

Dental Uses

Users Guide:

Any prosthesis from the oral cavity is a potential source of infection. Enclosed is a chart of microorganisms isolated from dentures that had been worn for 12 days to 48 years. Not included are the numerous viruses also associated with human disease.

What items to be disinfected and when.

All Items coming from the oral cavity must be disinfected properly before work starts in the dental office or dental laboratory and then again prior to their return to the patients. These items are; dentures, partial dentures, orthodontic appliances, dental splints, impressions, and crown & bridge prosthesis. For the dental laboratory bringing untreated appliances establishes the potential for cross infection. Laboratory items such as burs, polishing points, lab. knives, polishing rag wheels used between patients, pressure pots, pumice and pumice pans. Dental professionals have long complained of the noxious odors stemming from appliance adjustments. These odors are really chemical by-products of microbial function and are tissue irritants.

Why Parox (chloroperoxyl) instead of chlorine bleach (sodium hypochlorite)?

Hypochlorites are the oldest and most widely used of the active chlorine compounds for sanitation purposes. Because of its long lasting odor it is often combined at a lower dose with iodophores and complex phenolics to increase its killing power. Most importantly, chlorine peroxide is much less corrosive than chlorine and has 2.5 times more killing power. Parox has an EPA registration for usage on dental acrylics, composites, pumice pans, toothbrushes, denture brushes, dental impressions and laboratory benches.

Which bacteria, virus, and yeasts is Parox effective against?

EPA has established a list of human pathogenic bacteria, virus and fungi that must be destroyed to obtain the Hospital disinfectant and usage claims. The enveloped viruses are most easily killed by all disinfectants on the market. These would include influenza A, B, C, aids, herpes simplex 1&2. The most difficult to kill are the non-enveloped viruses. These are polio, rhinovirus type 2, and adenoviruses type 2, Rhino and adenoviruses are respiratory disease related.

On the susceptibility scale of different organism s resistance to disinfectants they are more difficult to kill than tuberculosis, Parox kills all non-enveloped viruses and those pathogenic bacteria listed in 5 minutes.



U.S. EPA Registration No. 69151-1 W

For More Information:

Steritech, Inc. (800) 355-9621
 4610 N. Ash St., Suite 101 (509) 326-6693
 Spokane, WA 99205

Table. Microorganisms Isolated From Dentures That had been worn for 12 Days to 48 Years and Diseases Related to the Cultured Microorganisms.¹²

MICROORGANISMS	DISEASES
Gram Negative Cocci	
Moraxella lacunata	Chronic angular blepharconjunctivitis
Neisseria perfiava	Endocarditis; septicemia; meningitis
Gram Negative Rods	
Acinetobacter spp.	Nosocomial infections; respiratory tract infections (Rh); periodontal disease; recurring oral ulcers (ROU)
Burkholderia cepacia	Nosocomial infections; cystic fibrosis infections; osteomyelitis
Enterobacter aerogenes	RTI; urinary tract infections (UTI); septicemia, especially ICUs and burn units; ROU
Enterobacter amnigenus	IV. catheter infections
Enterobacter cloacae	UTI; hospital bacteremia; ROU
Klebsiella pneumoniae	Severe bronchopneumonia; stomatitis; ROU
Providencia rettgeri	UTI; nosocomial infections of wounds, burns, and blood
Pseudomonas aeruginosa	Rh; nosocomial infections of wounds, burns, blood, and indwelling devices
Pseudomonas fluorescens	Rare in hospital patients
Serratia marcescens	Meningeal sepsis; RTI; UTI; wound infection; septicemia; endotoxic shock; endocarditis; epidemic septic arthritis;
Serratia liquefaciens	Opportunistic infections
Stenotrophomonas (Xanthomonas) maltophilia	Nosocomial infections
Gram Positive Cocci	
Enterococcus avium	Rare human infection
Gemella morbillorum	Normal intestinal flora; opportunistic infection
Lactococcus lactis	Unknown pathogenicity
Staphylococcus aureus	Folliculitis; furunculosis; impetigo; abscess; wound infection; pneumonia; osteomyelitis; septicemia; endocarditis; decubitus ulcer; food poisoning; toxic shock syndrome; scalded skin syndrome; ROU
Staphylococcus epidermidis	Endocarditis; peritonitis; UTI; intravascular cannula infection; indwelling medical device infection; neonatal infective compromised opportunistic infections; jaw osteomyelitis; eye infections
Staphylococcus hominis	UTI; catheter or prosthesis infection; abscess; endocarditis
Staphylococcus xylosum	UTI; pyelonephritis; infection-induced kidney stones
Streptococcus salivarius	Subacute bacterial endocarditis; transient bacteremias
Vagococcus spp.	
Gram Positive Rods	
Acrabacterium (Corynebacterium) haemolyticum	Pharyngitis; peritonsillar abscess
Actinomyces spp.	Cervicofacial, thoracic, abdominal, skin, bone, CNS infections (both acute and chronic)
Yeasts and Fungi	
Aspergillus spp.	Thrombosis; sinusitis; RTI; endocarditis; cutaneous infection; multiorgan dissemination (nodules and abscesses)
Candida albicans	Acute mucocutaneous candidiasis; chronic stomatitis; deep-seated candidiasis
Candida (Torulopsis) glabrata	Stomatitis; vaginitis