## Infant Feeding Pattern and Frequency of Oral Candidiasis

**Dear Editor**—There are several ways an infant can be exposed to *Candida albicans*; exposure through genital tract contaminated foods and instruments used to feed infants, contaminated hands and poor hygiene.<sup>1</sup> There have been many studies that have assessed the immunologic function of newborn infants.<sup>1,2</sup> Recent studies have shown correlations between infant feeding pattern and acquisition of infectious diseases.<sup>3,4</sup> To further study this issue, 62 infants with trush and 62 healthy infants, were randomly selected and relevant parameters were assessed among groups. All infants were under three months of age and weighed between 2500 and 4000 gr. Their mothers were housewives, healthy and 20-35 years old.

Infant birth weight, gender, and maternal age and education were not significantly different between the two infant groups. Overall, 43 infant received breast feeding exclusively, 33 received breast milk plus water, tea and other fluids, 38 were fed with breast milk and complementary food including milk and 10 were deprived from breast milk and had only bottle feeding. The frequency of use of complementary foods, milks and cessation of breast-feeding were significantly (p<0.001) higher in infants with trush than healthy group. The frequency of exclusive breast-feeding was significantly (p<0.001, OR=35.4;  $Cl_{95\%}$ :9.3–133.7) lower in those with oral candidiasis than the healthy control group. Use of pacifier is also associated with a higher rate of development of oral candidiasis (p<0.001, OR=4.3;  $Cl_{95\%}$ :2.0-9.5). There was no infection in infants who did not use pacifier and were spoon fed. In non-pacifier users, the bottle feeding had significantly increased the rate of candidiasis (p<0.001, OR=44.2;  $Cl_{95\%}$ :2.2-876.7).

We conclude that breast feeding, particularly exclusive breast-feeding in the early months of life is the best way to protect infants against oral candidiasis.

## References

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