *ACTINOBACILLUS*
- *CLOSTRIDIUM*
- *ENTEROBACTER*
- *VIBRIO*
- *BACTERIOIDES*
- *FUSOBACTERIA, SPIROCHETES*
- *MYCOBACTERIA*
- *ACTINOMYCES*

1. Streptococci

- **Habitat & Transmission:** *Streptococci* are found in many places. Human skin, the upper respiratory tract, and the oral cavity are among their habitats. Cats, primates, and livestock all contain some of them. These microbes can be transmitted by direct contact with an infected person's nose or throat secretion, infected wounds or skin sores, or by sharing food and beverages. When someone is sick, there is a higher chance that they will spread. Additionally, fomites can be used to transfer them.
- **Gram Stain:** *Streptococci* are gram positive bacteria; they take on a purple hue when combined with gram stain. Older cultures could become less detrimental.
- **Culture Media:** Typically, these bacteria thrive on agar medium that has been treated with blood.



Figure 1: Gram stained smear of *Streptococcus* species

(Courtesy by: <https://era.library.ualberta.ca/items/1e6cd994-47b7-4d6e-ae13-39ed2a8199d3>)

- **Morphology:** Microscopically, *streptococcus* are coccoid bacteria. Their morphology is smooth and mucoid. The cocci, which come in pairs and a chain, have a diameter of 0.5-2 μm .
- **Spore Formation:** They are non-spore forming bacteria.
- **Aerobic Requirement:** Anaerobes with facultative faculties make up the majority of streptococci; those with obligatory faculties do not.
- **Motility:** They are non-motile bacterial species, albeit some variants are rarely motile.
- **Flagella:** The flagellated species of *streptococci* are motile. The invasiveness and pathogenicity of bacteria are influenced by the presence of flagella.
- **Capsule:** Many *streptococci* species are capsulated; however non-capsulated *streptococci* are also prevalent. These capsules are made of polysaccharides, polypeptides, or a combination of the two.
- **Biochemical Characteristics:** Species of *streptococcus* are catalase-negative cocci. On blood agar, they show three different types of hemolysis: gamma-hemolysis (none), beta-hemolysis (complete, forming clear zones), and alpha-hemolysis (partial, giving rise to a greenish color). Cell wall antigens (e.g., Group A: *Streptococcus pyogenes*; Group B: *Streptococcus agalactiae*) are the basis for classification by Lancefield grouping. While *Streptococcus pneumoniae* is bile-soluble and optochin-sensitive, *Streptococcus pyogenes* is sensitive to bacitracin. *Streptococcus* group B exhibits a positive CAMP test, however *Enterococci* can hydrolyze esculin when bile is present. In clinical microbiology, these biochemical traits are essential for differentiating and classifying *Streptococcus* species.

- **Dental Diseases:** By generating acids that dissolve tooth enamel, *Streptococcus mutans* is a key contributor to dental caries. By creating biofilms on teeth and gums, other *Streptococcus* species in the Viridans group cause periodontal disorders such as gingivitis and periodontitis. Additionally, some species, such as *Streptococcus oralis* and *Streptococcus sanguinis*, provide a risk of infective endocarditis if they reach the bloodstream during dental operations in susceptible patients. They can also cause endodontic infections and oral abscesses.
- **Pathogenicity:** Four characteristics define group A streptococci's virulence:
 - Attachment through lipoteichoic acid and M protein;
 - Phagocytosis inhibition by a hyaluronic acid capsule;
 - Additional extracellular products, including scarlet fever-causing pyrogenic (erythrogenic) toxin;
 - Streptokinase, streptodornase (DNase B), and streptolysins.

Nephritogenic strains exist. Aftereffects produced by the immune system do not signify the spread of germs. There is a lack of clarity on the virulence factors of nongroup A strains. After eating meals containing fermentable carbohydrates, these bacteria's acid usually causes the tooth surface to lose some of its mineral content. Apart from triggering a protective inflammatory response, mutans also generate a range of chemicals (H₂S, NH₃, amines, toxins, enzymes, antigens, etc.) that result in the loss of periodontal tissue, the creation of pockets, the loosening and eventual loss of teeth, and other associated problems. *Strept A* group bacteria are also responsible for strept throat, an infection of the tonsils and throat.

2. Staphylococci

- **Habitat & Transmission:** Animals and humans coexist in their natural environment. The nasal passageways and axillae are colonized by *S. Aureus*. Standard human skin contains *S. epidermidis*. Certain *staphylococci* strains are rarely found in humans, whilst others are found in other animals.
- **Gram Stain:** *Staphylococcus* are gram positive species of bacteria.
- **Culture Media:** Tryptic Soy Broth (TSB) and Brain Heart Infusion (BHI) are the recommended media for cultivating *Staphylococci* cultures. Cultures are cultivated with aeration at 37°C.
- **Morphology:** Typically, *staphylococci* have a diameter of 0.5–1.0 µm. They can be seen in small chains, pairs, or clusters. *Staphylococcus* differs from *streptococci* in that it is divided into two planes, which gives it the appearance of a cluster.
- **Spore Formation:** This specie of bacteria are non-spore forming.

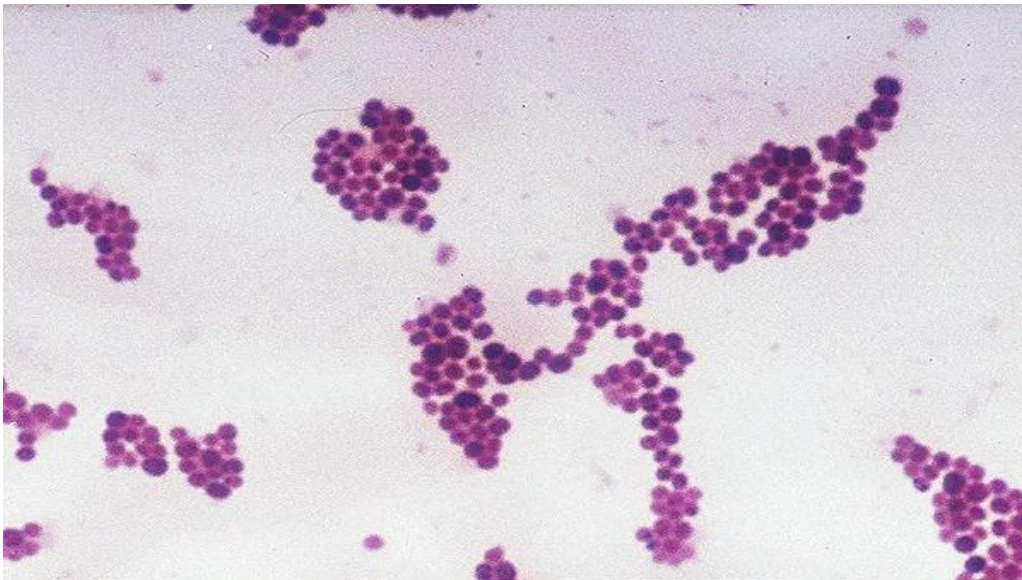


Figure 2: Gram stained smear of *Staphylococci*, showing bacteria in bunches
(Courtesy by: https://www.researchgate.net/figure/Gram-stain-of-Saureus_fig4_290911856)

- **Aerobic Requirements:** *Staphylococcus* is referred to be a facultative anaerobe since it can thrive in both the presence and absence of oxygen.
- **Motility:** Despite the fact that most strains of *Staphylococcus* are not motile, some exhibit two different forms. Spreading, also known as sliding motility, is one of them, while gliding motility, also known as comet formation, is the other.
- **Flagella:** These bacteria don't have any flagella or pilli.
- **Capsule:** They are encapsulated bacterial strain. The capsule is made up of polysaccharide.
- **Biochemical Characteristics:** Coliform, catalase-positive *staphylococcus* species are grouped cocci. Coagulase-positive *Staphylococcus aureus* ferments mannitol and shows beta-hemolysis on blood agar. Negative for coagulase *Staphylococci* usually exhibit gamma-hemolysis and do not ferment mannitol, like *S. epidermidis* and *S. saprophyticus*. Most *Staphylococcus* species are oxidase-negative and can withstand high salt concentrations. Resistant to methicillin one significant characteristic of *Staphylococcus aureus* (MRSA) is its resistance to beta-lactam drugs.
- **Dental Diseases:** Osteomyelitis of the jaw, postoperative infections after dental procedures, and dental abscesses are among the disorders that can be brought on by *Staphylococcus aureus* and *Staphylococcus epidermidis*. When *Staphylococcus aureus* gets into the bloodstream during dental operations, it can cause infective endocarditis and contribute to periodontal diseases. Their propensity to build biofilms makes treatment more difficult and increases antibiotic resistance, especially in the case of *Staphylococcus epidermidis*. These problems are made worse by the existence

of *methicillin-resistant Staphylococcus aureus (MRSA)*, which highlights the necessity of strict infection control in dental offices.

- **Pathogenicity:** Through the production of different toxins (e.g., enterotoxins, TSST-1, exfoliative toxins), enzymes (e.g., coagulase, hyaluronidase, staphylokinase), and immune evasion mechanisms (e.g., Protein A), *Staphylococcus aureus* exhibits significant pathogenicity, causing infections ranging from skin conditions to systemic diseases like toxic shock syndrome and pneumonia. In terms of dentistry, it can make oral infections worse, like mandibular osteomyelitis and abscesses. Due to urease production, *Staphylococcus saprophyticus* is frequently responsible for urinary tract infections; however, *Staphylococcus epidermidis* is known to build biofilms on medical devices, which makes treatment more difficult. The most notable example of the issue of antibiotic resistance is *methicillin-resistant Staphylococcus aureus (MRSA)*, which renders. Traditional treatments useless. Together, these virulence characteristics make *Staphylococcus* species highly dangerous for dentistry and medicine.

3. Micrococcus

- **Habitat & Transmission:** In both terrestrial and aquatic environments, they are ubiquitous. The primary reservoir for the *micrococcus* strain is the skin of warm-blooded animals, including humans. Strains of *Micrococcus* bacteria that are spread via direct or indirect contact with infected people, objects, or surfaces.
- **Gram Stain:** They are gram-positive strains of bacteria.
- **Culture Media:** The plating media most frequently used to identify and count *Micrococcus spp.* Mannitol salt agar (Chapman medium) is found in food. Moreover, they flourish on Sheep Blood Agar, Standard Procedures Agar, Nutrient Agar, and Tryptic Soy Agar.

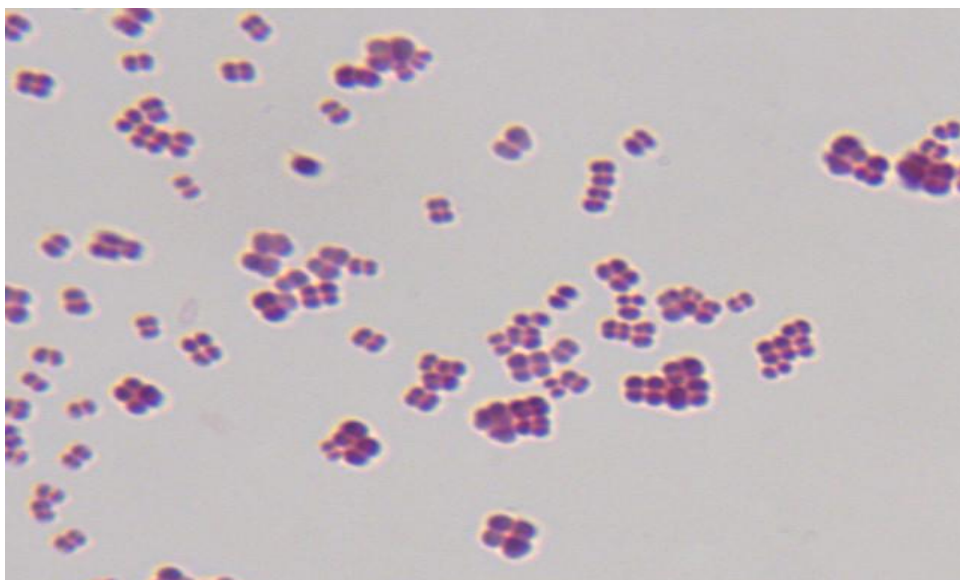


Figure 3: Gram stained smear of *Micrococci*, showing tetrad arrangement
(Courtesy by: <https://www.flickr.com/photos/therubinlab/51898615765>)

- **Morphology:** The diameter of *micrococcus* varies from 0.5 to 2 micrometers. Instead of occurring in chains, these bacteria typically appear in pairs, tetrads, or clusters.
- **Spore Formation:** These are non-spore forming species of bacteria.
- **Aerobic Requirements:** Being obligatory aerobes, they can only proliferate in the presence of oxygen.
- **Motility:** Most strains of *Micrococcus* are non-motile, although occasionally some do exhibit motility.
- **Flagella:** While most strains of *Micrococcus* are non-flagellated, some recent isolates have been discovered to possess flagella.
- **Biochemical Characteristics:** Catalase-positive, oxidase-negative cocci that can withstand high salt concentrations are known as *micrococcus* species. They might create yellow pigment and do not ferment carbs. In microbiological contexts, these biochemical traits help in their recognition and distinction.
- **Dental Diseases:** Infections or oral disorders are not usually linked to *micrococcus* species. Instead than in the human mouth, they are more frequently discovered in environmental samples like soil, dust, and water. As a result, they have no effect on periodontal disorders, tooth caries, or other oral illnesses. When discovered in clinical specimens derived from the oral cavity, they are typically regarded as pollutants instead than pathogens that cause illness.
- **Pathogenicity:** Most kinds of *micrococcus* are thought to be harmless to humans. They are a typical component of the microbial flora that lives on human mucous membranes and skin. Rarely, *Micrococcus* species may result in opportunistic infections such bloodstream infections, endocarditis, or infections linked to medical devices, especially in immunocompromised people or those with underlying medical disorders. In contrast to other pathogens that are more clinically relevant, these instances are rare. In general, *Micrococcus* species are thought to have low pathogenicity and are treated with the proper antibiotics when infections arise.

4. Lactobacillus

- **Habitat & Transmission:** They inhabit a range of environments, including those that are edible and human. Typically, they can be found in foods, agricultural goods, plant materials like silage, and other sources high in carbs. similar to milk and products made from fermented milk, in fermented drinks like vinegar and wine. They are also present on the mucosal membranes of the colon, vagina, and mouth cavities in both humans and animals. Vertical transmission can happen during delivery, however ingestion is the main way that they can spread.
- **Gram Stain:** They are gram-positive bacteria.



Figure 4: Gram stained smear of *Lactobacillus*
(Courtesy by: <https://brieflands.com/articles/jjcmb-107803>)

- **Culture Media:** With the addition of an inhibitor (e.g sorbic acid) and a reduced pH (such as 5.7) or a modified Rogosa medium with an enhanced pH (such as 6.2) at a temperature of approximately 35 °C for at least 48 hours, the deMan, Rogosa, and Sharpe (MRS) medium supports the development of different *lactobacilli*.
- **Morphology:** These are rod-shaped bacteria that range in size from 0.5–1.2 × 1.0–10 µm. Although *lactobacillus* are usually long rods in small chains, they can also exist as single cells, very short rods, and lengthy chains.
- **Spore Formation:** They are non-spore forming bacteria.
- **Aerobic Requirements:** They are microaerophilic, also known as facultative bacteria, or aerotolerant anaerobes. Their strains can participate in numerous respiratory chain reactions or oxidases by using oxygen as a substrate.
- **Motility:** Although most strains of this vast genus of bacteria are non-motile, some *lactobacilli* species strains have recently been shown to be motile.
- **Flagella:** *Lactobacillus* strains with motility are found to possess flagella, however this is not typically the case. Among those flagellated microorganisms are *Lactobacillus agilis* and *Lactobacillus ruminis*.
- **Biochemical Characteristics:** They typically do not produce cytochrome oxidase and are catalase-negative. They are non-hemolytic, or alpha, bacteria. *Lactobacilli* are responsible for the distinct sour taste found in fermented foods such as yogurt and pickles. These bacteria convert carbohydrate into lactic acid by using heterofermentive or homo-fermentive method. They are typically famous for being able to

survive in acidic environment which is why they found in variety of areas like human GIT and vaginal mucosa. They also produce bacteriocins, a antimicrobial peptide which prevent growth of other bacteria.

- **Dental Diseases:** They aid in maintaining the bacterial balance in mouth and digestive tract. These bacteria converts carbohydrate into lactic acid, which can lower the mouth pH, which in turn inhibit the growth of cariogenic bacteria like *Streptococcus mutans*, as a result these bacteria prevent dental caries. However in immune compromised patients or in patients with inadequate oral hygiene, *Lactobacillus* species can cause dental caries by contributing to the formation of plaque and acid production.
- **Pathogenicity:** There have been cases of infections brought on by *Lactobacillus* species, usually in patients with underlying medical conditions or compromised immune systems. The examples of these diseases are bacteremia, endocarditis and infections associated with medical devices such as catheters or prosthetic valves. Although illnesses caused by *lactobacillus* are not common but still it is important to consider patient health and microbial variety in treatment setting.

5. Actinobacillus

- **Habitat & Transmission:** *Actinobacillus* is a commensal bacteria found in the mucous membranes of the upper respiratory tract, the mouth cavity, and the genital system in humans and many animal species. Numerous lesions include these commensals. There are pathogenic species among them. Direct touch, aerosols, or nasal secretions can all spread the bacterium. Usually, this happens after an asymptomatic carrier pig is introduced into the herd.
- **Gram Stain:** The bacteria *Actinobacillus* are gram-negative. The bacteria in the Gram-stained smear exhibit what are known as "morse code" appearances, or dots and dashes, when they develop together as both bacillus and coccus.



Figure 5: Gram stained smear of *Actinobacillus* bacteria
(Courtesy by: <https://microbe-canvas.com/Bacteria/gram-negative-rods/facultative-anaerobic-3/no-growth-on-mcconkey-agar-without-salt-1/catalase-positive-2/oxidase-positive-4/actinobacillus-ureae.html>)

- **Culture Media:** *Actinobacillus* grows on blood agar or chocolate agar for at least 24 to 72 hours at a temperature of about 35°C and with a carbon dioxide content of 5-7%.
- **Morphology:** *Actinobacillus* are morphologically both cocci and bacilli. They can be found alone, in pairs, or infrequently in chains. They can be oval to rod-shaped. Their sizes vary from 0.1 to 1.0 µm.
- **Spore Formation:** They are non-spore forming bacteria.
- **Aerobic Requirements:** *Actinobacillus* are facultative or microaerophilic anaerobes. They have the ability to ferment carbohydrates without emitting any gas.
- **Motility:** Although *actinobacillus* strains are not motile, several of them have been observed to exhibit gliding mobility recently.
- **Flagella:** They are non-flagellated group of bacteria.
- **Capsule:** The polysaccharide capsule is present in less than 5% of the strains that were recovered from the respiratory tract of the carrier.
- **Biochemical Characteristics:** They differ from many other Gram-negative bacteria in that they are both catalase- and oxidase-positive. They contribute to their metabolic traits by fermenting carbohydrates to generate acid. They contribute to their metabolic traits by fermenting carbohydrates to generate acid.
- **Dental Diseases:** It is uncommon for *Actinobacillus* species to be linked to human dental illnesses. They are more frequently discovered in animal mouths, especially in veterinary clinics where they can aggravate conditions like periodontitis in both pets and cattle. *Actinobacillus* is occasionally isolated from human clinical samples in cases of oral infections; however, these events are infrequent in comparison to other bacterial species like *Porphyromonas gingivalis* and *Streptococcus mutans* that are linked to dental illnesses in humans. *Actinobacillus* is therefore not regarded as a major pathogen in relation to human oral health.
- **Pathogenicity:** *Actinobacillus* species are harmful due to a number of virulence factors that they possess. These include poisons that can harm host cells and interfere with immune responses, adhesins that help connect to host cells and tissues, and enzymes that help invade targets and elude the host's defenses. They have the capacity to create biofilms, which may improve their capacity to withstand antibiotic treatments and endure longer in the host. Depending on the site of initial colonization and the immunological condition of the host, *actinobacillus* infections in animals frequently present as septicemia, localized abscesses, or acute or chronic respiratory infections.

6. Clostridium

- **Habitat & Transmission:** *Clostridial* spores are found in soil, on human skin, and in both animal and human digestive systems. Even operating rooms may serve as breeding grounds for *clostridial* germs.

The main ways that *Clostridium* species spread are by direct contact with contaminated objects or people, consumption of tainted food or drink (like *Clostridium botulinum*), and on rare occasions, airborne spores in hospital environments. Additionally, transmission can happen through contaminated wounds and, in certain situations, such as with *Clostridium difficile*, from mother to child during birthing.

- **Gram Stain:** They are gram-positive bacteria.



Figure 6: Gram stained smear of *Clostridium* bacteria

(Courtesy by: https://www.researchgate.net/figure/Grams-staining-of-Clostridium-chauvoei-showing-Gram-positive-short-thick-straight_fig2_305594950)

- **Culture Media:** *Clostridium* species are grown on specific media such as Columbia Blood Agar for general cultivation, CCEY Agar for isolating *Clostridium difficile*, Cooked Meat Medium for anaerobic conditions, Reinforced Clostridial Medium for enriched growth, and Anaerobic Blood Agar for anaerobic environments. These media provide the necessary nutrients and conditions to effectively isolate and study *Clostridium* in laboratory settings.
- **Morphology:** Large, rod-shaped organisms, *clostridia* have lengths ranging from 3 to 8 μM and widths of from 0.4 to 1.3 μM . The vegetative forms are frequently seen alone, in pairs, or in extended chains.
- **Spore Formation:** They are spore-forming bacteria

- **Aerobic Requirements:** *Clostridia* are aerotolerant bacilli that are strictly anaerobic.
- **Motility:** They are motile bacteria because some of them exhibit gliding motility in certain strains and movement in vegetative form.
- **Flagella:** Certain strains exhibit peritrichous flagella, indicating that they are flagellated bacteria.
- **Capsule:** These are polysaccharide-primarily encapsulated microorganisms.
- **Biochemical Characteristics:** With a flexible metabolism, *clostridia* can ferment organic acids, amino acids, and sugars to create butyrate, acetate, and occasionally carbon dioxide and hydrogen gasses. Some species, such as *Clostridium tetani*, *Clostridium botulinum*, and *Clostridium perfringens*, produce strong toxins like tetanus and botulinum toxins, which increases their pathogenicity. *Clostridium* species are classified using biochemical tests according to their susceptibility to antibiotics, enzyme profiles (e.g., catalase-negative, oxidase-negative), and capacity for sugar fermentation. Some species of *Clostridium* are proteolytic, meaning they ferment amino acids, but many are saccharolytic, meaning they ferment carbohydrates to acids and gases.
- **Dental Diseases:** *Clostridium botulinum* produces botulinum toxin, which causes botulism with paralysis of the muscles; *Clostridium perfringens* can cause gangrene, a condition characterized by rapid tissue destruction and gas formation in infected wounds; and tetanus, which is caused by *Clostridium tetani*, is characterized by jaw and neck muscle spasms and stiffness.
- **Pathogenicity:** Pathogenic *Clostridium difficile*, *C. botulinum*, *C. perfringens*, and other species can invade the gastrointestinal system and produce strong toxins that can lead to illness. Treatment is difficult since they are resistant to antimicrobial medicines and have a high recurrence rate. Adhesins, biofilm formation, and hydrolytic enzymes are examples of virulence factors that facilitate colonization and survival in host species. Additionally, they generate spores that are incredibly hardy and capable of surviving in both the environment and the food chain.

7. Enterobacter

- **Habitat & Transmission:** They can be found in a wide range of environments, including soil, water, sewage, and dairy products among other things. These are the common microorganisms found in both animal and human digestive tracts. A few are pathogens found in insects and plants. The ingestion of tainted food or water, direct or indirect contact with the infectious agent, or, in the case of endogenous flora, transfer to nearby, susceptible, or sterile bodily areas are the ways in which these bacteria are spread.
- **Gram Stain:** *Enterobacter* are gram-negative species of bacteria

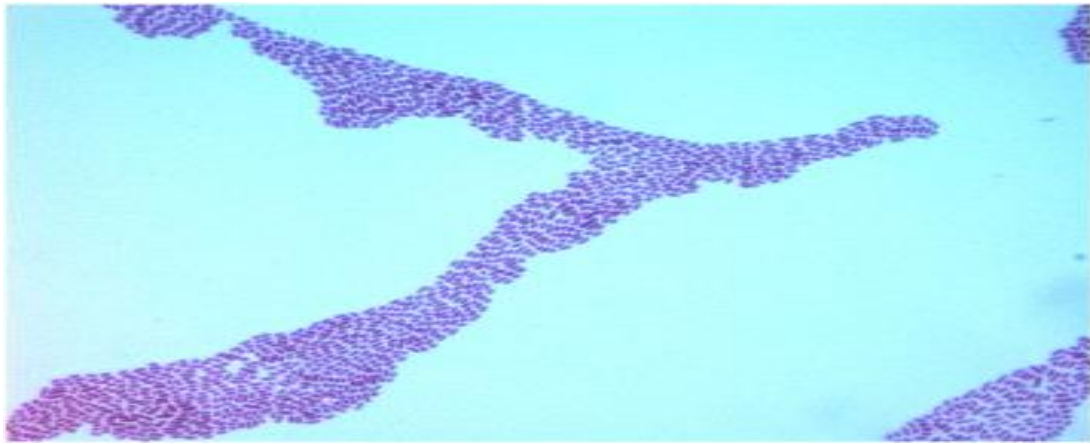


Figure 7: Gram stained smear of *Enterobacter*
(Courtesy by: https://www.researchgate.net/figure/Grams-staining-of-Clostridium-chauvoei-showing-Gram-positive-short-thick-straight_fig2_305594950)

- **Culture Media:** *Enterobacter* species are cultured using various media: MacConkey and EMB Agars for selective and differential growth, Nutrient Agar and TSA for general growth, and XLD and HE Agars for differentiation through color changes.
- **Morphology:** *Enterobacter* are rod-shaped bacteria, measuring around $0.3\text{--}1.0 \times 1.0\text{--}6.0 \mu\text{m}$, and having rounded ends.
- **Spore Formation:** They are included in non-spore forming group of bacteria.
- **Aerobic Requirements:** As they are facultative anaerobe in nature, they are able to thrive in both aerobic and anaerobic environments.
- **Motility:** *Enterobacter* belongs to the motile group of bacteria since they are mobile.
- **Flagella:** *Enterobacter* uses peritrichous flagella to facilitate its movement.
- **Capsule:** *Enterobacter* are bacterial cells that are encased in a lipopolysaccharide capsule.
- **Biochemical Characteristics:** They have oxidase negativity and catalase positivity. Different types of *Enterobacter* may metabolize different sugars, such as lactose, sucrose, and mannitol. Their capacity to flourish in a variety of environmental niches is facilitated by their metabolic flexibility.
- **Dental Diseases:** Instead of the oral cavity, areas related to healthcare are where these bacteria are most frequently discovered. These are opportunistic microorganisms that are well-known for causing infections, including bloodstream, respiratory, urinary tract, and infections connected to medical devices. Although *Enterobacter* species are occasionally identified from oral samples, dental caries, periodontal disorders, and other oral infections are not thought to be primarily caused by them. Generally speaking, human oral disorders are not linked to *Enterobacter* species.

- **Pathogenicity:** Opportunistic pathogens with a major clinical impact in hospital settings are *Enterobacter* species, including *Enterobacter cloacae* and *Enterobacter aerogenes*. They have virulence factors such as hemolysins, proteases, and the ability to create biofilms, which help them attach to tissues and resist antibiotics and host immunological responses. *Enterobacter* species, which are known to cause bacteremia, lung infections, urinary tract infections, and infections linked to medical devices, are especially dangerous because they can develop resistance to multiple drugs. It is imperative to use efficient infection control strategies, such as surveillance and appropriate antibiotic stewardship, to reduce the transmission and consequences of *Enterobacter* infections in hospital settings.

8. Vibrio

- **Habitat & Transmission:** Considering these bacteria are extremely salt-intolerant, they cannot survive in freshwater environments and are found naturally in marine aquatic ecosystems. Because they multiply quickly in warm water, seafood is more prone to become contaminated in the summer. It is generally accepted that outbreaks or occasional instances of consuming tainted seafood, water, or skin lesions are linked to spread.
- **Gram Stain:** Gram staining makes them appear pink, indicating that they are gram-negative bacteria.

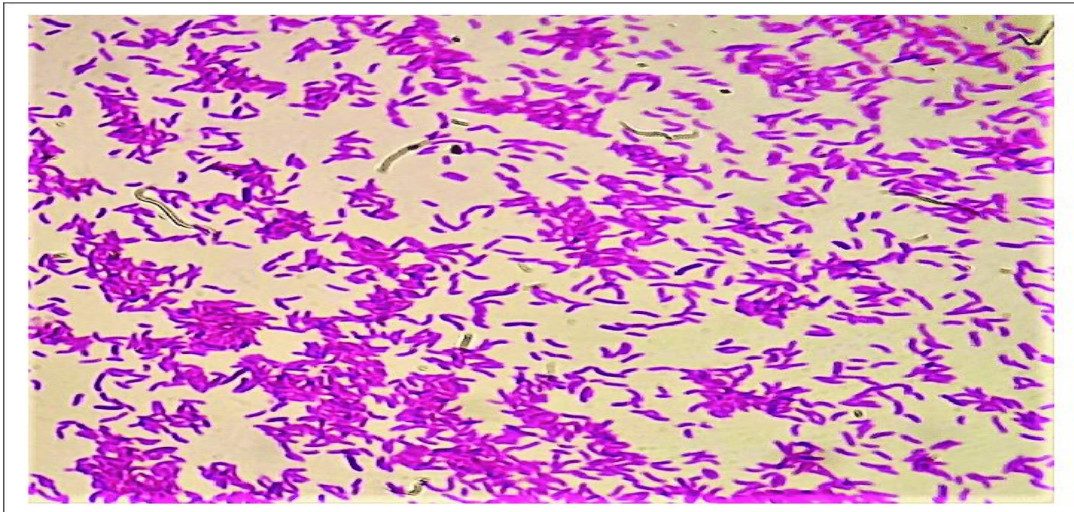


Figure 8: Gram stained smear of *Vibrio*

(Courtesy by: https://www.researchgate.net/figure/Gram-stain-with-comma-shaped-Gram-negative-bacilli-suggestive-of-Vibrio-cholerae_fig1_353397123)

- **Culture Media:** Thiosulfate Citrate Bile Sucrose Agar (TCBS) is the cultural media on which *vibrio* species grow.
- **Morphology:** *Vibrio* species are single-celled, stiff rods with a short, comma- or bent-shaped stem. Their size ranges from 1×1.5 – $3.0 \mu\text{m}$.

- **Spore Formation:** They are non-spore forming bacteria.
- **Aerobic Requirements:** A facultative anaerobe, *vibrio* may grow in both an oxygen-rich environment as well as without one.
- **Motility:** They are motile bacteria as some of the strains show darting or shooting star motility.
- **Flagella:** There are two kinds of bacteria in *Vibrio* species. The polar flagellum is utilized for swimming in a liquid medium, whereas the lateral flagella are employed for sharing on a solid substrate's surface.
- **Capsule:** These bacteria have nonpathogenic strains that are not capsulated, but pathogenic strains that are. Polysaccharide makes up the capsule.
- **Biochemical Characteristics:** They have both catalase and oxidase activity. Certain *Vibrio* species have the ability to digest carbohydrates and use amino acids as sources of carbon and energy.
- **Dental Diseases:** More often than not, they are known to infect the gastrointestinal tract and cause cholera (which is caused by *Vibrio cholerae*) when contaminated seafood or water is consumed. Although *Vibrio* species have been isolated from oral samples on rare occasions, they are not thought to be the main culprits causing periodontal disorders, dental caries, or other oral infections.
- **Pathogenicity:** The synthesis of cholera toxin by *Vibrio* species, particularly *Vibrio cholerae*, is the primary cause of severe watery diarrhea in infected persons, indicating their high pathogenicity. These bacteria use particular adhesins to attach to intestinal epithelial cells. They also create hemolysins and proteases, which are additional virulence factors that aid in tissue damage and immune evasion. Because of their excellent adaptation to aquatic conditions, *Vibrio* species can cause gastrointestinal illnesses including gastroenteritis and cholera and act as reservoirs for infections. *Vibrio* infections must be managed promptly with antibiotics and rehydration therapy. These infections can be particularly serious in susceptible groups and during outbreaks in unsanitary locations.

9. Bacteroides

- **Habitat & Transmission:** These microbes inhabit the human gastrointestinal tract, and they are essential for healthy gastrointestinal functions such mucosal immunity and host feeding. They make up 25% of the gut's total microbiota only by virtue of their presence. Certain bacterial strains spread through bites, while others can spread from mother to kid through vaginal birth or mucosal membrane disruption caused by trauma, inflammation, or surgery.
- **Gram Stain:** They are gram-negative species of bacteria

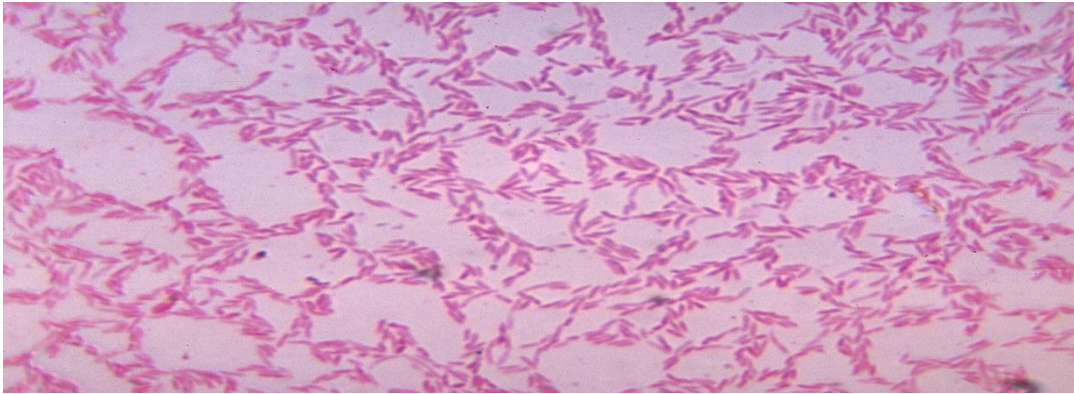


Figure 9: Gram stained smear of *Bacteroides*
(Courtesy by: <https://en.wikipedia.org/wiki/Bacteroides>)

- **Culture Media:** An enriched, selective, and differential medium called *Bacteroides* Bile Esculin (BBE) agar is utilized to isolate *bacteroides*.
- **Morphology:** They are pleomorphic, rod-shaped, and have diameters ranging from 0.5 to 3.0 μm .
- **Spore Formation:** *Bacteroides* are non-spore forming bacteria
- **Aerobic Requirements:** *Bacteroides* are obligate anaerobes but some of them are aerotolerant.
- **Motility:** The existence of peritrichous flagella determines whether these bacteria are motile or not.
- **Flagella:** A few *bacteroides* strains have peritrichous flagella.
- **Capsule:** *Bacteroides* are encapsulated bacteria. Their polysaccharide-based capsule speeds up the pathogenesis and helps them avoid phagocytosis.
- **Biochemical Characteristics:** They have no oxidase or catalase activity. Numerous carbohydrates can be fermented by *Bacteroides* species, yielding acids and a variety of fermentation products such as propionate, acetate, and succinate. They are normally found in the animal and human digestive tracts, where they are essential for the fermentation of complex polysaccharides and the preservation of intestinal health. Because they can scavenge oxygen radicals, *Bacteroides* species are resistant to bile salts and can endure brief periods of oxygen exposure.
- **Dental Diseases:** Occasionally, *bacteroides* are found in the mouth cavity. The important role that *Bacteroides* plays in gastrointestinal and systemic infections outweighs its little contribution to mouth health, highlighting the different microbial dynamics and disease processes between the gut and dental microbiomes.

- **Pathogenicity:** Opportunistic pathogens of the *Bacteroides* species are well-known for their capacity to induce polymicrobial infections, especially in the abdomen and other deep-seated areas like bloodstream infections. They produce virulence factors including polysaccharides and proteases that help in tissue invasion and immune response evasion, and they bind to host tissues using adhesins. Because they produce beta-lactamases, which make them resistant to many medicines, *Bacteroides* infections frequently need specialized antimicrobial treatments and may even require surgery to be effectively treated. Their therapeutic significance stems from their involvement in infections, peritonitis, and intra-abdominal abscesses after gastrointestinal procedures. These conditions can be difficult to treat and increase morbidity in patients with impaired immune systems.

10. Fusobacteria, Spirochetes

- **Habitat & Transmission:** The typical flora of the mucous membranes in the gastrointestinal, oropharyngeal, and genital tracts of humans and other animals are *fusobacterium*. They spread through unintentional inoculation, body fluid transfer, and contact with mucosal membranes.

Spirochetes are found throughout the environment, mostly in limnic and marine sediments, as well as in host-associated commensals and parasites that are linked to both humans and animals. Additionally, they can be found in termite and wood-eating cockroach digestive tracts. Ticks that feed on the blood of diseased humans or animals swallow *spirochetes*. An infection can occur from a bite, contaminated saliva, or infected coxal fluid that gets on mucosal membranes.

- **Gram Stain:** *Fusobacterium* and *spirochetes* both are gram-negative bacteria.



Figure 10: Gram stained smear of fusobacteria
(Courtesy by: <https://pocketdentistry.com/18-fusobacteria-leptotrichia-and-spirochaetes/>)

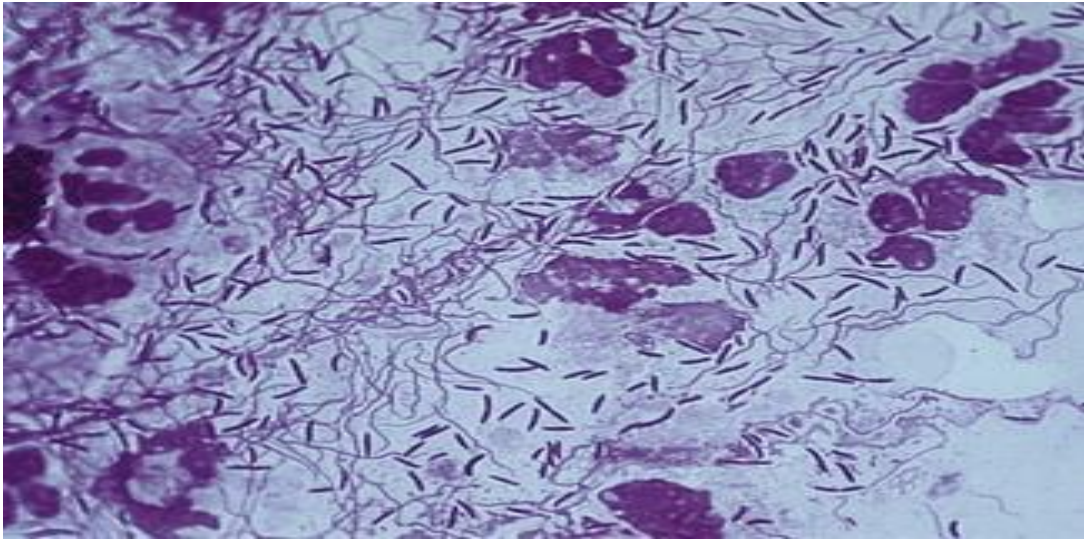


Figure 11: Gram stained smear of fusospirochaetal complex.
(Courtesy by: <https://pocketdentistry.com/18-fusobacteria-leptotrichia-and-spirochaetes/>)

- **Culture Media:** *Fusobacterium* species are isolated using enriched selective media called FSA agar.
- **Morphology:** *Fusobacterium* are thin, spindle-shaped bacilli that frequently occur in pairs and end-to-end. Their ends are sharply pointed. They have a length of 5–10 μm . Bacteria known as *spirochetes* contain spiral or helically-coiled cells, lengths between 3 and 500 μm and diameters between 0.09 and 3 μm are measured.
- **Spore Formation:** Both the bacterial species are non spore forming.
- **Aerobic Requirements:** *Fusobacterium* are the anaerobes while spirochetes are both aerobic or anaerobic bacteria
- **Motility:** *Fusobacterium* cells have been identified both as motile and non-motile while spirochetes are the motile bacteria which exhibit unique corkscrew motion.
- **Flagella:** Certain strains of *Fusobacterium* are non-flagellated because they have gliding motility, which does not require flagella. Periplasmic flagella (PFs) are endoflagella found in the periplasmic region of *spirochetes*.
- **Capsule:** *Fusobacterium* are polysaccharide-based encapsulated microorganisms. *Spirochetes* is devoid of capsules.
- **Biochemical Characteristics:** *Fusobacterium* is commonly implicated in polymicrobial illnesses, regularly forms biofilms, is generally positive for catalase and oxidase tests, and is diverse in its utilization of carbohydrates. *Spirochetes* are oxidase and catalase negative bacteria. They use oxidative phosphorylation or fermentation to produce energy from amino acids and carbohydrates.

- **Dental Diseases:** Dental disorders caused by *Fusobacterium* and *spirochetes* typically present as periodontal illnesses, which can progress into periodontitis, which is described as gum disease and the deterioration of the tissues that surround the teeth. These anaerobic microorganisms proliferate in the oral cavity, where they facilitate the formation of plaque and tartar, two key components in the initiation and aggravation of gingivitis and the ensuing periodontal disease. To mitigate and manage these pathogenic contributions to the decline of oral health, vigilant oral hygiene practices and regular professional dental care are crucial.
- **Pathogenicity:** *Spirochetes* and *fusobacterium*, including species such as *Treponema*, are highly harmful in relation to oral health. Certain species of *Fusobacterium* cling to oral surfaces, aid in the development of plaque, and have the ability to infiltrate tissues, aggravating periodontal disorders such as periodontitis. Renowned for their mobility and capacity to elude immune reactions, *spirochetes* are also involved in tissue deterioration and persistent periodontal infections. Their combined influence emphasizes how crucial it is to maintain strict oral hygiene practices and receive competent dental care in order to manage their harmful effects on oral and systemic health.

11. Mycobacteria

- **Habitat & Transmission:** The bogs, soil, surface water, ground water, and sea water are the natural habitats of *mycobacterium*. The respiratory tracts of humans and other mammals contain certain types of *Mycobacterium tuberculosis*. However, some are also present in cattle. While nontuberculous bacteria do not travel from person to person, tuberculous bacteria are spread via aerosolized particles that are created during coughing, sneezing, speaking, or signing.
- **Gram Stain:** *Mycobacterium* are the gram-positive strains of bacteria. Mycobacterium also called as acid fast bacteria because of staining with the Ziehl-Nelsen stain or acid fast stain.

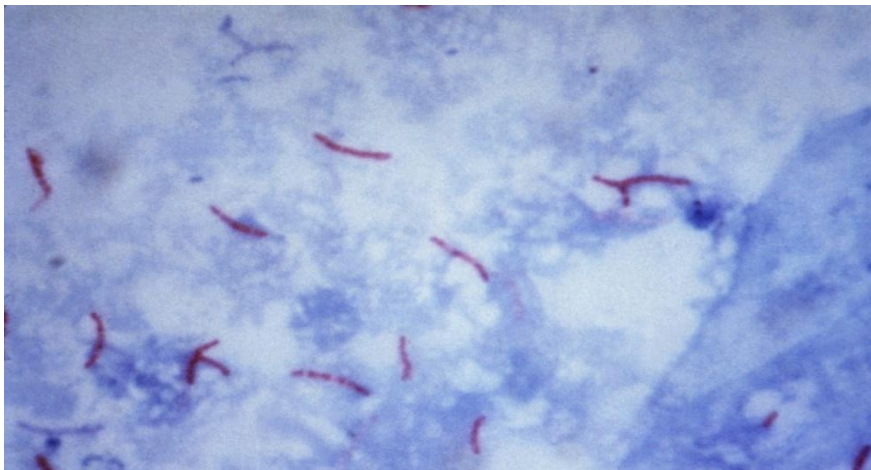


Figure 12: Ziehl–Neelsen stain stained smear of *Mycobacterium tuberculosis*
(Courtesy by: https://en.wikipedia.org/wiki/Ziehl%E2%80%93Neelsen_stain)

- **Culture Media:** The recommended cultural media for *mycobacterium* growth at 35°C and 5–10% carbon dioxide, or in aerobic conditions, are Lowenstein Jensen Agar or Middlebrook Agar. The incubation period for the culture could take one month.
- **Morphology:** These bacteria have a rod-like form and measure between 0.2 and 0.6 µm in width and 1.0 and 10 µm in long.
- **Spore Formation:** *Mycobacterium* are non-spore forming bacteria
- **Aerobic Requirements:** They require aerobic condition for the survival.
- **Motility:** *Mycobacterium* are not motile organisms, yet certain strains have lately been observed to exhibit sliding movement.
- **Flagella:** They are a group of non-flagellated bacteria.
- **Capsule:** These are bacteria that are coated. The capsule is composed of a small amount of lipids, proteins, and polysaccharide.
- **Biochemical Characteristics:** Since mycolic acids are present in their cell walls, *mycobacteria* have a special ability to withstand acid-alcohol decolorization following staining. Generally speaking, compared to other bacteria, their growth is slower. and are catalase-positive, which causes them to burst when hydrogen peroxide is present. *Mycobacteria* are utilized in biochemical identification tests because they can hydrolyze Tween 80, generate niacin, and convert nitrate to nitrite. They also generate arylsulfatase, which helps with their biochemical differentiation, and can withstand a broad variety of temperatures.
- **Dental Diseases:** Although they are not as common as other oral bacterial infections, mycobacteria can occasionally cause dental problems. One prominent symptom of tuberculosis is oral tuberculosis, which is defined by lesions affecting the jaw bones or oral mucosa, sometimes in conjunction with systemic tuberculosis. Oral mycobacteriosis can also happen, affecting the soft tissues or bone in the mouth and causing fistulas, abscesses, or persistent inflammation. The slow growth of *mycobacteria* and their resistance to conventional antibiotics used to treat oral infections make diagnosis difficult in these settings.
- **Pathogenicity:** *Mycobacteria*, such as *Mycobacterium leprae* and *Mycobacterium tuberculosis*, are distinguished by their strong pathogenicity, which is a result of their cell walls' strong composition, which is rich in mycolic acids. Resistance to external stresses and therapeutic therapies is bestowed by these structural components. These organisms cause leprosy (Hansen's disease) and tuberculosis (TB), respectively. Both diseases are distinguished by the organisms' capacity to create persistent infections by intracellular survival within host macrophages, eluding immune response and identification.

12. Actinomyces

- **Habitat & Transmission:** *Actinomyces* is effective at decomposing refractory materials that are present in a variety of harsh settings. They are often active at high pH. They can be found there, given the earthy scent of soil. *Actinomyces* are the commensals of the tonsil and oral cavity, while others make up the normal flora of the mouth and female genital tract.
- **Gram Stain:** *Actinomyces* are gram-positive group of bacteria.

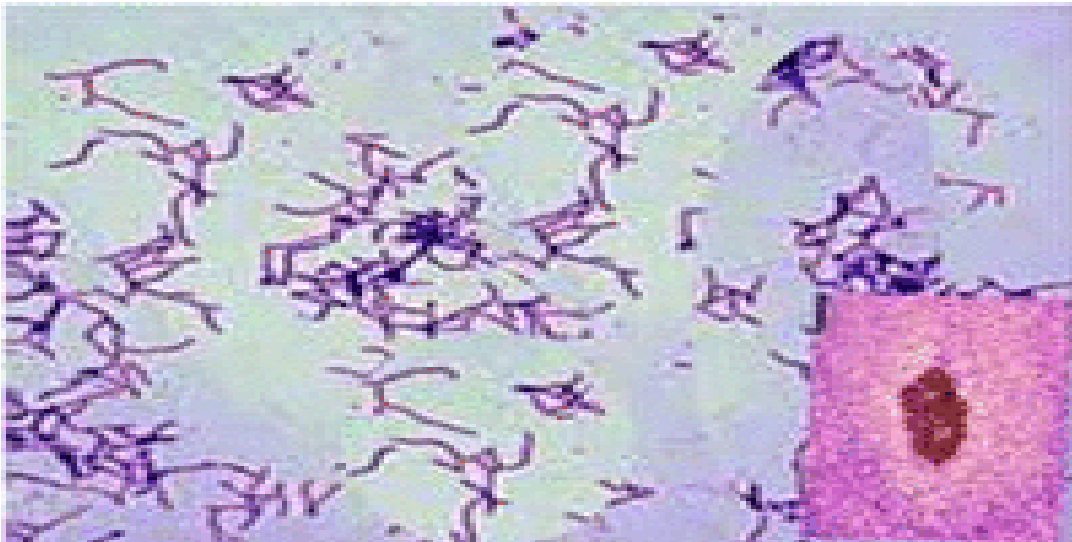


Figure 13: Gram stained smear of actinomyces
(Courtesy by: <https://www.ncbi.nlm.nih.gov/books/NBK482151/>)

- **Culture Media:** *Actinomyces* are grown on Casein Starch Agar, Bennett, and Mueller-Hinton culture medium.
- **Morphology:** *Actinomyces* share morphological similarities with fungus due to their elongated cells that can divide into filaments or hyphae. *Actinomyces* hyphae are significantly smaller than fungal hyphae, which allows for their separation from the former. Their diameter ranges from one to two μm .
- **Spore Formation:** They are spore-forming bacteria.
- **Aerobic Requirements:** Most strains of *Actinomyces* are aerobic bacteria, while a small number are anaerobic.
- **Motility:** These are a motile group of bacteria, although the motile elements were cocci, rods (which are frequently curved), or pyriform, depending on the species. While some strains are also non-motile
- **Flagella:** Flagella are responsible for granting motility whenever it exists. Rather than being peritrichous, flagella were always seen in tufts or alone.

- **Capsule:** *Actinomyces* are often bacteria that are not encapsulated.
- **Biochemical Characteristics:** They lack catalase activity and ferment sugars such as glucose and maltose to produce acids and gases. Biochemically, they are positive for alkaline phosphatase, nitrate reduction, and esculin hydrolysis. They form small, dry, often rough colonies on solid media. Sulfur granules are characteristic microscopic structures found in infections caused by *Actinomyces* species, particularly in the disease known as *actinomycosis*. These granules are not actually composed of sulfur but are aggregates of bacteria surrounded by eosinophilic material.
- **Dental Diseases:** *Actinomyces* species, particularly *Actinomyces naeslundii* and *Actinomyces viscosus*, are associated with dental diseases. They might aid in the development of tooth plaque and calculus (tartar) on teeth surfaces, which can lead to periodontal diseases such as gingivitis and periodontitis. In severe cases, *Actinomyces* can be involved in the formation of dental abscesses and root canal infections (endodontic infections), especially when there is a breach in the tooth's protective enamel and dentin layers. These infections can manifest as localized swelling, pain, and pus formation around affected teeth. Treatment typically involves dental cleaning, root canal therapy, and sometimes antibiotic therapy targeting *Actinomyces* bacteria.
- **Pathogenicity:** *Actinomyces* bacteria colonize mucosal surfaces, adhere using surface adhesins, and invade tissues by forming biofilms and secreting tissue-degrading enzymes. This leads to chronic, suppurative infections characterized by granulomatous lesions and abscess formation, often with sulfur granules.

VII. TYPES OF VIRUSES THAT INFECTS THE ORAL CAVITY

1. DNA Viruses

- **Herpes Simplex Virus (HSV):** *HSV-1* is the most common type affecting the oral cavity, leading to conditions like cold sores and gingivostomatitis

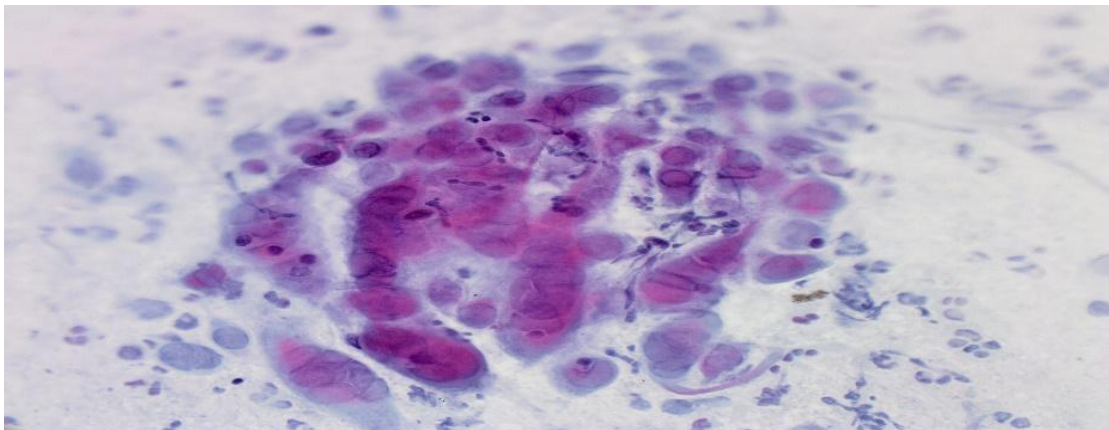


Figure 14: *Herpes simplex virus*. This picture shows a picture of cells infected with *herpes simplex virus*. (Courtesy by: <https://www.mypathologyreport.ca/pathology-dictionary/herpes-simplex-virus-hsv/>)

- **Human Papillomavirus (HPV):** *HPV* can cause oral lesions, including benign growths like warts and potentially malignant conditions.

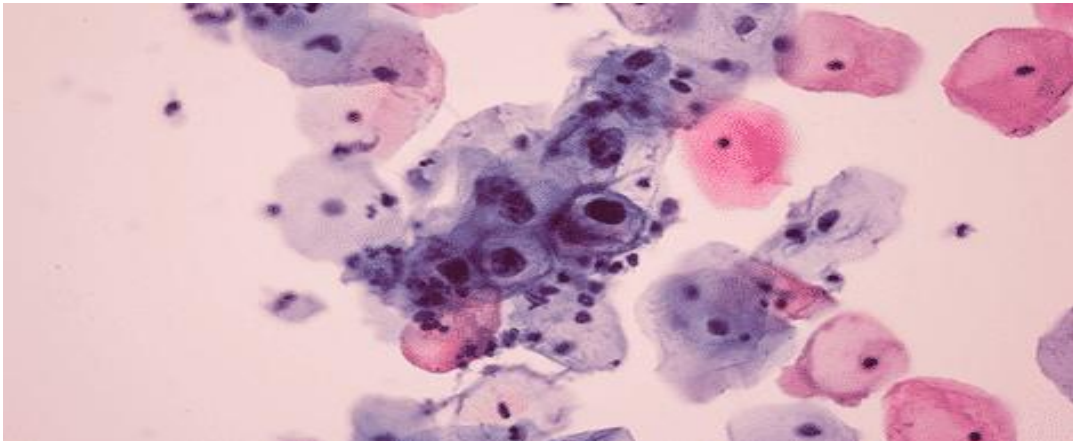


Figure 15: *Human Papilloma Virus.*

(Courtesy by: <https://hospitalcmq.com/diseases-and-conditions/human-papillomavirus-hpv-infection/>)

- **Epstein-Barr Virus (EBV):** *EBV* is associated with oral hairy leukoplakia and other oral lesions, particularly in immunocompromised individuals.

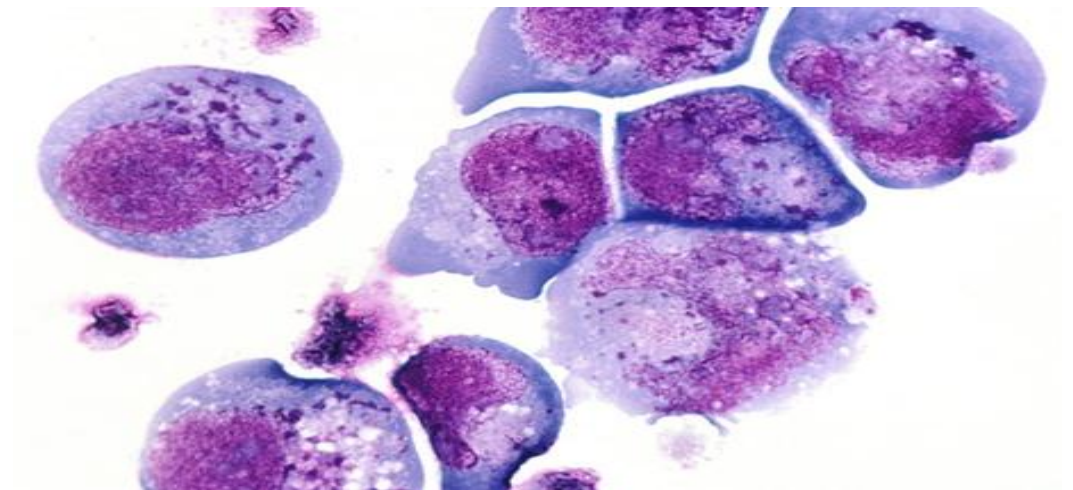


Figure 16: *Epstein Barr Virus.*

(Courtesy by: https://sellaismk.shop/product_details/13212008.html)

- **Cytomegalovirus (CMV):** *CMV* can cause oral ulcers and other lesions, particularly in immunocompromised patients.

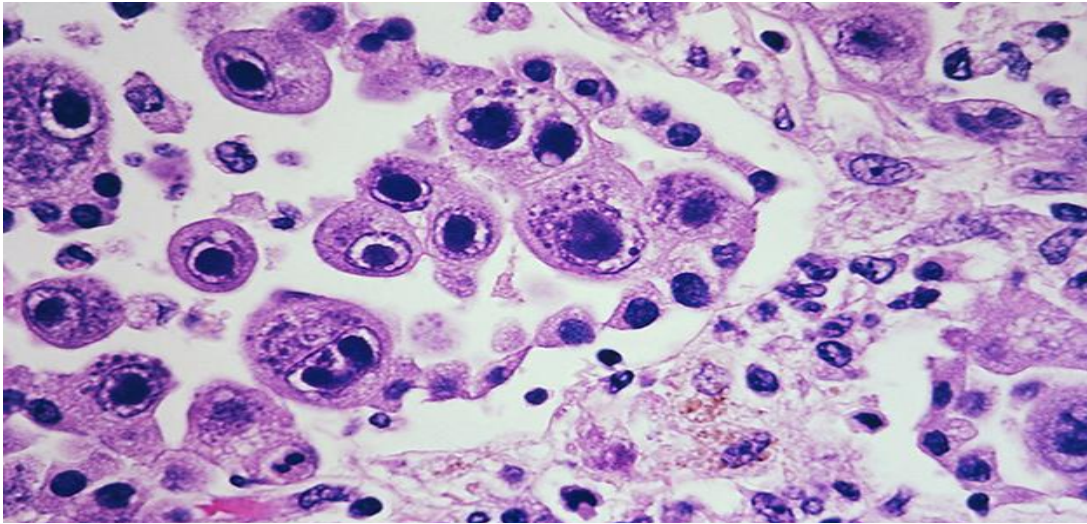


Figure 17: Cytomegalovirus

(Courtesy by: https://sellaismk.shop/product_details/13212008.html)

- **Varicella-Zoster Virus (VZV):** VZV can lead to oral lesions during primary infection (chickenpox) and reactivation (shingles).

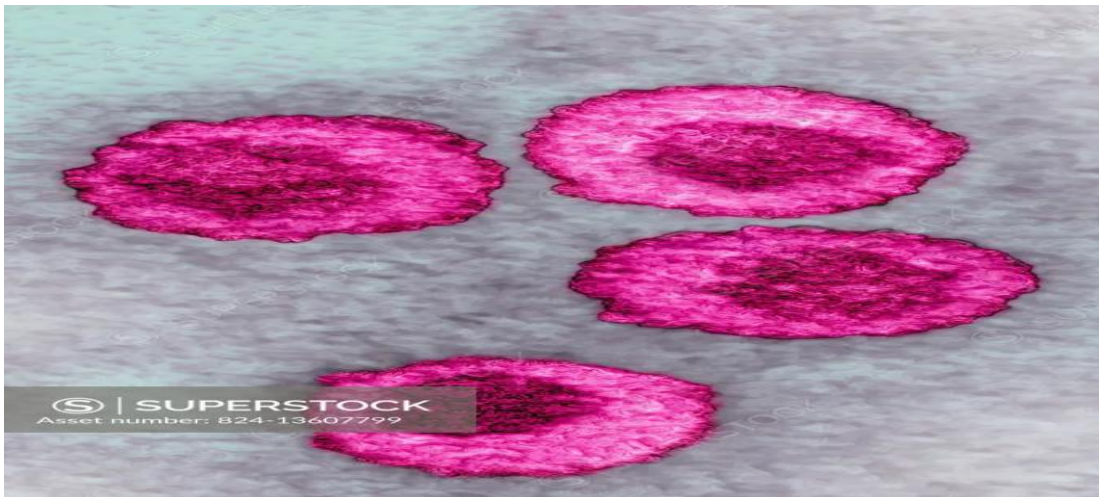


Figure 18: Varicella-Zoster Virus

(Courtesy by: https://sellaismk.shop/product_details/13212008.html)

<https://www.superstock.com/asset/varicella-zoster-virus-vzv-hhv-image-taken-transmission-electron-microscopy/824-13607799>)

2. RNA Viruses

- **Enteroviruses:** *Enteroviruses* are RNA viruses that are usually transmitted via the fecal-oral route. They can cause herpangina and hand, foot, and mouth disease, which often present with oral lesions.

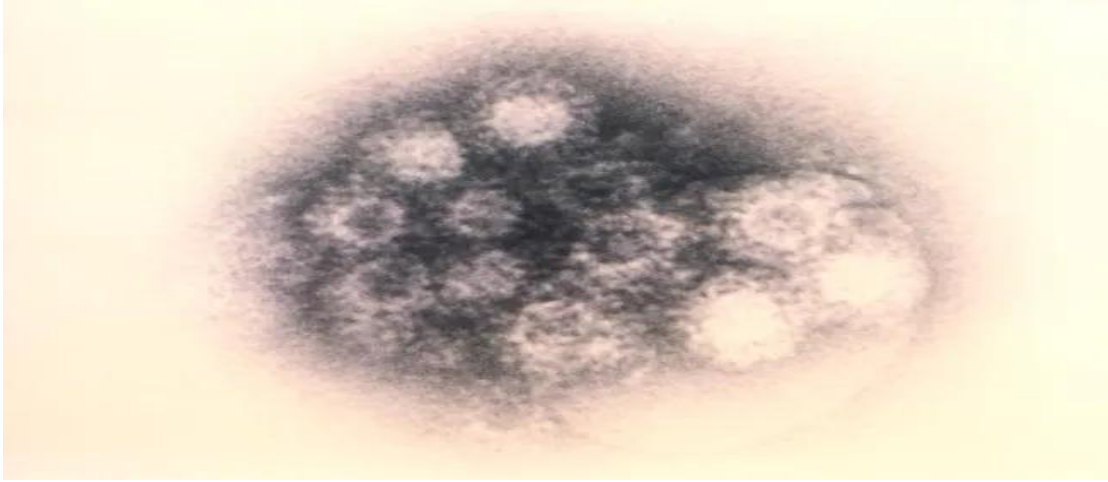


Figure 19: Enteroviruses

(Courtesy by: <https://www.livescience.com/48063-how-enterovirus-d68-causes-paralysis.html>)

- **Paramyxoviruses:** This family includes viruses like the mumps virus, which can cause swelling and pain in the salivary glands, and measles virus, which can lead to Koplik's spots inside the mouth.

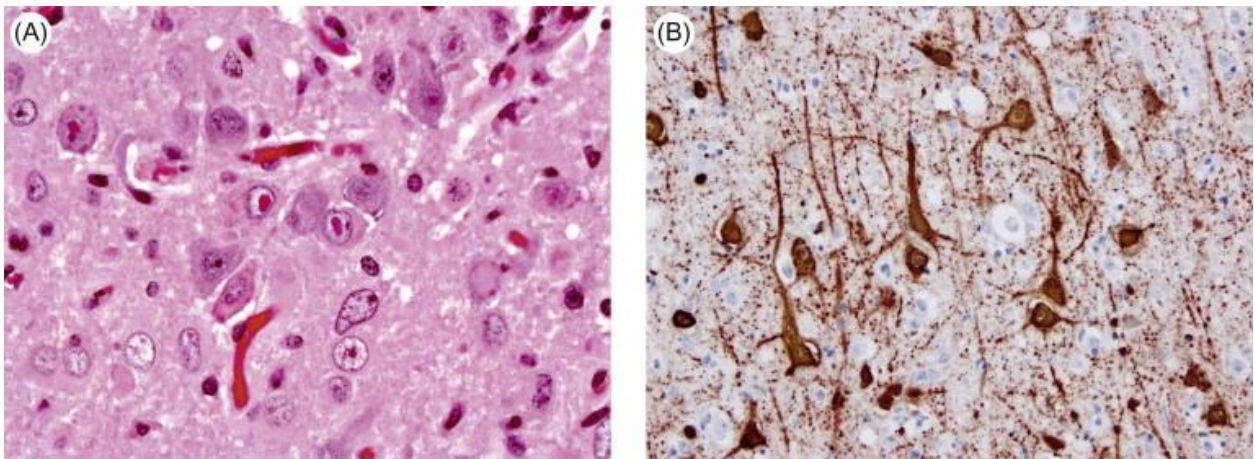


Figure 20: Paramyxoviruses

(Courtesy by: <https://www.sciencedirect.com/science/article/pii/B9780123751584000171>)

- **Coxsackieviruses:** A subgroup of enteroviruses, these viruses are known to cause hand, foot, and mouth disease, characterized by sores in the mouth and a rash on the hands and feet.

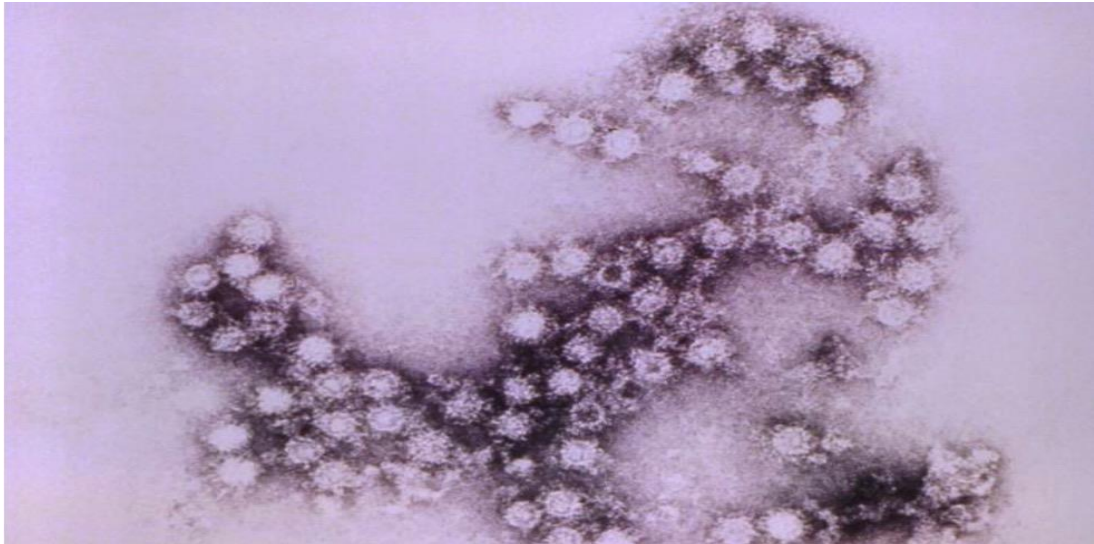


Figure 21: Coxsackieviruses
(Courtesy by: <https://www.lecturio.com/concepts/coxsackievirus/>)

- **SARS-CoV-2 (COVID-19):** The virus responsible for COVID-19 can cause oral manifestations, including ulcers, taste alterations, and oral lesions.

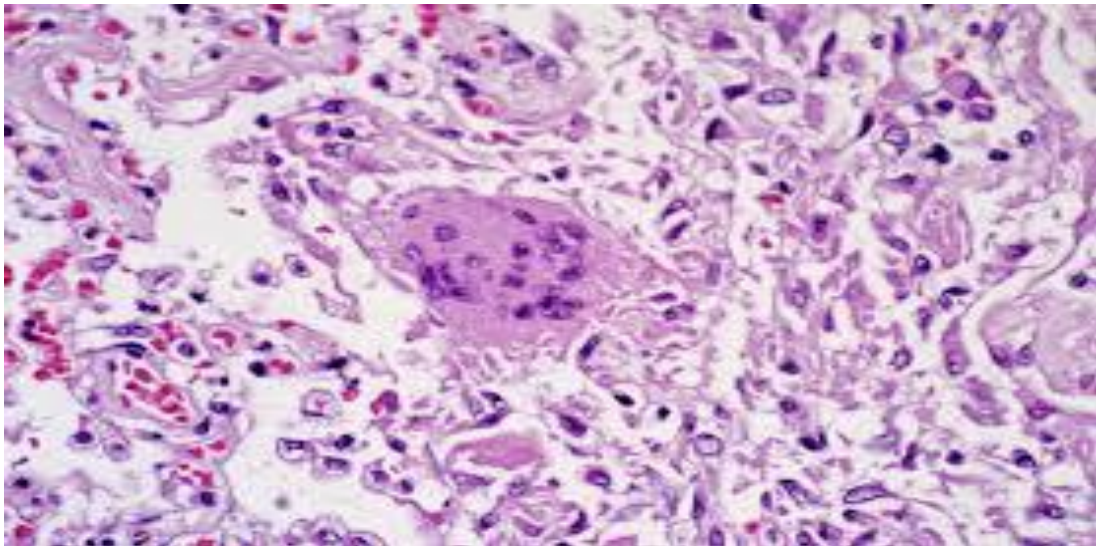


Figure 22: Corona virus
(Courtesy by: <https://www.microbiologybook.org/virol/coronaviruses.htm>)

VIII. IMPORTANT FUNGI RELEVANT TO DENTISTRY

Fungi, particularly the *Candida* genus, play important roles in dentistry due to their ubiquity and influence on dental health. *Candida* species, particularly *Candida albicans*, are common oral commensals found in around half of the general population. However, under specific circumstances, they can become pathogenic, resulting in mouth diseases like candidiasis. This illness can present as oral thrush, which causes white spots in the mouth, redness, and irritation.

Dental equipment waterlines can potentially reside pathogenic fungus, presenting a risk of fungal infections in dental patients. Fungi produce biofilms on dental surfaces including teeth and prosthetic devices, which contributes to dental plaque and raises the risk of infection.

The significance of fungi extends to interactions with dental materials, emphasizing the necessity of antifungal coatings in preventing infections associated with dental devices. Understanding these functions is critical for providing excellent dental care and infection prevention strategies.

IX. TYPES OF FUNGI THAT INFECTS THE ORAL CAVITY

Several fungi are important in dentistry because of their involvement in oral infections and the consequences for dental health and treatment. Following are the most significant fungi:

- **Candida Species**
- **Aspergillus**
- **Candida Species:** *Candida* Species is the most frequent and clinically relevant fungal genus in dentistry. *Candida albicans* is commonly involved in oral candidiasis, also known as oral thrush, which manifests as white plaques that may be wiped away to expose red or normal mucosa underlying.

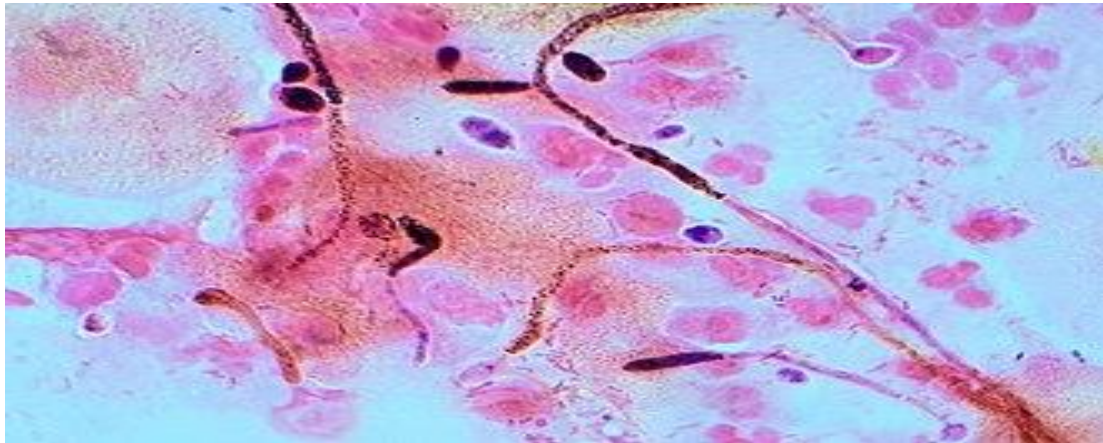


Figure 20: Candida Specie
(Courtesy by: https://en.wikipedia.org/wiki/Candida_albicans)

- **Aspergillus:** Although more uncommon than candidiasis, *aspergillosis* is occasionally seen in dental practice. This infection is caused by *Aspergillus* species and can cause serious consequences, especially in immunocompromised people.

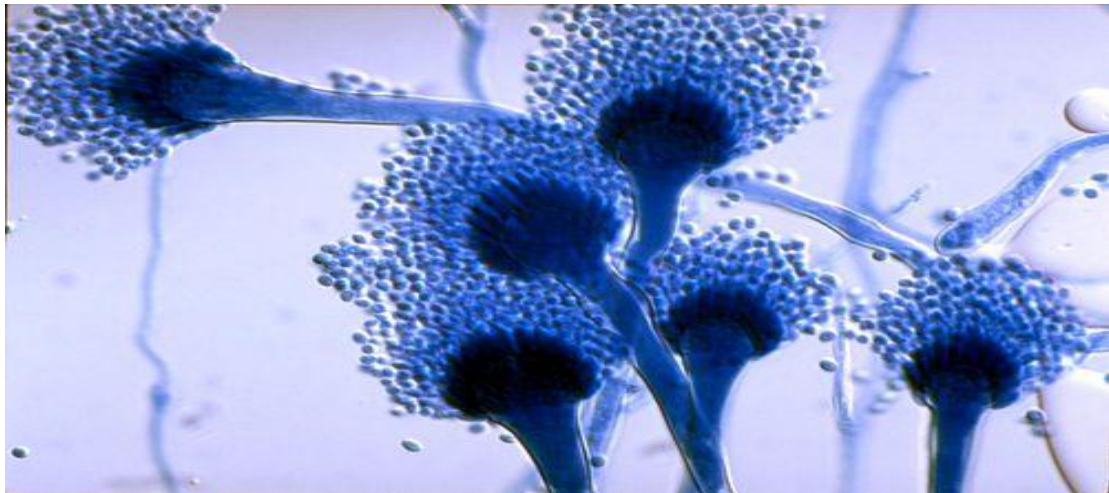


Figure 20: *Aspergillus* (Courtesy by:
https://microbewiki.kenyon.edu/index.php/Aspergillus_fumigatus_and_Aspergillosis)

- **Fungi in Dental Equipment Waterlines:** Pathogenic fungi, particularly those from the *Candida* species, have been found in the water used in dental equipment, suggesting a risk of cross-infection.
- **Penicillium, Blastomyces, Coccidioides, and Histoplasma:** These fungi are known for producing mouth ulcers and other serious symptoms. They are uncommon, but they can cause serious health problems if not recognized and treated appropriately.

Understanding these fungi and their clinical manifestations is critical for the accurate diagnosis, treatment, and prevention of fungal infections in dentistry.

X. CONCLUSION

The study of microbes in dentistry exposes the complex function of bacteria in dental health and illness. The capacity of microorganisms to transmit genetic information promotes the spread of antibiotic resistance, complicating the treatment of bacterial infections. It is critical to recognize microorganisms' dual nature as both important for oral health and possible disease agents. While pathogenic bacteria cause tooth cavities and periodontal disease, beneficial microorganisms serve to keep the oral microbiome balanced and prevent dangerous species from overgrowing. Understanding these microbial dynamics offers possibilities for preventative and therapeutic therapies, including probiotics and targeted antimicrobial treatments, that aim to maintain or restore a healthy microbial balance in the oral cavity.

REFERENCES

- [1] Aas JA, Paster BJ, Stokes LN, Olsen I, Dewhirst FE. Defining the normal bacterial flora of the oral cavity. *J Clin Microbiol.* 2005 Nov;43(11):5721-32. doi: 10.1128/JCM.43.11.5721-5732.2005. PMID: 16272510; PMCID: PMC1287824.
- [2] Baron S, editor. *Medical Microbiology*. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK7627/>

- [3] Batt CA, editor. *Encyclopedia of Food Microbiology*. 2nd ed. Academic Press, Elsevier; 2014. DOI:10.1016/B978-0-12-384730-0/00252-8. Accessed June 25, 2024. [Elsevier]
- [4] Behravesh CB, Williams IT, Tauxe RV. Emerging foodborne pathogens and problems: Expanding prevention efforts before slaughter or harvest. In: Institute of Medicine (US). *Improving food safety through a One Health approach: Workshop summary*. National Academies Press (US); 2012:A14. DOI: 10.1172/2012.114501
- [5] Bitton G, Marshall KC: *Adsorption of Microorganisms to Surfaces*. John Wiley & Sons, New York, 1980
- [6] Bustos CP, Muñoz AJ, Guida N. Capsule expression in isolates of *Streptococcus equi* subsp. *equi*. *Rev Argent Microbiol*. 2015 Oct-Dec;47(4):380-1. DOI: 10.1016/j.ram.2015.07.005.
- [7] Cousin FJ, Lynch SM, Harris HM, McCann A, Lynch DB, Neville BA, Irisawa T, Okada S, Endo A, O'Toole PW. Detection and genomic characterization of motility in *Lactobacillus curvatus*: confirmation of motility in a species outside the *Lactobacillus salivarius* clade. *Appl Environ Microbiol*. 2015 Feb;81(4):1297-1308. DOI: 10.1128/AEM.03594-14.
- [8] Damasceno JL, Dos Santos RA, Barbosa AH, Casemiro LA, Pires RH, Martins CHG. Risk of Fungal Infection to Dental Patients. *Scientific World Journal*. 2017;2017:2982478. doi: 10.1155/2017/2982478. Epub 2017 Jun 14. PMID: 28695189; PMCID: PMC5488164.
- [9] Davis CP. Normal Flora. In: Baron S, editor. *Medical Microbiology*. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. Chapter 6. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK7617/>
- [10] El Karkouri A, Assou SA, El Hassouni M. Isolation and screening of actinomycetes producing antimicrobial substances from an extreme Moroccan biotope. *Pan Afr Med J*. 2019 Aug 29;33:329. DOI: 10.11604/pamj.2019.33.329.19018.
- [11] *Food Science and Human Wellness*, Volume 8, Issue 1, 2019, Pages 8-15, ISSN 2213-4530,
- [12] <https://doi.org/10.1016/j.fshw.2018.12.001>
- [13] *Front. Med.*, 14 January 2021. Sec. Infectious Diseases – Surveillance, Prevention and Treatment. Volume 7 - 2020 | <https://doi.org/10.3389/fmed.2020.571214>
- [14] Giles, Carla & Lamont-Friedrich, Stephanie & Michl, Thomas & Griesser, Hans & Coad, Bryan. (2017). The importance of fungal pathogens and antifungal coatings in medical device infections. *Biotechnology Advances*. 36. 10.1016/j.biotechadv.2017.11.010.
- [15] Grinde B, Olsen I. The role of viruses in oral disease. *J Oral Microbiol*. 2010 Feb 12;2. doi: 10.3402/jom.v2i0.2127. PMID: 21523232; PMCID: PMC3084576.
- [16] Hoffmann, D. The role of the oral cavity in SARS-CoV-2- and other viral infections. *Clin Oral Invest* 27 (Suppl 1), 15–22 (2023). <https://doi.org/10.1007/s00784-023-05078-z>
- [17] Iqbal, S, Ahmed, S. ., Ali, Z. ., Kashif, M. ., & Aslam, A. . (2020). Evaluation of Records of Oral and Maxillofacial Surgery Cases Reported at Abbasi Shaheed Hospital and Karachi Medical and Dental College, Pakistan. *The International Journal of Frontier Sciences*, 4(1), 47–51. <https://doi.org/10.37978/tjfs.v4i1.74>
- [18] Johnson EA. Clostridia. In: Schaechter M, editor. *Encyclopedia of Microbiology*. 3rd ed. Academic Press; 2009:87-93. DOI: 10.1016/B978-012373944-5.00139-5.
- [19] Kashif M, Iqbal S, Ali Z, Aslam A, Khan NQ, Abbas S. Evaluation of Burden of Oral Pathologies at a Tertiary Care Hospital in Karachi, Pakistan. *J. Med. Dent. Sci*. 2020 Jun;8:166-71.
- [20] Kashif M, Kamran MA, Rizwan S, Iqbal S, Aslam A, Shifa S. Awareness of dental students about forensic odontology in Karachi, Pakistan. *Journal of Oral Health and Oral Epidemiology*. 2020 Jul 1;9(3):149-55.
- [21] Khan MI, Kashif M, Ehsan R, Faizuddin M, Iqbal S, Jamil H. Microbial contamination of white coats, hands and mobile phones of health care workers. *Int J Pathol*. 2020 Dec 21;18(2):58-62.
- [22] Laheij AM, Kistler JO, Belibasakis GN, Välimaa H, de Soet JJ; European Oral Microbiology Workshop (EOMW) 2011. Healthcare-associated viral and bacterial infections in dentistry. *J Oral Microbiol*. 2012;4. doi: 10.3402/jom.v4i0.17659. Epub 2012 Jun 12. PMID: 22701774; PMCID: PMC3375115.
- [23] Maoyang Lu, Songyu Xuan, Zhao Wang, Oral microbiota: A new view of body health.
- [24] Motarjemi Y, Moy GG, Todd ECD, editors. *Encyclopedia of food safety*. 1st ed. Amsterdam, Netherlands: Academic Press; 2014. ISBN: 9780123786135.
- [25] Mogoşanu G, Grumezescu A, Bejenaru C, Bejenaru L. Natural products used for food preservation. 2017:365-411. DOI: 10.1016/B978-0-12-804303-5.00011-0.
- [26] Pepper IL, Gentry TJ. Chapter 4 - Earth Environments. In: Pepper IL, Gerba CP, Gentry TJ, editors. *Environmental Microbiology*. 3rd ed. Academic Press; 2015:59-88. DOI: 10.1016/B978-0-12-394626-3.00004-1.
- [27] Pollitt EJG, Diggle SP. Defining motility in the Staphylococci. *Cell Mol Life Sci*. 2017 Aug;74(16):2943-2958. doi: 10.1007/s00018-017-2507-z. Epub 2017 Apr 4. PMID: 28378043; PMCID: PMC5501909.

- [28] Public Health Agency of Canada. Pathogen Safety Data Sheets: Infectious Substances – *Actinobacillus* spp. and *Aggregatibacter* spp [Internet]. Canada.ca. 2001 [cited 2024 Jun Available from: <https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment/actinobacillus-aggregatibacter.html>
- [29] Reuter G. Elective and selective media for lactic acid bacteria. *International Journal of Food Microbiology*. 1985;2(1):55-68. DOI: 10.1016/0168-1605(85)90057-1
- [30] Ruiz-Mojica CA, Brizuela M. Viral Infections of the Oral Mucosa. [Updated 2023 Mar 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK585132/>
- [31] Santosh ABR, Muddana K. Viral infections of oral cavity. *J Family Med Prim Care*. 2020 Jan 28;9(1):36-42. doi: 10.4103/jfmpc.jfmpc_807_19. PMID: 32110562; PMCID: PMC7014888.
- [32] Sevindik M, Uysal I. Food spoilage and Microorganisms. *Turkish Journal of Agriculture - Food Science and Technology*. 2021 Oct;9:1921-1924. DOI: 10.24925/turjaf.v9i10.1921-1924.4658
- [33] Singh J, Sharma S, Nara S. Evaluation of gold nanoparticle based lateral flow assays for diagnosis of Enterobacteriaceae members in food and water. *Food Chemistry*. 2015 Mar;170:470-83. DOI: 10.1016/j.foodchem.2014.08.092.
- [34] Streptococcal Infections (invasive group A strep, GAS) [Internet]. www.health.ny.gov. Available from: https://www.health.ny.gov/diseases/communicable/streptococcal/group_a/fact_sheet.htm#:~:text=These%20bacteria%20are%20spread%20by
- [35] Tannock GW: Normal Microflora. Chapman and Hall, London, UK, 1995 .
- [36] Thukral R, Shrivastav K, Mathur V, Barodiya A, Shrivastav S. Actinomyces: a deceptive infection of oral cavity. *J Korean Assoc Oral Maxillofac Surg*. 2017 Aug;43(4):282-285. DOI: 10.5125/jkaoms.2017.43.4.282.
- [37] Xiang Z, Wakade RS, Ribeiro AA, Hu W, Bittinger K, Simon-Soro A, Kim D, Li J, Krysan DJ, Liu Y, Koo H, 2023. Human Tooth as a Fungal Niche: *Candida albicans* Traits in Dental Plaque Isolates. *mBio* 14:e02769-22. <https://doi.org/10.1128/mbio.02769-22>