SVOA Dentistry

ISSN: 2753-9172

ScienceVolks Open Access

Short Communication

Crohn's Disease (with Oral Manifestations) as a Stigmatising Disease and the Dismissal of Workers: A Brief Comparison Between Brazil and the UK

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https://doi.org/10.58624/SVOADE.2025.06.012

Received: May 12, 2025

Published: May 29, 2025

Citation: Pedron IG, Benato PHA. Crohn's Disease (with Oral Manifestations) as a Stigmatising Disease and the Dismissal of Workers: A Brief Comparison Between Brazil and the UK. *SVOA Dentistry 2025,* 6:3, 75-77. doi: 10.58624/SVOADE.2025.06.012

Abstract

The purpose of this article is to alert dental surgeons to the initial signs and symptoms of Crohn's Disease, which can manifest in the oral cavity or stomatognathic system. In addition, we make a brief comparison of Brazilian and British legislation, in particular the defence of workers with Crohn Disease. The intersection between dentistry and law can contribute to better care for patients with Crohn's disease, as well as helping in a subsidiary way to labour law in cases of discriminatory dismissal.

Keywords: *Crohn's Disease; Dentistry; Forensic Dentistry; Health Law; Health's Judicialization.*

Introduction

Forensic Dentistry is a dental speciality that is widely used in *post-mortem* cases to identify cadavers and traumatic oral injuries. However, this dental speciality can also be applied to *in vivo* cases, in the identification of oral lesions resulting from mistreatment or even after iatrogenies caused by dental surgeons themselves[1-4].

Little explored, Forensic Dentistry can also contribute in a subsidiary way to the application of law in a wide variety of areas. Among the intersecting areas are labour law and health law. Some diseases considered stigmatising - such as cancer, HIV infection or AIDS, lupus, leprosy, psoriasis, morbid obesity, tuberculosis, hepatitis and multiple sclerosis - are grounds for discriminatory dismissals[5].

Stigmatising illnesses can have an impact on workers' lives and dignity, causing problems with job placement, worsening mental health problems and, above all, generating discrimination in the workplace. Subsequently, it can prevent a sick worker from getting the help they need[5].

Crohn's Disease is an idiopathic, autoimmune inflammatory bowel disease that is one of a group of complex inflammatory bowel diseases with genetic and environmental etiopathogenesis. *A priori*, although it is not considered a stigmatising disease, it is a complex illness with arduous treatment, requiring pharmacological therapy and sometimes surgical procedures for its sequelae[6-10].

Crohn's Disease results from defective changes in the immunity of the digestive tract mucosa and in the function of the intestinal epithelial barrier. Clinically, chronic granulomatous lesions can be seen throughout the gastrointestinal tract, from the oral cavity to the anus, accompanied by stenoses, adhesions and fistulas. Associated clinical symptoms such as fever, frequent diarrhoea, reduced appetite, anaemia, weight loss and fatigue can be observed. In addition, other systemic manifestations can include arthritis, arthralgia, skin rashes, neurological complications, uveitis and episcleritis[6-10]. Patients with Crohn's disease are prone to nutritional deficiencies[6].

Crohn's Disease has a higher incidence in Caucasians, particularly white Jews of Central European origin, with a worldwide prevalence of 0.1 to 16 per 100,000 people. There is no gender predisposition. Crohn's Disease has a higher incidence in the population of industrialised countries, pointing to factors such as psychological stress, diet and smoking[6,8,9].

The aetiology and pathogenesis of Crohn's Disease is multifactorial, although it is not yet well established. It is postulated that environmental factors interact with alterations in the immune system, as an initiating factor in a genetically susceptible host. There is also the microbiological issue, since the digestive tract is very susceptible to bacterial flora[6,8,9].

Oral lesions include orofacial granulomatosis; linear ulcers of the buccal vestibules with hyperplastic extensions at the edges of the lesions (Figures 1 and 2); angular cheilitis; nodular and granulomatous swellings of the labial and buccal mucosa and tongue; gingivitis; and vegetative pyostomatitis. Periodontal disease and tooth decay are very common, due to the difficulty of oral hygiene. Mouth lesions are more frequent in children than in adults. Due to the presence of chronic inflammation of the mucous tissue, there is an increased risk of oral cancer. In view of so many oral lesions, the dental surgeon plays a valuable role in elucidating the diagnosis, particularly in cases where the diagnosis has not yet been clarified, with other lesions. Regular dental assessments and biopsies of suspicious or non-healing lesions should be part of the dental routine[6-10].

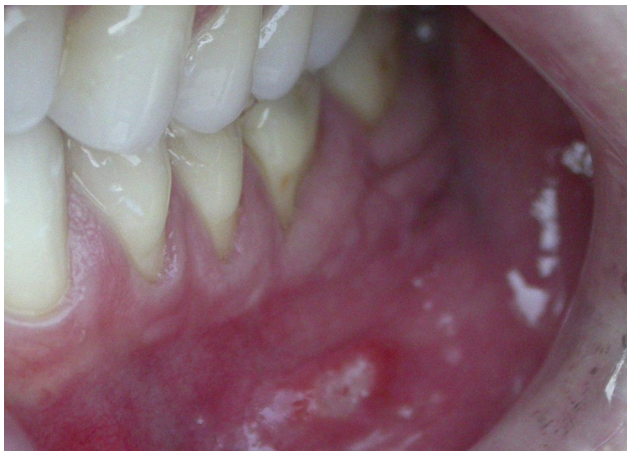

Figure 1. *Patient with Crohn's Disease presenting an ulcer on the alveolar mucosa of the lower premolars on the left side.*

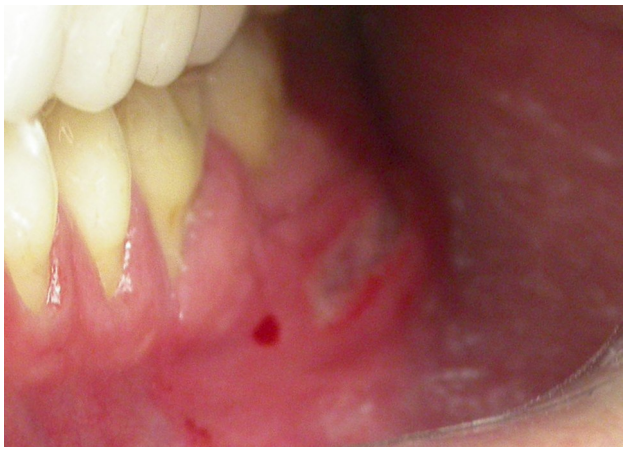

Figure 2. *The same patient showing a linear ulcer on the alveolar mucosa of the lower molars on the left side.*

Diagnosis depends on clinical data, patient history, physical examination, laboratory tests, colonoscopy and colon biopsy[6-8].

Crohn's Disease is incurable and treatment is asymptomatic and aims to suppress the inflammatory response. This attenuation of the inflammatory process relieves symptoms such as fever, abdominal pain and diarrhoea. Managing the correction of nutritional deficiencies can also help reduce the incidence of ulceration[6]. Once the disease is in remission, treatment is aimed at reducing the frequency of outbreaks. Pharmacological therapy includes aminosalicylates, corticosteroids, immunomodulators (methotrexate and azathioprine), antibiotics and biological and anti-TNF-alpha drugs[6-10]. Multidisciplinary management is crucial for patients to receive adequate and comprehensive healthcare[6,7,10].

The management and treatment of Crohn's Disease, even if asymptomatic, is arduous and long-lasting, until the body reaches homeostasis. From this perspective, workers with the disease can suffer not only physical, psychological and emotional hardships, but also difficulties at work. In some cases, discriminatory dismissal by the employer can occur.

In the UK, the Equality Act (2010)[11] defines a disabled person. In addition, the UK government's website (gov.uk)[12,13] provides good practice for the dismissal process, particularly when the employee has a chronic illness. The government guidelines determine dismissal as a last resort, encouraging the employer to consider as many ways as possible to help the employee return to work. In Brazil, we have laws[14-16] that seek to protect workers who have been discriminatorily dismissed, as well as a specific ruling against the discriminatory dismissal of workers with stigmatising diseases[5].

Conclusions

The dental surgeon can contribute to the early diagnosis of Crohn's Disease, given that the first manifestations can affect the oral cavity and the stomatognathic system. In addition to diagnosis, the dental surgeon can also control and monitor oral manifestations. Because Crohn's Disease is incurable and the treatment arduous and long, many employed patients can suffer discriminatory and abusive dismissals. From this perspective, Forensic Dentistry can also contribute in a subsidiary way to Labour Law, establishing guidelines for control and clinical monitoring, as well as determining *in vivo* assessments of affected patients and employees. The laws of both countries, the UK and Brazil, seek to protect human dignity and labour.

Conflict of Interest

The authors declare no conflict of interest.

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