# Oral sex and oral health: An enigma in itself

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#### **Abstract**

Oral sex is commonly practiced by sexually active couples of various age groups, including male-female and same-gender adolescents. The various type of oral sex practices are fellatio, cunnilingus, and analingus. Oral sex can transmit oral, respiratory, and genital infections from one site in body to the other. Oral health has a direct correlation on the transmission of infection; a cut in the mouth, bleeding gums, lip sores or broken skin increases chances of life-threatening infections. Although oral sex is considered a low risk activity, it is important to use protection such as physical barriers, health and medical issues, ethical issues, and oral hygiene and dental issues. The ulcerations or unhealthy periodontium in mouth accelerates the phenomenon of transmission of infections into the circulation. Thus, consequences of unhealthy or painful oral cavity are significant and oral health should be given paramount importance for the practice of oral sex.

Key words: Oral health, oral physician, oral sex

#### INTRODUCTION

A significant proportion of adolescents are engaging in noncoital sexual activities which includes oral sex commonly. Oral sex refers to sexual activities involving the stimulation of the genitalia by the use of the mouth, tongue, teeth or throat. It is now very common in both heterosexual and homosexual couples among people of all sexual orientations. They may practice it as part of foreplay before, during or following sexual intercourse. Studies indicate that adolescents have had oral sex before their first experience with sexual intercourse and lescents have had oral sex than vaginal sex and that few adolescents who engage in oral sex use barrier protection.

The various types of oral sex performed are:<sup>[1]</sup>

Cunnilingus (Oral Vaginal Contact): Oral

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- stimulation of a woman's vagina and/or vulva, especially her clitoris, by her partner's lips and tongue
- Fellatio (Oral Penile Contact): Stimulation of a man's penis by his partner's mouth-usually by licking or sucking
- Analingus (Oral Anal Contact): Stimulation of the partner's anus with tongue or lips.

While the youth consider oral sex much "safer" than vaginal sex, this is a perilous fallacy. Although pregnancy is not an outcome of oral sex but may lead to sexually transmitted infections (STIs). Adults involved in oral sex need to know that it is associated with several STIs including syphilis, [9] gonorrhea, [10,11] herpes, [12] HIV, [13] chlamydia, [14] and HPV[11] can also be transmitted through oral sex.

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Table 1: Different infections and presenting features

Infection	Method	Presenting features	
Human	Cunnilingus,	Life-threatening sexual transmitting disease	
immunodeficiency	fellatio, and	Hamper immune system especially CD4 cells	
virus <sup>[13]</sup>	analingus	secondary and superinfection proceeds	
	E 11	No specific cure though HAART has some significant effects	
Gonorrhea <sup>[10]</sup>	Fellatio	Sexual transmitted disease	
		Sore throat Burning sensation and discharge from penis	
		In extreme cases cause infertility and tubal pungency in women	
		Increases HIV load	
		Treatment with antibiotics under proper medical visualization	
Syphilis <sup>[9]</sup>	Analingus,	Sexual transmitted disease	
	cunnilingus,	Easily passed through contact with open sores (commonly called chancres) on the penis, anus or	
	and fellatio	mouth (white spots in mouth)	
		Sores, warts, and rashes of syphilis infection are painless	
		Left untreated syphilis can eventually cause brain damage, heart disease, blindness, and death	
		Open syphilis sores or chancres provide an easy entry and exit for HIV and can increase viral load Antibiotic coverage and periodic medical check-ups will be the line of treatment	
Chlamydia <sup>[14]</sup>	Fellatio,	STD caused by the <i>Chlamydia trachomatis</i> bacteria and affects women more than men	
Citalilyula	cunnilingus,	Common features include pain while urinating, smelly vaginal or penile discharge, spotting after	
	and	intercourse, can be found in the throat but less commonly than gonorrhea	
	analingus	In extreme cases cause severe damage to women reproductive system, including permanent infertility	
		Increases HIV viral load can be cured by proper medical treatment	
Herpes <sup>[12]</sup>	Fellatio,	An STD caused by herpes simplex virus is the most common cause of genital ulceration. There	
	cunnilingus,	are two types of the virus: Type 1 affects mainly the lip causing cold sores and type 2 causes	
	and	blisters on the genitals	
	analingus	Sores and blisters (usually on the lips, genitals or anus) are very infectious and painful Research suggests that having genital herpes can more than double your risk for HIV infection	
		Some individuals with herpes usually have periodic outbreaks throughout their lives	
		Treatment can reduce the frequency and severity of herpes outbreaks, but there is no cure	
Human papilloma	All modes	HPV infection and genital warts are the most common STDs	
irus-genital	of oral sex	Warts usually appear on the penis or in the anus but may also occur in or around the mouth or	
warts <sup>[11]</sup>		lips. Genital warts may be more common and harder to treat	
		Spread through skin-to-skin contact, contact with warts or HPV	
		While most strains of HPV only cause warts, some strains may cause oral or throat cancers	
ICL III	E.U.C.	Different cures are available, but the virus stays in the body	
NSU <sup>[1]</sup>	Fellatio, cunnilingus	NSU can cause burning when urinating and/or discharge from the penis Infections of the throat can cause a sore throat	
	Cullillingus	NSU may amplify viral load in semen making it easier to spread HIV	
		Manageable with antibiotics and hospitalization	
Hepatitis	Analingus	Both these diseases can be spread through oral sex. Hepatitis A and E both are contagious viral	
A and E <sup>[18]</sup>	3	infections of the liver	
		Common symptoms of hepatitis are fever, diarrhea	
		Loss of appetite, dark urine, vomiting, jaundice, and pain in the abdomen	
		Vaccination is available for prevention	
Hepatitis B <sup>[18]</sup>	Fellatio,	It is most commonly transmitted by inoculation of infected blood, virus particles are found in semen,	
	cunnilingus,	stool, and saliva, as well as blood. There is clear evidence that it can be transmitted through	
	and analingus	vaginal and anal intercourse, but it is unproven whether it can be transmitted through oral sex Hepatitis B can cause weakness, dark urine, jaundice (yellowing of skin and eyes), and enlarged liver	
	anatingas	Vaccination is available for prevention	
Bowel organisms	Analingus	The bowel organisms Salmonella, Shigella, and Campylobacter can all be transmitted	
and worms <sup>[1]</sup>	J	Abdominal pain and diarrhea	
		Treated we'll after microbiological stool examination	
ntestinal	Analingus	These include Amoeba, Giardia, and Cryptosporidia symptoms include unknown diarrhea, stomach	
parasites <sup>[1]</sup>		cramps, bloating, increased gas, and nausea	
		Treated well after microbiological stool examination	

HIV=Human immunodeficiency virus; STDs=Sexually transmitted diseases; HPV=Human papillomavirus; NSU=Nonspecific urethritis; HAART=Highly active antiretroviral therapy

## **ORAL CAVITY IN HEALTH**

Good oral hygiene is the fundamental for good quality of life. Mouth acts as a window to lot of systemic

diseases and serves as a port of entry of the various infections that can alter and affect the immune status of the person. The oral cavity has the potential to harbor about 600 different bacterial species of which more than 150 species may be present as commensal. Tooth surface can have as many as billion bacteria in its attached bacterial plaque and oral care may not only reduce the microbial load of the mouth, but the risk for pain and oral infections as well. Lesions of the oral cavity have an immense impact on the quality of life of patients with complex advanced diseases; [15] they cause considerable morbidity and diminish patients physical and psychological well-being. The consequences of unhealthy or painful oral cavity are significant and oral health should be given paramount importance for the practice of oral sex. The good oral health permits in building up a defense against the various viruses and organisms by obstructing their entry into the body and circulation.

### ORAL HEALTH AND ORAL SEX

Although very less research is available on the oral sex and oral health status but oral sex can transmit oral, respiratory, and genital pathogens [Table 1].[16] Oral-genital contact can transmit a number of STIs. Contact of body fluids such as saliva, precum, semen, vaginal secretions, and menstrual blood develop the risk of infection that can be transmitted through orogenital route. The practice of oral sex is highly prevalent among young people, regardless of whether they have previously engaged in penetrative intercourse and more of these body fluids you are exposed to the greater risk of infection there would be<sup>[17]</sup> open sores, cuts, abrasions, and periodontal disease are the various channels in oral cavity that serve as a gateway of entry of infection from oral cavity to blood stream. The clinical presentation of the various venereal diseases and infections spread through oral sex along with the possible channel of passage are mentioned below:

### **PREVENTION**

To avoid risks of infections during oral sex, it is advisable to keep body fluids (semen and vaginal fluids) out of the mouth as earliest [Table 2]. The oral cavity should be free from any potential bleeding disease. Due to disease risks, many medical professionals advise the use of condoms or dental dams when performing or receiving oral sex with a partner whose STD status is unknown. A makeshift dental dam can be made out of a condom. Using a real dental dam is preferable, because real dental dams are larger and the makeshift version may be accidentally poked with the scissors during the cutting procedure. Plastic wrap may also be used as a barrier during oral sex, but many find that the thickness of the plastic dulls sensation. Details of various methods and technique are illustrated as follows:

### **CONCLUSION**

The practice of oral sex is also highly prevalent among young people, regardless of whether they have previously engaged in penetrative intercourse. Oral sex involves giving or receiving oral stimulation (i.e., sucking or licking) to the penis, the vagina, and/or the anus. However, although the risk of STD transmission is far greater during vaginal and anal sex than during oral sex, the increasing practice of oral sex, low rates of barrier method use, and the finding that first oral sex often occurs prior to first vaginal or anal sex will help increase the relative importance of oral sex as a mode of

Table 2: Methods of prevention

Method	Feature	Disadvantage	Directions
Plastic wraps	Inexpensive and easy to locate Covers large area Lubricated if required More pressure sensitive	Chances of torn by finger nails Slip up during the sexual course Aggressive sexual act may torn the plastic wrap	Cover the vulva area with the plastic wrap. Either cut a piece of the wrap and hold it in place or wrap the pelvic area  Add lubricants for more sensitivity and sexual pleasures After the act discard the wrap safely
Dental dams/latex square barriers	Provides a strong latex barrier Lubricated and flavored can be used	Covers a small area and fluids may seep past the dam May not be used with oil-based lubricants because they will break down the latex Less sensation of warmth and feeling Not easily available	Hold the latex square over the vulva area Sensitivity can be increased by lubricant on the side facing the vulva Single use for one act
Condoms	Non-lubricated condom, flavor lubricated condom or flavored non-lubricated condom	Provides a small area of protection and care to ensure that fluids don't seep past the condom into the mouth or the anus/vulva area Use water-based lubricant Prevents effectively if placed properly	Unroll the condom and cut off the very tip and the very end of the condom and cut lengthwise to make a rectangle Hold the latex square over the vulva area Water-based lubricant (not Vaseline or oils) can be used for increasing sensitivity During rimming place the condom over the anus Single time use per sexual act

transmission for genital pathogens. HIV, other STDs can be transmitted through oral sex with an infected partner examples of these STDs include HIV, herpes, syphilis, gonorrhea, genital warts (HPV), intestinal parasites, and hepatitis. There are several ways to reduce the risks of oral sex. In general, the use of a physical barrier during oral sex can reduce the risk of transmission of HIV and other STDs. To reduce the risk of infection during unprotected oral sex, limit exposure to sexual fluids and ensure that no cuts or lesions are present in the mouth or on genitals. A good oral health, free from bleeding gums, lip sores, cuts, broken skin, and oral epithelium enormously reduces the chances of transmission of infection among the partners indulge in oral sex. A periodic oral health check-up is mandatory among the people frequently involved in oral sex and thus good oral hygiene is the fundamental for oral integrity as it greatly affects the quality of life.

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#### **Conflicts of interest**

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#### REFERENCES

- Saini R, Saini S, Sharma S. Oral sex, oral health and orogenital infections. J Glob Infect Dis 2010;2:57-62.
- Schwartz IM. Sexual activity prior to coital initiation: A comparison between males and females. Arch Sex Behav 1999;28:63-9.
- Newcomer SF, Udry JR. Oral sex in an adolescent population. Arch Sex Behav 1985;14:41-6.
- 4. Boekeloo BO, Howard DE. Oral sexual experience among young

- adolescents receiving general health examinations. Am J Health Behav 2002;26:306-14.
- Gates GJ, Sonenstein FL. Heterosexual genital sexual activity among adolescent males: 1988 and 1995. Fam Plann Perspect 2000;32:295-7, 304.
- Schuster MA, Bell RM, Kanouse DE. The sexual practices of adolescent virgins: Genital sexual activities of high school students who have never had vaginal intercourse. Am J Public Health 1996;86:1570-6.
- Prinstein MJ, Meade CS, Cohen GL. Adolescent oral sex, peer popularity, and perceptions of best friends' sexual behavior. J Pediatr Psychol 2003;28:243-9.
- Halpern-Felsher BL, Cornell JL, Kropp RY, Tschann JM. Oral versus vaginal sex among adolescents: Perceptions, attitudes, and behavior. Pediatrics 2005;115:845-51.
- Centers for Disease Control and Prevention (CDC). Transmission of primary and secondary syphilis by oral sex – Chicago, Illinois, 1998-2002. MMWR Morb Mortal Wkly Rep 2004;53:966-8.
- Holmes KK, Mardh PA, Sparling PF, editors. Sexually Transmitted Diseases. 3<sup>rd</sup> ed. New York, NY: McGraw Hill, Co.; 1999. p. 451-66.
- Edwards S, Carne C. Oral sex and the transmission of viral STIs. Sex Transm Infect 1998;74:6-10.
- 12. Jin F, Prestage GP, Mao L, Kippax SC, Pell CM, Donovan B, et al. Transmission of herpes simplex virus types 1 and 2 in a prospective cohort of HIV-negative gay men: The health in men study. J Infect Dis 2006;194:561-70.
- 13. Hawkins DA. Oral sex and HIV transmission. Sex Transm Infect 2001;77:307-8.
- Edwards S, Carne C. Oral sex and transmission of nonviral STIs. Sex Transm Infect 1998;74:95-100.
- 15. Saini R, Marawar P, Shete S, Saini S, Mani A. Dental expression and role in palliative treatment. Indian J Palliat Care 2009;15:26-9.
- Edwards S, Carne C. Oral sex and transmission of nonviral STIs. Sex Transm Infect 1998;74:95-100.
- Stone N, Hatherall B, Ingham R, McEachran J. Oral sex and condom use among young people in the United Kingdom. Perspect Sex Reprod Health 2006;38:6-12.
- Edwards S, Carne C. Oral sex and the transmission of viral STIs. Sex Transm Infect 1998;74:6-10.

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