Original Article

Estimation of Salivary Lactate Dehydrogenase (LDH) in Healthy Adults.

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Abstract

Background: Saliva is recognized as a promising diagnostic fluid due to its non-invasive nature and ability to reflect systemic and oral health. Among salivary biomarkers, lactate dehydrogenase (LDH) holds diagnostic value as a cytoplasmic enzyme released during cellular injury or necrosis. Establishing normative salivary LDH levels is critical for distinguishing physiological from pathological states.

Objective: To estimate the concentration of salivary LDH in healthy adults to establish reference values.

Methods: This cross-sectional observational study was conducted over six months (May to November 2017) at the Dept. of Oral and Maxillofacial Surgery, Dhaka Dental College. Thirty healthy adults (30–65 years) were enrolled via convenience sampling. Unstimulated whole saliva was collected in the morning and LDH levels were assessed using validated enzymatic biochemical assay. Data were analyzed using SPSS v22.0, and Student's t-test assessed gender differences.

Results: The mean salivary LDH level was 408.7 U/L (SD: 401.6 U/L). No significant difference was observed between male and female participants (p > 0.05).

Conclusion: This study provides preliminary reference values for salivary LDH in healthy adults, which may support future diagnostic applications. Further research on larger, demographically diverse populations is warranted.

Keywords: Salivary biomarkers, lactate dehydrogenase, diagnostic saliva, healthy adults, oral diagnostics

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Introduction

Saliva is continuously secreted by the salivary glands, bathing the oral cavity and maintaining homeostasis. Due to its direct contact with oral tissues and ease of collection, saliva has emerged as a useful medium for biomarker discovery in both dental and systemic health. In recent years, body fluids including blood, urine, cerebrospinal fluid (CSF), peritoneal fluid, and saliva have gained attention as diagnostic tools in modern medicine [1].

Saliva contains a wide range of biomarkers including cytokines, enzymes, antibodies, and hormones. Among these, lactate dehydrogenase (LDH), a cytoplasmic enzyme released upon cell injury, has been studied extensively [2,3]. LDH is an intracellular enzyme that catalyzes the interconversion of lactate and pyruvate during glycolysis. Its presence in extracellular fluids indicates cellular damage or necrosis [4]. Elevated salivary LDH levels have been reported in oral malignancy, periodontitis, and systemic inflammation [5,6].

Establishing baseline salivary LDH values in healthy individuals is critical to improve the clinical interpretation of elevated levels. This study aims to quantify salivary LDH concentrations in healthy Bangladeshi adults, serving as a reference for future research.

Materials and Methods

Study Design and Setting:

This observational cross-sectional study was conducted at the Department of Oral and Maxillofacial Surgery, Dhaka Dental College and Hospital, Mirpur, Dhaka.

Study Duration: The study was conducted from May 2017 to November 2017.

Ethical Considerations: Ethical approval was obtained from the institutional review board of Dhaka Dental College. Written informed consent was obtained from each participant.

Study Population: Thirty healthy adults aged 30–65 years who visited the outpatient department were selected via non-probability convenience sampling.

Inclusion and Exclusion Criteria

Inclusion Criteria:

- 1. Participants aged between 30 and 65 years.
- 2. Participants who are healthy adults with no known systemic or oral diseases.
- 3. Individuals who have given written informed consent to participate in the study.
- 4. Participants who do not use tobacco products (smoking, chewing, or other forms of tobacco).
- 5. Participants who do not consume alcohol.
- 6. Individuals not currently on medication that

might influence saliva composition, such as chemotherapy, immunosuppressive therapy, or certain antibiotics.

- 7. Participants who have not undergone any oral surgery or dental procedures (e.g. tooth extractions, periodontal treatment) in the past 6 months.
- 8. Female participants who are not pregnant or breastfeeding.
- 9. Participants with no history of periodontal disease or severe dental caries, ensuring relatively stable oral health.

Exclusion Criteria:

- 1) Advanced periodontitis
- 2) Coronary arterial disease
- 3) Liver disease
- 4) Kidney disease
- 5) Megaloblastic anaemia
- 6) Immuno-compromised patient.

7) Individuals who are not interested to participate in this study.

Saliva Collection protocol

Saliva Collection Unstimulated whole saliva was collected in the early morning before breakfast using the spitting method into sterile containers. Samples were transported to the lab within 15 minutes and centrifuged. LDH levels were measured using a validated enzymatic assay [5].

Statistical Analysis Data were analyzed using SPSS v22.0. Descriptive statistics and independent t-test were applied.

Results

A total of 30 healthy adult participants were included, comprising 17 males and 13 females. The mean salivary LDH concentration was 408.7 U/L with a standard deviation of 401.6 U/L.



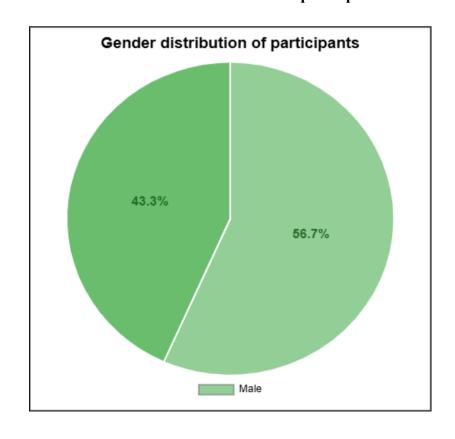


Table 2. Table: Descriptive Statistics of Salivary LDH Levels

Parameters	Value
sample size (n)	30
Mean LDH (U/L)	408.7
Standard Deviation	401.6

The difference in LDH levels between genders was not statistically significant (p > 0.05).

Discussion

LDH is an intracellular enzyme involved in anaerobic glycolysis. When tissue damage occurs, LDH is released into extracellular fluids such as saliva. This study found a mean salivary LDH level of 408.7 U/L in healthy adults, aligning with previous reports in similar healthy cohorts [6–9]. Multiple international studies have reported mean salivary LDH levels ranging from 200 to 500 U/L in healthy individuals, though these vary with demographic factors and methodological differences [10–15].No statistically significant difference was observed between genders in our study, similar to the findings by Rai et al. [16], suggesting that gender may not influence baseline salivary LDH values.

Clinical applications of salivary LDH extend from monitoring periodontal disease, detecting malignancies, and evaluating mucosal healing post-surgery. Establishing baseline values is essential for meaningful interpretation in these settings [17–25].

The limitations of this study include small sample size, single-center design, and potential confounding due to unrecognized subclinical inflammation. Further large-scale multicentric research is required.

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