



Letter to Editor

Unveiling the Impact of Insects on Infectious Maxillofacial Diseases



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Running Title Insects Impact on Infectious Maxillofacial Diseases

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Insects are often overlooked as vectors for infectious diseases, but their impact on human health cannot be underestimated. In the field of maxillofacial surgery, insects play a significant role in the transmission of various pathogens that can lead to serious infectious diseases. Understanding the relationship between insects and infectious maxillofacial diseases is crucial for effective prevention and treatment strategies [1].

One of the most common ways insects contribute to the spread of infectious diseases in the maxillofacial region is through their bites. Mosquitoes, ticks and flies are known to carry a variety of pathogens that can cause infections in humans. For example, mosquitoes are vectors for pathogens causing diseases such as malaria, dengue fever and Zika fever, all of which can affect the maxillofacial area. Tick bites can transmit the causing agent of Lyme disease, which can lead to facial nerve paralysis and other complications. Flies can also transmit bacterial

infections) *Staphylococcus aureus*-*Salmonella bacteria*-*Escherichia coli* (that affect the mouth and face) [2].

One prominent instance of an insect-transmitted infectious maxillofacial ailment is malaria, which is instigated by the Plasmodium parasite and can result in manifestations like fever, chills and profound anemia. In critical scenarios, malaria may also impact the brain, giving rise to neurological complications [3].

In addition to direct transmission through bites, insects can also indirectly contribute to the spread of infectious diseases in the maxillofacial region. For example, cockroaches and flies are known to contaminate food and water sources with bacteria and parasites that can cause gastrointestinal infections. These infections can then spread to other parts of the body, including the maxillofacial area [4].

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Furthermore, insects can also serve as intermediate hosts for certain parasites that cause maxillofacial diseases. For example, phlebotomine sandflies are biological and obligatory vectors of *Leishmania* (Like *Anopheles* for *Plasmodium*), which cause a disfiguring disease known as leishmaniasis that affects the skin and mucous membranes of the face. Leishmaniasis is caused by protozoan parasites of the genus *Leishmania* and can lead to skin ulcers in the affected area. Leishmaniasis has the potential to impact mucous membranes in the oral and nasal cavities, particularly in cases of mucocutaneous leishmaniasis in the New World [5]. Similarly, tsetse flies transmit *Trypanosoma* parasites that cause African trypanosomiasis (sleeping sickness), which can lead to neurological complications affecting the face [6].

Ticks are another important vector for infectious diseases that can affect the maxillofacial region. Lyme disease, which is caused by the bacterium *Borrelia burgdorferi* and transmitted by ticks, can lead to symptoms such as facial paralysis and arthritis in addition to more systemic symptoms like fever and fatigue [7].

Myiasis is defined as the infestation of live vertebrates (humans and/or animals) with dipterous larvae. In mammals (including humans), dipterous larvae can feed on the host's living or dead tissue, liquid body substance, or ingested food and cause a broad range of infestations depending on the body location and the relationship of the larvae with the host. In this condition, the soft-tissue parts of the oral cavity are invaded by parasitic larvae of these flies [8].

In addition to directly transmitting pathogens that cause infectious maxillofacial diseases, insects can also contribute to the spread of antibiotic-resistant bacteria through their contact with contaminated surfaces. This can lead to more difficult-to-treat infections in patients with maxillofacial diseases [9].

Preventing insect-borne infectious diseases in the maxillofacial region requires a multi-faceted approach. This includes implementing vector control measures such as insecticide-treated bed nets, insect repellents and environmental management to reduce insect breeding sites. Additionally, educating individuals about proper hygiene practices and avoiding contact with insects can help reduce the risk of infection [10].

In conclusion, insects play a significant role in the transmission of infectious diseases in the maxillofacial region. Understanding their impact on human health is essential for developing effective prevention and treat-

ment strategies. By addressing this relationship between insects and infectious maxillofacial diseases, we can better protect individuals from these potentially debilitating conditions.

References

- [1] Laroche M, Raoult D, Parola P. Insects and the transmission of bacterial agents. *Microbiol Spectr*. 2018; 6(5). [DOI:10.1128/microbiolspec.MTBP-0017-2016] [PMID]
- [2] Shuai Y, Lou Y, Zhu L, Chen W, Jiang T. Oral complications related to tropical infectious diseases: An introduction and analysis of survey data. *BMC Oral Health*. 2023; 23(1):788. [DOI:10.1186/s12903-023-03514-w] [PMID] [PMCID]
- [3] Shuai Y, Liu B, Zhou G, Rong L, Niu C, Jin L. Oral manifestations related to malaria: A systematic review. *Oral Diseases*. 2020; 27(7):1616-20. [DOI:10.1111/ODI.13549/v2/response1]
- [4] Foil L, Gorham JR. Mechanical transmission of disease agents by arthropods. In: Eldridge BF, Edman JD, editors. *Medical entomology*. Dordrecht: Springer. [DOI:10.1007/978-94-007-1009-2_12]
- [5] Falcão GGVSC, Lins-Kusterer L, Leite-Ribeiro PM, Sarmiento VA. Orofacial manifestations of mucocutaneous leishmaniasis: A case series from Brazil. *F1000Res*. 2019; 8:756. [DOI:10.12688/f1000research.19056.1] [PMID] [PMCID]
- [6] Cayla M, Rojas F, Silvester E, Venter F, Matthews KR. African trypanosomes. *Parasit Vectors*. 2019; 12(1):190. [DOI:10.1186/s13071-019-3355-5] [PMID] [PMCID]
- [7] Bradshaw BT, Jones KM, Westerdale-McInnis JM, Gaff HD. Orofacial manifestations of Lyme disease: A systematic review. *J Dent Hyg*. 2021; 95(4):23-31. [PMID]
- [8] Francesconi F, Lupi O. Myiasis. *Clin Microbiol Rev*. 2012; 25(1):79-105. [DOI:10.1128/CMR.00010-11] [PMID] [PMCID]
- [9] Kamiński B, Blochowiak K, Kołomański K, Sikora M, Karwan S, Chlubek D. Oral and maxillofacial infections-A bacterial and clinical cross-section. *J Clin Med*. 2022; 11(10):2731. [DOI:10.3390/jcm11102731] [PMID] [PMCID]
- [10] Nicoletti M. Three scenarios in insect-borne diseases. In: Nicoletti M, editor. *Insect-borne diseases in the 21st Century*. Massachusetts: Academic Press; 2020. [DOI:10.1016/B978-0-12-818706-7.00005-X]