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El **algodoncillo**, también conocido como **candidiasis oral**, es una afección común que puede afectar a personas de todas las edades, incluidos los adultos. Esta infección por hongos en la boca puede causar molestias y malestar, pero existen diversos remedios efectivos y consejos prácticos que pueden ayudar a aliviar los síntomas y acelerar la recuperación.
Síntomas del algodoncillo en adultos
Leer másGuía para detestar a un bebe de 1 año de forma fácil y seguraAntes de explorar los remedios y consejos para tratar el algodoncillo en adultos, es importante reconocer los síntomas comunes de esta afección. Entre los signos más frecuentes se encuentran las manchas blancas en la boca, la lengua y las encías, así como enrojecimiento e irritación en la zona afectada. Además, es posible experimentar dolor al tragar, sensación de ardor en la boca y pérdida del gusto. Remedios caseros para el algodoncillo en adultos
Cuando se trata de combatir el algodoncillo en adultos, existen varios remedios caseros que pueden ser efectivos en aliviar los síntomas y reducir la propagación de la infección. Uno de los enfoques más comunes es enjuagar la boca con agua salada tibia, ya que esto puede ayudar a aliviar la irritación y reducir la cantidad de hongos en la boca. Además, se recomienda aumentar la ingesta de yogur natural sin azúcar, ya que contiene probióticos que pueden ayudar a restaurar el equilibrio de bacterias saludables en la boca. Tratamiento médico para el algodoncillo en adultos
Leer másDescubre cómo se sienten los primeros movimientos del bebé
En casos más severos de algodoncillo en adultos, es posible que sea necesario recurrir a tratamientos médicos específicos para combatir la infección por hongos. Los antifúngicos tópicos, como las cremas o geles especiales, pueden ser recetados por un profesional de la salud para aplicar directamente en la zona afectada. Además, en algunos casos, se pueden recetar antifúngicos orales para combatir la infección desde el interior del organismo.
Prevención del algodoncillo en adultos
Para evitar la aparición del algodoncillo en adultos, es importante mantener una buena higiene bucal diaria, que incluya cepillarse los dientes después de cada comida y usar hilo dental regularmente. Asimismo, es fundamental evitar el consumo excesivo de azúcares, ya que estos pueden favorecer el crecimiento de hongos en la boca. Mantener una alimentación saludable y equilibrada, así como evitar el uso de tabaco y alcohol en exceso, también son medidas preventivas clave.
¿Cuándo debo consultar a un profesional?
Si los síntomas del algodoncillo en adultos persisten durante más de dos semanas a pesar de haber probado remedios caseros, es recomendable consultar a un profesional de la salud. También es importante buscar atención médica si se presentan síntomas como fiebre, dificultad para tragar o respirar, o si la infección se extiende a otras áreas del cuerpo.
Un diagnóstico y tratamiento adecuado pueden ayudar a acelerar la recuperación y prevenir complicaciones.
★☆☆★Valoración: 3.33 (1542 votos)
La candidiasis oral, también llamada sapito, muguet oral o algodoncillo, es una infección de la orofaringe causada por el hongo Candida albicans que surge como parte de la flora microbiana natural del cuerpo, pero en ciertas circunstancias puede proliferar y causar infección. Tems que Desarrullaremos El algodoncillo es una forma leve de candidiasis que afecta principalmente a la mucosa de la lengua y la parte interna de la mejilla. Se caracteriza por la aparición de placas blancas, de aspecto cremoso, que se adhieren a la superficie de la boca. Aunque es común pensar que es una enfermedad exclusiva de pacientes con VIH, el algodoncillo también puede afectar a bebés, niños, ancianos y personas con el sistema inmunológico debilitado.¿Por qué sale el algodoncillo?El crecimiento excesivo de Candida albicanspuede ocurrir por diversos factores, entre ellos: Edad avanzada Bebés en el primer año de vida Mujeres embarazadas Uso de dentadura postiza Uso reciente de antibióticos Uso prolongado de corticosteroides Uso de fármacos inmunosupresores VIH positivo Diabetes mellitus mal controlada Tratamiento de quimioterapia o radioterapia Fumadores Xerostomía (boca seca) Intercación hospitalaria Desnutrición Consumo de drogasSíntomas del algodoncilloLos síntomas del algodoncillo pueden variar en intensidad y pueden incluir: Placas blancas en la lengua, mejillas, paladar, encías o amígdalas. Dolor en la boca. Disminución del paladar . Sensación de algodón en la boca. Enrojecimiento intenso de las encías debajo de la dentadura postiza. Queilitis angular (boquera). Ronquera . Dolor o dificultad para tragar. En los bebés, las placas blancas pueden confundirse con restos de leche. Sin embargo, a diferencia de la leche, las placas del algodoncillo se adhieren firmemente a la mucosa y pueden sangrar al intentar rasparlas. El diagnóstico del algodoncillo suele ser sencillo, basado en la observación de las placas blancas y la historia clínica del paciente. En algunos casos, el médico puede tomar una muestra de la lesión para confirmar la presencia de Candida albicansajo el microscopio.Tratamiento del algodoncilloEl tratamiento del algodoncillo consiste en el uso de antifúngicos, como la nistatina o el fluconazol. También se recomienda: Dejar de fumar . Cepillar los dientes adecuadamente y con regularidad. Evitar el uso de antisépticos bucales . Evitar bebidas alcohólicas y comidas ricas en azúcar . Consumir yogur sin azúcar para restaurar la flora bacteriana de la boca.En los bebés, es importante limpiar bien los chupetes, cubiertos o biberones después del uso para evitar la colonización de los hongos. También se recomienda aplicar una crema antifúngica al pezón de la madre después de la limpieza.Prevenición del algodoncilloPara prevenir el algodoncillo, es importante mantener un sistema inmunológico fuerte. Algunos consejos para fortalecer el sistema inmunológico incluyen: Consumir una dieta saludable rica en frutas, verduras y proteínas. Dormir lo suficiente . Hacer ejercicio regularmente . Mantener un peso saludable . Evitar el consumo de alcohol y tabaco . Mantener una buena higiene oral. Si tienes cualquier duda o sistema relacionado con el algodoncillo, es importante consultar a un médico para obtener un diagnóstico y tratamiento adecuados. Si quieres conocer otros artículos parecidos a Algodoncillo, ¿Qué es y por qué aparece? puedes visitar la categoría Salud. Fungal infection Medical conditionOral candidiasisOral thrushOral candidiasis, oral thrush[1] oropharyngeal candidiasis, moniliasis,[2] candida stomatitis, muguetOral candidiasis patient showing characteristic white slough on the tongue.SpecialtyInfectious disease, dentistry, dermatology Oral candidiasis (Acute pseudomembranous candidiasis), which is also known as oral thrush, among other names,[1] is candidiasis that occurs in the mouth. That is, oral candidiasis is a mycosis (yeast/fungal infection) of Candida species on the mucous membranes of the mouth. Candida albicans is the most commonly implicated organism in this condition. C. albicans is carried in the mouths of about 50% of the world's population as a normal component of the oral microbiota.[3] This candidal carriage state is not considered a disease, but when Candida species become pathogenic and invade host tissues, oral candidiasis can occur. This change usually constitutes an opportunistic infection by normally harmless micro-organisms because of local (i.e., mucosal) or systemic factors altering host immunity. Traditional classification of oral candidiasis.[2] Acute candidiasis: pseudomembranous candidiasis (oral thrush) atrophic candidiasis Chronic candidiasis: atrophic candidiasis hyperplastic candidiasis chronic oral candidiasis (Candida leukoplakia) candidiasis endocrinopathy syndrome chronic localized mucocutaneous candidiasis chronic diffuse candidiasis. Classification of oral candidiasis.[2] Primary oral candidiasis (group I) Pseudomembranous (acute or chronic) Erythematous (acute or chronic) Hyperplastic: plaque-like, nodular Candida-associated lesions: Denture related stomatitis, angular stomatitis, median rhomboid glossitis, linear gingival erythema Secondary oral candidiasis (group II) Oral manifestations of systemic mucocutaneous candidiasis (due to diseases such as thymic aplasia and candidiasis endocrinopathy syndrome) Oral candidiasis is a mycosis (fungal infection). Traditionally, oral candidiasis is classified using the Lehner system, originally described in the 1960s, into acute and chronic forms (see table). Some of the subtypes almost always occur as acute (e.g., acute pseudomembranous candidiasis), and others chronic. However, these typical presentations do not always hold true, which created problems with this system. A more recently proposed classification of oral candidiasis distinguishes primary oral candidiasis, where the condition is confined to the mouth and perioral tissues, and secondary oral candidiasis, where there is involvement of other parts of the body in addition to the mouth. The global human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic has been an important factor in the move away from the traditional classification since it has led to the formation of a new group of patients who present with atypical forms of oral candidiasis.[2] Three main clinical appearances of candidiasis are generally recognized: pseudomembranous, erythematous (atrophic) and hyperplastic.[4] Most often, affected individuals display one clear type or another, but sometimes there can be more than one clinical variant in the same person.[5] Pseudomembranous candidiasis in the mouth and oropharynx.Pseudomembranous candidiasis in a person with HIV Acute pseudomembranous candidiasis is a classic form of oral candidiasis,[6] commonly referred to as thrush.[4] Overall, this is the most common type of oral candidiasis,[7] or "accounting for about 35% of oral candidiasis cases.[8] It is characterized by a coating or individual patches of pseudomembranous white slough that can be easily wiped away to reveal erythematous (reddened), and sometimes minimally bleeding, mucosa beneath.[7] These areas of pseudomembrane are sometimes described as "curled milk",[4] or "cottage cheese".[7] The white material is made up of debris, fibrin, and desquamated epithelium that has been invaded by yeast cells and hyphae that invade to the depth of the stratum spinosum.[4] As an erythematous surface is revealed beneath the pseudomembranes, some consider pseudomembranous candidiasis and erythematous candidiasis stages of the same entity.[4] Some sources state that if there is bleeding when the pseudomembrane is removed, then the mucosa has likely been affected by an underlying process such as lichen planus or chemotherapy.[5] Pseudomembraneous candidiasis can involve any part of the mouth, but usually it appears on the tongue, buccal mucosae or palate.[7] It is classically an acute condition, appearing in infants, people taking antibiotics or immunosuppressant medications, or immunocompromising diseases.[6] However, sometimes it can be chronic and intermittent, even lasting for many years. Chronicity of this subtype generally occurs in immunocompromised states, (e.g., leukemia, HIV) or in persons who use corticosteroids topically or by aerosol.[4] Acute and chronic pseudomembranous candidiasis are indistinguishable in appearance.[6] Erythematous (atrophic) candidiasis is when the condition appears as a red, raw-looking lesion.[8] Some sources consider denture-related stomatitis, angular stomatitis, median rhomboid glossitis, and antibiotic-induced stomatitis as subtypes of erythematous candidiasis, since these lesions are commonly erythematous/atrophic. It may precede the formation of a pseudomembrane, be left when the membrane is removed, or arise without prior pseudomembranes.[6] Some sources state that erythematous candidiasis accounts for 60% of oral candidiasis cases.[8] Where it is associated with inhalation steroids (often used for treatment of asthma), erythematous candidiasis commonly appears on the palate or the dorsum of the tongue.[6] On the tongue, there is loss of the lingual papillae (depapillation), leaving a smooth area.[5] Acute erythematous candidiasis usually occurs on the dorsum of the tongue in persons taking long term corticosteroids or antibiotics, but occasionally it can occur after only a few days of using a topical antibiotic.[9] This is usually termed "antibiotic sore mouth", "antibiotic sore tongue",[9] or "antibiotic-induced stomatitis" because it is commonly painful as well as red. Chronic erythematous candidiasis is more usually associated with denture wearing (see Denture-related stomatitis) [citation needed] This variant is also sometimes termed "plaque-like candidiasis" or "nodular candidiasis".[6] The most common appearance of hyperplastic candidiasis is a persistent white plaque that does not rub off. The lesion may be rough or nodular in texture.[10] Hyperplastic candidiasis is uncommon, accounting for about 5% of oral candidiasis cases,[8] and is usually chronic and found in adults. The most common site of involvement is the commissural region of the buccal mucosa, usually on both sides of the mouth.[10] Another term for hyperplastic candidiasis is "candidial leukoplakia". This term is a largely historical synonym for this subtype of candidiasis, rather than a true leukoplakia.[11] Indeed, it can be clinically indistinguishable from true leukoplakia, but tissue biopsy shows candidal hyphae invading the epithelium. Some sources use this term to describe leukoplakia lesions that become colonized secondarily by Candida species, thereby distinguishing it from hyperplastic candidiasis.[10] It is known that Candida resides more readily in mucosa that is altered, such as may occur with dysplasia and hyperkeratosis in an area of leukoplakia.[citation needed] Candida-associated lesions are primary oral candidiases (confined to the mouth), where the causes are thought to be multiple.[4] For example, bacteria as well as Candida species may be involved in these lesions.[6] Frequently, antifungal therapy alone does not permanently resolve these lesions, but rather the underlying predisposing factors must be addressed, in addition to treating the candidiasis.[4] Angular cheilitis Main article: Angular cheilitis Angular cheilitis is inflammation at the corners (angles) of the mouth, very commonly involving Candida species, when sometimes the terms "Candida-associated angular cheilitis",[9] or less commonly "monilial perlèche" are used.[12] Candida organisms alone are responsible for about 20% of cases,[5] and a mixed infection of C. albicans and Staphylococcus aureus for about 60% of cases.[3] Signs and symptoms include soreness, erythema (redness), and fissuring of one, or more commonly both the mouth, with edema (swelling) seen internally on the commissures (inside the corners) of the mouth in elderly people and is associated with denture-related stomatitis.[13] Main article: Denture-related stomatitis This term refers to a mild inflammation and erythema of the mucosa beneath a denture, usually an upper denture in elderly edentulous individuals (with no natural teeth remaining). 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