NOMA

**FAMILIARIZE YOURSELF WITH STAGES AND MANAGEMENT OF NOMA!!**

**STAGE 0**
- **IF YOU SEE SIMPLE GINGIVITIS**
  - Edema and swollen gingival margins (with red edge)
  - Pain +/- bleeding when touching and when brushing teeth
  - Bad breath
  - Hyper-salivation
  - Anorexia

**STAGE 1**
- **IF YOU SEE HEMORRAGIC OR NECROTIZING GINGIVITIS/STOMATITIS**
  - Significant inflammation (redness and pain)
  - Gingival edema
  - Spontaneous gingival bleeding
  - Mucoal ulceration and/or gingival necrosis diffused or localized to one or several teeth
  - Bad breath
  - Hyper-salivation
  - Anorexia, fever

**STAGE 2**
- **IF YOU SEE SWELLING – EDEMA (EARLY ACUTE)**
  - Same symptoms as the ones described in stage 1
  - Facial edema
  - Bad breath
  - Pain, anorexia, fever

Warning: Not to be confused with an abscess.

**STAGE 3**
- **IF YOU SEE NECROSIS +/- TISSUE LOSS (LATE ACUTE)**
  - Sometimes persistence of symptoms described in stage 2 ACCOMPANIED BY
  - Sore / gangrene (layer of necrotic tissue) indicating the future extent of tissue loss
  - Sometimes bone sequestra
  - Foul odor
  - Pain, anorexia, fever

**STAGE 4**
- **IF YOU SEE TISSUE/BONE LOSS AND WOUND HEALING PROCESS**
  - Loss of tissue / bone loss with presence of granulation tissue
  - Significant malposition of teeth (not present before illness)
  - Sometimes inability to open the mouth
  - Wound healing process

**STAGE 5**
- **IF YOU SEE SEQUELA LESION**
  - Loss of tissue / bone loss
  - Significant malposition of teeth (not present before illness)
  - Sometimes inability to open the mouth
  - No evolution since at least one year after the acute phase

**MANAGEMENT**
- Rinse the mouth with warm salt water 4-6 times per day
- Continued dental hygiene (regular brushing, careful scaling and local application of chlorhexidine 0.2%)
- Follow-up (pay careful attention to the speed at which the disease develops)
- Multivitamins; Vitamin A; Renutrition
- Do not use methylene blue or gentian violet
- Increase parental awareness, and follow up on the child if problems persist more than 8 days.

**FOR ALL STAGES, PROPOSE SYSTEMATIC COUNSELING AND HIV TESTING.**

www.nonoma.org

Noma is an acute gangrenous infection mainly affecting the mouth and face. It has the potential to cause massive tissue destruction.

Noma occurs primarily in malnourished or immunosuppressed children with poor oral hygiene.

Left untreated, noma has a mortality rate of up to 90%.

In the absence of adequate treatment in the acute phase, complex plastic surgery will be necessary to reconstruct the face.