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16 HARKER STREET  
BURWOOD WA 98133

Dr. SAMPLE REPORT  
TEST HEALTH CENTRE  
123 TEST STREET  
BURWOOD WA 98133

LAB ID :                    3814173  
UR NO. :  
Collection Date :   09-May-2022  
Received Date:      09-May-2022



3814173

## Oral Microbiome Mapping

Oral pH                    7.10                    6.70 - 7.30                   

### Opportunistic Bacteria

Campylobacter rectus	<DL	< 1.00	x10 <sup>6</sup> CFU/ml	
Capnocytophaga gingivalis	<b>3.70 *H</b>	< 3.00	x10 <sup>4</sup> CFU/ml	
Enterococcus faecalis	<DL	< 1.00	x10 <sup>3</sup> CFU/ml	
Fusobacterium nucleatum	<b>2.00</b>	< 4.00	x10 <sup>6</sup> CFU/ml	
Parvimonas micra	<b>2.20</b>	< 4.00	x10 <sup>6</sup> CFU/ml	
Peptostreptococcus anaerobius	<b>1.40</b>	< 5.00	x10 <sup>6</sup> CFU/ml	
Prevotella intermedia	<b>3.00</b>	< 5.00	x10 <sup>6</sup> CFU/ml	
Streptococcus mutans	<DL	< 1.00	x10 <sup>5</sup> CFU/ml	

### Pathogenic Bacteria

A. actinomycetemcomitans	<DL	< 1.00	x10 <sup>5</sup> CFU/ml	
Porphyromonas gingivalis	<b>5.60 *H</b>	< 4.00	x10 <sup>6</sup> CFU/ml	
Tannerella forsythia	<b>1.10</b>	< 3.00	x10 <sup>4</sup> CFU/ml	
Treponema denticola	<b>2.20 *H</b>	< 2.00	x10 <sup>4</sup> CFU/ml	
Staphylococcus aureus	<DL	< 1.00	x10 <sup>5</sup> CFU/ml	
Pseudomonas aeruginosa	<DL	< 1.00	x10 <sup>6</sup> CFU/ml	
Acinetobacter species	<DL	< 1.00	x10 <sup>4</sup> CFU/ml	
Haemophilus species	<DL	< 1.00	x10 <sup>8</sup> CFU/ml	

### Fungi

Candida albicans	<b>3.00 *H</b>	< 1.00	x10 <sup>6</sup> CFU/ml	
Candida species	<b>5.00 *H</b>	< 1.00	x10 <sup>6</sup> CFU/ml	

### Normal Oral Flora

Streptococcus salivarius	<b>8.00</b>	> 5.00	x10 <sup>7</sup> CFU/ml	
Lactobacillus species	<b>0.50 *L</b>	> 1.00	x10 <sup>5</sup> CFU/ml	

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**Comment****ORAL pH:**

In the oral cavity, the pH is maintained near neutrality by saliva by its flow and bufferic capacity. Acid produced by bacteria following sugar fermentation causes pH to fall below a critical value resulting in demineralization of tooth surfaces. This damage to the enamel favours the action of oral bacteria, which have better access to the dentine. Salivary pH can be affected by diet, oral hygiene and health.

**ELEVATED CAPNOCYTOPHAGA GINGIVALIS:**

*C. gingivalis* is a facultatively anaerobic bacteria constituting part of the oral microflora, but can be considered a opportunistic pathogen. Elevation is linked with increased risk of gingivitis, periodontitis can cause bacteremia in immunocompromised patients.

**ELEVATED PORPHYROMONAS GINGIVALIS:**

*Porphyromonas gingivalis* has been postulated as a keystone periodontal pathogen because of its low abundance and high virulence in the oral flora and is associated with periodontitis. The oral cavity can serve as a reservoir for systemic dissemination of pathogenic bacteria and their toxins, leading to infections and inflammation in distant body sites. Elevated levels have been implicated in extra-oral conditions such as cardiovascular diseases, in adverse pregnancy outcomes, rheumatoid arthritis or Organ Abscesses.

**ELEVATED TREPONEMA DENTICOLA:**

*Treponema denticola* is one of the main pathogenic agents associated with periodontitis. The oral cavity can serve as a reservoir for systemic dissemination of pathogenic bacteria and their toxins, leading to infections and inflammation in distant body sites. Elevated levels have been implicated in extra-oral conditions such cardiovascular diseases, in adverse pregnancy outcomes or Organ Abscesses.

**ELEVATED CANDIDA:**

The presence of *Candida* species in the oral cavity is usually found to be positively correlated with poor oral hygiene and high carbohydrate intake. Elevated levels of *Candida* species have been associated with increased risk of dental caries and nosocomial pneumonia. Elevated levels of *Candida*, alongside symptoms of white lesions on tongue or cheeks, redness or burning of gums, tongue and cheeks, bleeding and/ or loss of taste may indicate oral candidiasis (thrush). Treatment advice from a Oral Health Specialist should be followed and may include oral antifungals, salt-water rinses, use of probiotics and adjustment of diet to avoid alcohol, sugars and foods which contain mould and yeasts.

**NORMAL ORAL FLORA COMMENT:**

Factors such as a poor acidic diet (refined carbohydrates & soft drinks), stress, smoking, alcohol intake and anti-bacterial agents (incl. medication) can negatively impact on the diversity and balance of the oral microbiome. Oral health is significantly maintained with proper oral care/hygiene, a fibre-rich diet and regular dental cleans.

**LOW LACTOBACILLI SPECIES:**

The presence of Oral *Lactobacillus* reduces pathogenic bacteria population; supports tooth and gum health by improving resistance to cavities; produces sufficient hydrogen peroxide to kill certain bacterial species; and improves halitosis. Low levels increase risk of infections and dental health conditions. Probiotic bacteria can be reintroduced into your oral cavity by taking oral probiotic supplements. Low *Lactobacillus* levels may also indicate gut microbiome imbalance. Further investigation may be considered.