

### **FINAL REPORT**



### Sample, Report

Date Of Birth: 07/02/1980 (35 yrs)

Gender: Female Patient Id: Patient Location:

## **Ordering Provider**

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Reason for Testing: Suspicion of oropharyngeal thrush

Related info: Not Provided Patient History: Not Provided

# **Sample Information**

Specimen#: 89499693 Accession#: 201509-03071 Specimen: Oral Rinse Collected: 09/16/2015 09:05 Received: 09/18/2015 08:18 Reported: 09/20/2015 09:25

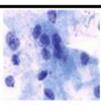
Lesion Size: Not Provided Lesion Color: Not Provided Lesion Location(s): Not Provided

### MOLECULAR IDENTIFICATION OF CANDIDA SPECIES IN THE OROPHARYNX



Signs & Symptoms of Oral Candidiasis

- Often no symptoms
- "Burning mouth syndrome"
- Metallic or acidic or salty taste



Causes

- Various Candida species, most often C. alhicans
- Underlying systemic disease
- Immunosuppression
- Candida species

## Interpretation:

This sample is negative for Candida species DNA. See comments.

#### Comments:

- **Significance:** Oral candidiasis (Oral thrush) is caused by a candida fungus that can infect the mouth. Oral thrush causes creamy white lesions, usually on the tongue or inner cheeks and may spread to the roof of mouth, gums, tonsils, or the back of the throat. It is not a type of infection that can be passed on to others.
- **Risk:** Oral thrush most commonly affects people who wear dentures. People who have difficulties keeping their mouth clean, people with diabetes and those who take steroids are also at a higher risk of developing the condition. Some antibiotics may cause thrush. Certain antibiotics encourage the infection to recur, especially if taken over a long period of time. Very rarely, oral thrush may be one of the early signs of HIV.
- Consider: The current negative result does not exclude the possibility of infection with a Candida species not detected due to errors in sample collection, transport, or storage.

Methodology: Genomic DNA was extracted and amplified by polymerase chain reaction (PCR) using primers specific for a conserved sequences common to the Candida genus. Concurrently, analysis of DNA integrity and the presence of inhibitory substances was evaluated by the amplification of the human Apolipoprotein B gene. PCR products were subjected to restriction endonuclease digestion and automated electrophoresis fluorescence detection. Digital electropherograms and gel images of data were generated and the specific Candida species was determined by matching the displayed banding pattern to known Candida species restriction fragment patterns. The analytical and performance characteristics of this laboratory-developed test (LDT) were determined by OralDNA Labs, A Service of Access Genetics, LLC pursuant to Clinical Laboratory Improvement Amendments (CLIA 88) requirements. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not a requirement prior to use for clinical purposes.

References:

- Al-Karaawi ZM, Manfredi M, Waugh AC, et al. Molecular characterization of Candida spp. isolated from the oral cavities of patients from diverse clinical settings. Oral Microbiol Immunol 2002;17:44-9.
- da Silva-Rocha WP, Lemos VL, Svidizisnki TI, Milan EP, Chaves GM. Candida species distribution, genotyping and virulence factors of Candida albicans isolated from the oral cavity of kidney transplant recipients of two geographic regions of Brazil. BMC Oral Health 2014;14:20.

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**Medical Director** 

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