

HIV/AIDS & ORAL DISEASE

Part 2: Oral Lesions

Fungal Diseases:

Oropharyngeal candidiasis is the most common fungal infection seen in association with those infected with HIV. There are three forms:

1. **Erythematous Candidiasis:** A red, flat subtle lesion on the surface of the tongue and/or palate. Patients complain of oral burning, frequently while eating salty or spicy food or drinking acidic beverages.
 - Due to the limited nature of this infection, treatment involves the use of topical antifungal therapies.
2. **Pseudomembranous Candidiasis (thrush):** Creamy white curd-like plaques in the mouth that will wipe away leaving a red or bleeding underlying surface.
 - Treatment should be based on the extent of the infection with topical therapies (nystatin, clotrimazole) utilized for mild to moderate cases and systemic therapies (fluconazole) used for moderate to severe presentations. Antifungal therapy should last for two weeks to reduce the colony forming units to the lowest level possible to prevent recurrence. Either a dentist or physician can prescribe topical anti-fungal medications.
3. **Angular Cheilitis:** Erythema and/or fissuring of the corners of the mouth.
 - Treatment involves the use of a topical antifungal cream directly applied to the affected areas four times a day for the two-week treatment period.
4. **Linear Gingival Erythema:** A periodontal disease characterized by a red band along the gum line.
 - Treatment for this condition would include debridement by a dental professional followed by twice daily rinses with a 0.12% chlorhexidine gluconate suspension for two weeks and improved oral hygiene home care

Bacterial Diseases:

While chronic adult periodontal disease occurs frequently in those with HIV, three unique presentations of periodontal disease have been reported in this patient population:

Linear Gingival Erythema

- (treatment mentioned above).

Necrotizing Ulcerative Gingivitis (NUG): Associated with rapid destruction of gum tissue.

Necrotizing Ulcerative Periodontitis (NUP): Associated with rapid destruction of gum & bone tissue and a marker of severe immune suppression. Characterized by severe pain, loose teeth, bleeding and odor.

- Patients with **NUG and NUP** should be placed on antibiotic therapy effective against gram-negative flora such as metronidazole or Augmentin. The healthcare team should address pain management, nutritional supplementation and stress the importance of good oral hygiene.

Viral Diseases:

Herpes Simplex Virus (HSV-1): Small painful ulcerations.

- Medications such as acyclovir stop viral replication and allow the affected area to heal.

Herpes Zoster: ulcerations along any branch of the trigeminal nerve.

- Treatment options include higher doses of acyclovir (800 mg, five times a day for 7 to 10 days) or famciclovir 500 mg three times a day for 7 days.).

Oral Hairy Leukoplakia: White, corrugated, non-removable lesions on the edges of the tongue caused by the Epstein-Barr virus.

- This condition is normally asymptomatic and does not require therapy unless there are cosmetic concerns.

Oral Warts: May have a cauliflower, spike or raised, flat appearance. Caused by the human papilloma virus (HPV).

- Treatment, which may involve surgery, laser surgery or cryotherapy, is problematic, as these lesions tend to recur.

Cancers:

Kaposi's sarcoma: the most frequent oral malignancy seen in association with HIV infection. Macular, nodular or raised and ulcerated appearance with colors ranging from red to purple.

- Treatment of oral lesions ranges from localized injections of chemotherapeutic agents, such as vinblastine sulfate, to surgical removal.

Non-Hodgkin's Lymphoma: Large, painful ulcerated mass on the palate or gingival tissues.

- A biopsy is necessary for a definitive diagnosis. The oral health care team should refer patients with a diagnosis of non-Hodgkin's lymphoma to an oncologist for treatment.

Oral Health Tips:

- Have your teeth and gums cleaned and checked by your dentist at least every 6 months.
- Use a soft-bristled toothbrush to brush thoroughly and carefully for two minutes after every meal and before bedtime.
- Bleeding gums are not normal, if your gums bleed with brushing or flossing, go to see a dental professional for an evaluation.
- At each dental care visit, tell your dentist about the status of your HIV/AIDS and the medications you're taking.
- Prevent plaque buildup on teeth by using dental floss at least once a day.
- If you wear dentures, remove them and clean them daily. Even though you do not have your natural teeth, have a dental professional evaluate your mouth for oral lesions and oral cancer
- If you smoke, talk to your doctor about ways to quit.

**Remember,
with the right treatment,
your mouth can feel better.**

