Oral Health & HIV

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Importance & relevance of Oral HIV Lesions

- >70% of HIV+ve patients present with oral manifestations
- Early detection can be used to diagnose HIV
- Elucidate progression of the disease
- Predict immune status – clinical lesions
- Timely, simple, inexpensive therapeutic intervention for improving quality of life
- Oral examination is quick, simple and inexpensive
Common Oral Manifestations

- Oral candidiasis
- Oral herpes infection & oral ulceration
- Oral hairy leukoplakia
- Kaposi’s sarcoma
- Gingival & periodontal lesions
- Salivary gland disease
- Cervical lymphadenopathy
Oral candidiasis

- 50-70% prevalence
- Pseudomembranous, Erythematous, Hyperplastic, Angular cheilitis
- All forms commonly associated with oesophagitis
- Management: topical & systemic antifungals
- Comments: Treat promptly & vigorously
Pseudomembranous Candidiasis

- It is the most common type.
- Presents as creamy white or yellow loosely adherent plaques anywhere in the mouth.
- Can be wiped off to leave an erythematous base with or without bleeding.
Erythematous Candidiasis

- Presents as multiple, flat diffuse or discrete, red non removable plaques
- Usually found on the palate, tongue and occasionally the buccal and labial mucosa
- Variant: Median Rhomboid Glossitis – seen as a red, smooth depapillated area in the middle of the tongue
Hyperplastic Candidiasis & Angular Cheilitis

• Hyperplastic candidiasis commonly found on the buccal mucosa as diffuse white adherent lesions

• Angular cheilitis appears as fissures or linear ulcers at the corners of the mouth with varying degrees of erythema.

• The lesions are usually painful and slow to heal because of repeated opening of the mouth
Oral Ulceration

- Herpetic stomatitis is common; presents as vesicles that soon rupture to become painful irregular ulcers; tendency to recur, may progress rapidly and can extend to the oesophagus.
- Herpes zoster, V nerve distribution.
- Aphthous ulceration: small, large, single, multiple, can occur anywhere in the mouth. They appear as well-circumscribed lesions with a whitish covering surrounded with a red halo. Large lesions are progressive, chronic and slow to heal.
Oral Ulcerations

- Lesions may interfere with speech and swallowing
- Early diagnosis and treatment of the lesions are important because they may contribute to inadequate oral intake, nutrition and hydration
- Acyclovir is useful if administered early
Oral Hairy Leukoplakia

- Commonly seen in adults, occasionally in children
- Presents as white, vertically corrugated projections on the lateral borders of the tongue, cannot be rubbed off
- Unilateral or bilateral, EBV associated
- Not usually symptomatic, specific treatment rarely indicated
Kaposi’s sarcoma

- It is a multifocal neoplastic proliferation of endothelial cells
- Presents as one or more reddish or slightly bluish swellings with or without ulcerations
- The human herpes virus 8 (HHV8) has been identified in all forms of KS
- Commonly seen on hard palate and/or on the gum margin
Kaposi’s sarcoma

- Intra-oral lesions frequently asymptomatic, but if untreated it may spread & ulcerate
- May cause pain, discomfort & dysphagia
- Biopsy essential for definitive diagnosis
- Management: radiotherapy, systemic chemotherapy, laser or surgical excision
Gingival or periodontal lesions

- **Linear gingival erythema** – a profound band of erythema of the free gingival margin
- **NUG** – destruction of one or more interdental papilla with bleeding, necrosis & sloughing
- **NUP** – advanced necrotic destruction, rapid loss of periodontal attachment, destruction & sequestration of bone, teeth may become loose
- Accompanied by pain and halitosis
- Dental referral for debridement & curettage
- Chlorhexidine gluconate (0.2%)
Salivary Gland Disease

- Enlargement of major salivary glands; thought to be caused by lymphoid proliferation in response to HIV infection
- Parotid - unilateral or bilateral, non-tender enlargement with xerostomia
- Salivary substitutes
- Thorough oral hygiene, dietary control, topical fluorides to prevent caries
Paediatric I

- Cervical lymphadenopathy and candidiasis are both associated with decreased CD4+ and neutrophil counts
- Oral candidiasis related significantly to CDC-staging
- Management: Daktarin gel useful, Fluconazole for severe oesophagitis. Oral suspensions with high sucrose content should be avoided
Paediatric II

- Parotid gland enlargement (10-30%)
- Predictor of positive prognosis & long-term survival
- Other lesions: recurrent oral ulcerations, LGE, molluscum contagiosum
- Increasingly, NOMA severe, but preventable
Conclusions

• Oral examination is quick, simple and non-invasive
• Early treatment & management considerably improves well-being
• Oral lesions can also serve as a guide for practitioners as to the response to ART or failure of these medications