



# Noma as a neglected tropical disease: coordinated actions are needed

M. R. Tovani-Palone<sup>1</sup>

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Dear Editor-in-Chief,

Long awaited by many public health advocates and other stakeholders, on December 15, 2023, the World Health Organization (WHO) recognised noma as a neglected tropical disease (NTD). In practice, this means that this challenging and deadly disorder has now been included in the official WHO NTDs list. In its initial stages, noma presents intraorally as anaerobic bacteria-induced necrotizing gingivitis, which can progress in some cases to necrotizing periodontitis, and more rarely, to necrotizing stomatitis. In this last stage, the destruction of soft and hard tissues may occur both intraorally and in the facial region, with the potential to lead to full-thickness anatomical defects and compromise different functions, such as the act of eating, swallowing, breathing and even talking, in addition to being associated with notable psychosocial disorders (Feller et al. 2022). Based on the premise that the disease has a strong relationship with malnutrition and poverty, such an advance from WHO should focus above all on strengthening health policies and actions aimed at vulnerable populations. Although there are no precise estimates of its prevalence and incidence, the noma cases mainly include children living in countries in Africa, Asia and the Americas (World Health Organization 2023).

Within this perspective, both preventive and curative actions should be synergically prioritised and effectively implemented in all affected regions of the world. This should initially require more educational actions on oral health carried out in school programmes, together with the involvement of caregivers or guardians, in addition to adequate training of dentists, doctors and other related professionals for early detection, seeking beyond the resolution of the disorder in its early stages, the strengthening of health surveillance systems. Other essential actions include especially combating hunger and poverty, in order to actually achieve

comprehensive and holistic childcare. Given that noma is a potential serious disorder with causes summarily linked to multifactorial social and biological issues, isolated actions should not have a considerable impact, and therefore, coordinated efforts need to be thoroughly implemented.

Until this is satisfactorily achieved, continued actions involving the expansion and training of multidisciplinary teams aimed at the rehabilitation of serious cases, including those with facial mutilation, are also imminently needed. As a result, hospitals and their staff are expected to adequately manage any serious cases requiring hospital admission. Much more than simply planning an eventual future for noma patients, robust public health policies that consider local and regional realities and problems should be carefully designed and/or reviewed so that in the near future all possible actions implemented can arduously and progressively mitigate the burden of the disease. The role of paediatric dentists in this context must undoubtedly be a key and primordial element, followed by the contributions and efforts of other professionals in the medical fields and/or dental specialties. Finally, more funding and research is also needed to advance sustainable health planning and management aimed at affected patients.

## Declarations

**Conflict of interest** The author declares that have no conflicts of interest.

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✉ M. R. Tovani-Palone  
marcos\_palone@hotmail.com

<sup>1</sup> Department of Research Analytics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences (SIMATS), Chennai, Tamil Nadu 600077, India