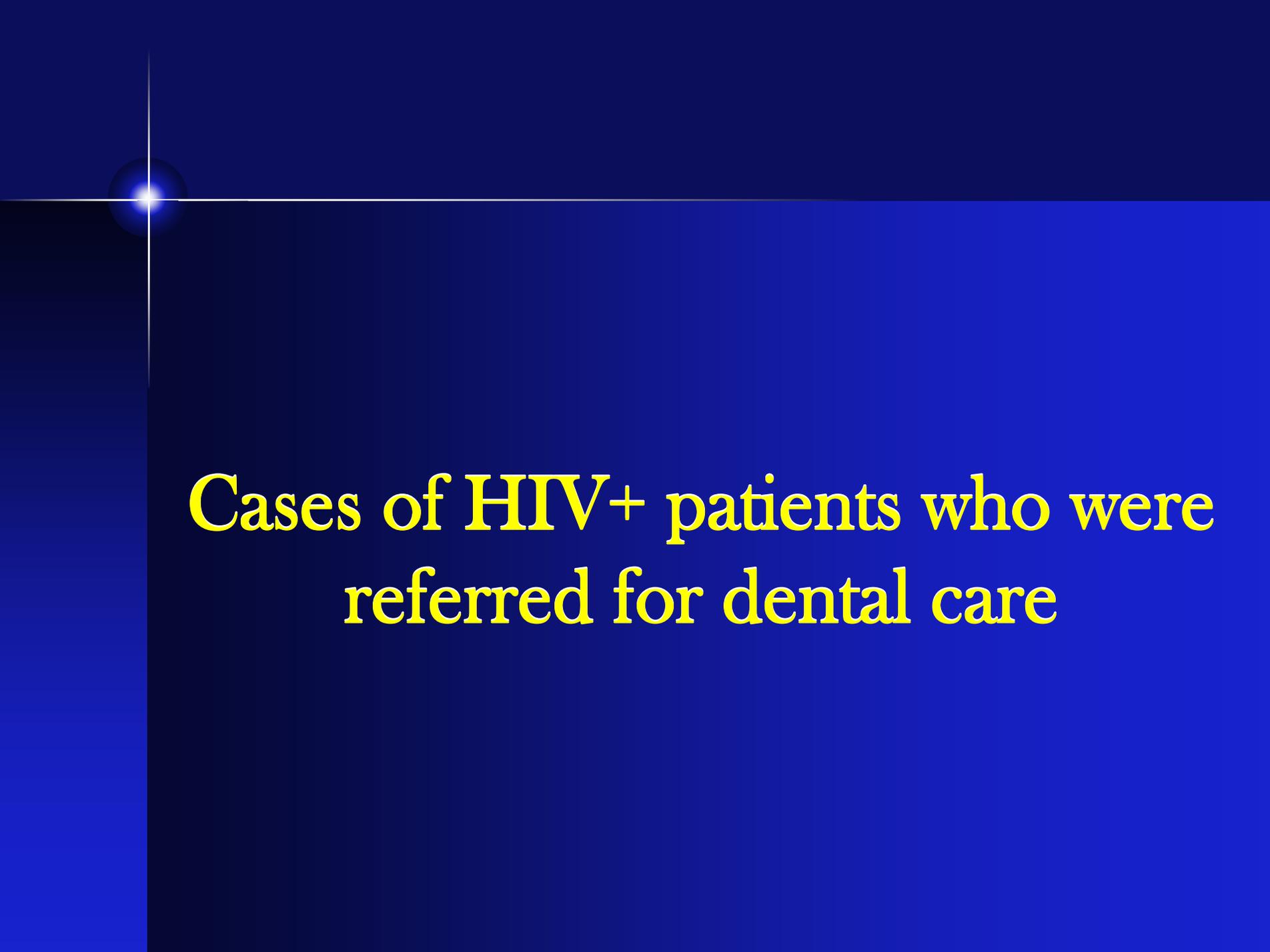


# Patient Management and Case Presentation



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**Cases of HIV+ patients who were  
referred for dental care**

# Patient Management

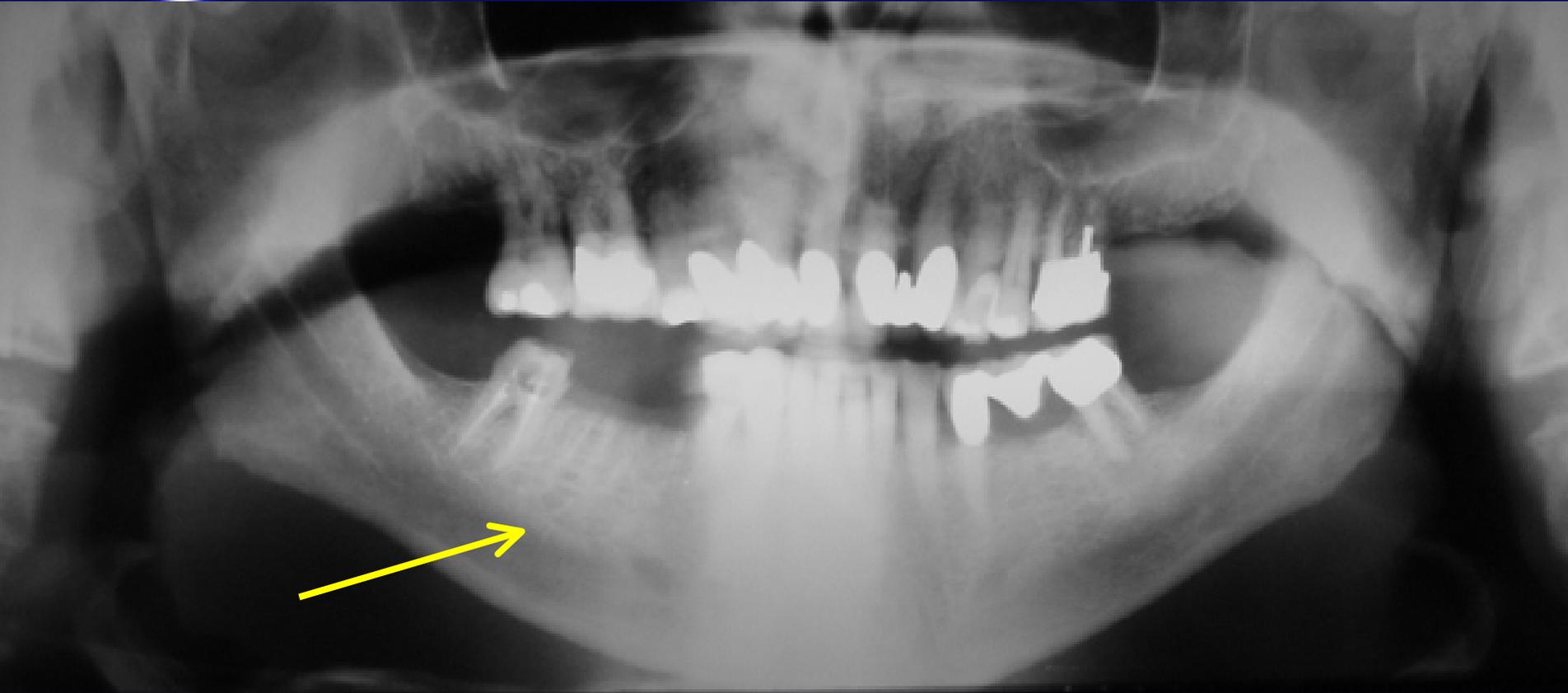
- HIV is a chronic disease
- Medical information is important for outlining a dental treatment plan
- Routine dental care should be provided to all HIV infected individuals

# Patient Management

## Case 1

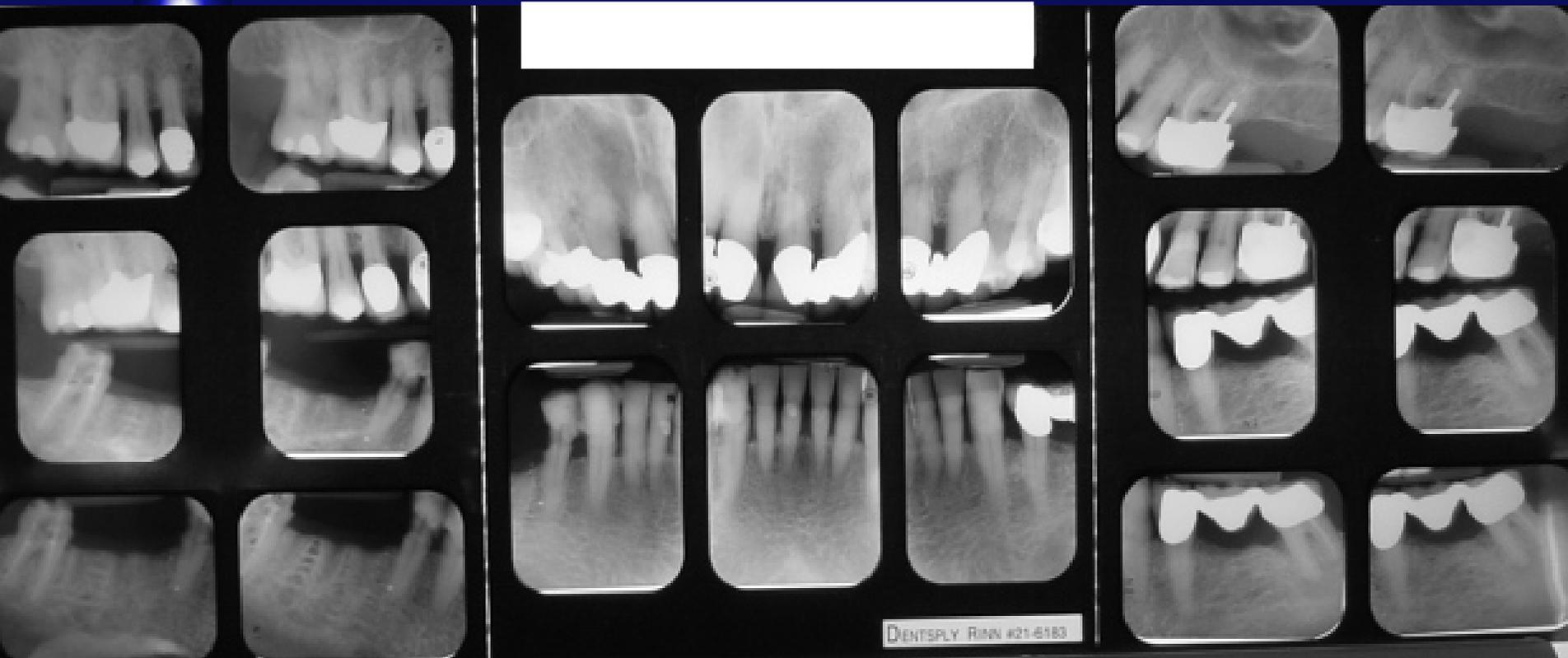
Patient presents to the dentist for routine dental examination

# Routine Dental Evaluation



**Observe in this panoramic radiograph that the patient is missing some teeth on the lower right jaw and will need a bridge to replace the missing teeth. Note that this patient has had extensive dental care**

# Routine Dental Care



**Observe in this set of full mouth radiographs that the patient had extensive dental work. He is missing a few teeth on the left side of the mouth. The lower front teeth have calculus and need to be cleaned.**

# Medical History

- HIV + for 20 years
- Receiving HAART
- TB status: PPD non-reactive (11/03)
- Chest X-ray: moderate COPD
- HIV-1 RNA load: undetectable
- CD4 count: 598/mm<sup>3</sup>
- WBCs: 8,500/mm<sup>3</sup>
- Platelets: 353,000/mm<sup>3</sup>
- Triglycerides: 337 mg/dl (<150 mg/dl)

# Lipid Dystrophy



14 14:18

# Medications - Health

- Epivir, Viread, Ziagen (HIV)
- Norvasc, Accupril (hypertension)
- Oxycontin, Vicodin (arthritis/pain)
- Wellbutrin (Depression)
- Proscar, Oxandrin, Andro Gel ( prostate hyperplasia, HIV wasting, testosterone replacement)
- Prevacid (GI antisecretory)
- Ativan (sleep, anxiety)
- Multivitamins, Vit C
- Glucosamine/Chondroitin

# Patient Management

- Although the patient has been infected with HIV for 20 years and has a very complex medical history, there are no contraindications for dental treatment

# Patient Management

## Case 2

Patient presents to the dentist with pain in the mouth

# 34 y.o. male HIV + presents to the clinic for evaluation

- “My lips hurt.”
- HPI: Patient has lip lesions for two weeks. Lesions are getting progressively worse. Cannot open mouth. Cannot shave. Mouth feels funny

# Important Information

- Viral Load: >45,000 copies/mL
- CD4 counts: < 200 / mm<sup>3</sup>
- TB status: 3 mos ago. negative

# Additional Information

- Medical Hx
  - Pt has Hep C and is under consideration for treatment. Liver enzymes are elevated. Feeling tired and running fever daily
- HIV test results and date of infection
  - Infected for about 10 years, proved by ELISA and Western blot
- Risk behavior
  - Addicted to drugs of injection (high risk for heart diseases and need for endocarditis prophylaxis)
- CBC and platelet count
  - Leukopenia, anemia, thrombocytopenia (increased risk for bacterial infection and bleeding)
- Current medications
  - HAART, Methadone, Multiple Vitamins
- Allergies and drug sensitivity
  - None
- Social history
  - TOB is negative now. Used to smoke 2 PPD for 20 years
  - ETOH: beer drinker

# Clinical Examination



**Note cracking of the corners  
of the lips and bleeding**



# Differential Diagnosis

- Oral Candidiasis
- Angular Cheilitis : fungal + bacterial infection
- Advanced HIV disease

# Diagnostic Tests

- Clinical impression + tests
- KOH smear
- Culture

# Therapy

- Fluconazole 100 mg/day for 10 to 14 days (Diflucan®)
- Topical
  - Nystatin (Micostatin®) cream
  - Clotrimazole (Mycelex® Lozenges)

# Two weeks follow-up



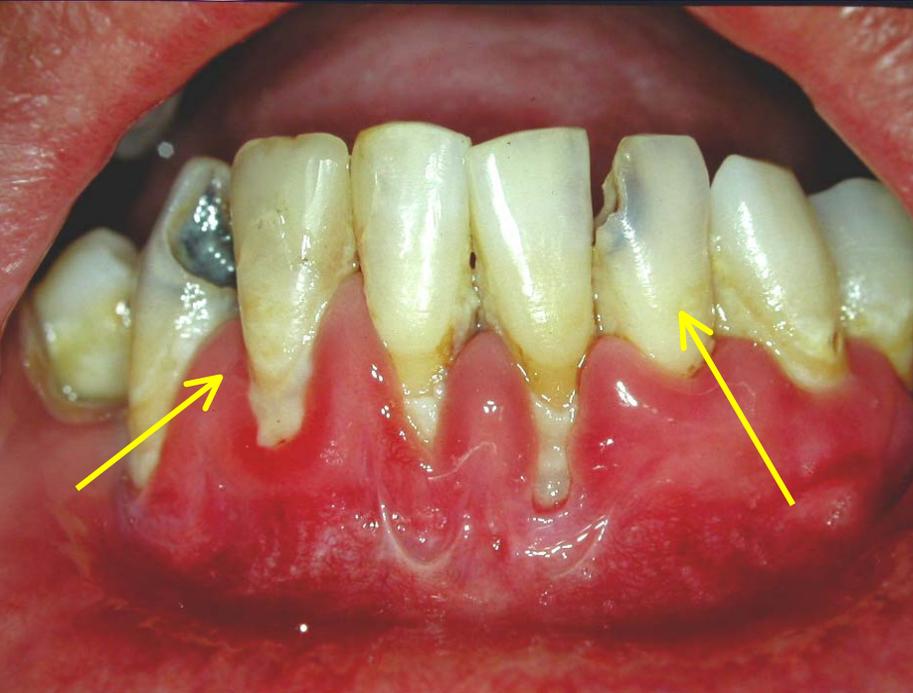
**Healing of the corners of  
the lips has occurred**

# Patient Management

## Case 3

Patient HIV + for years presents to the dentist for routine dental examination

# Patient management



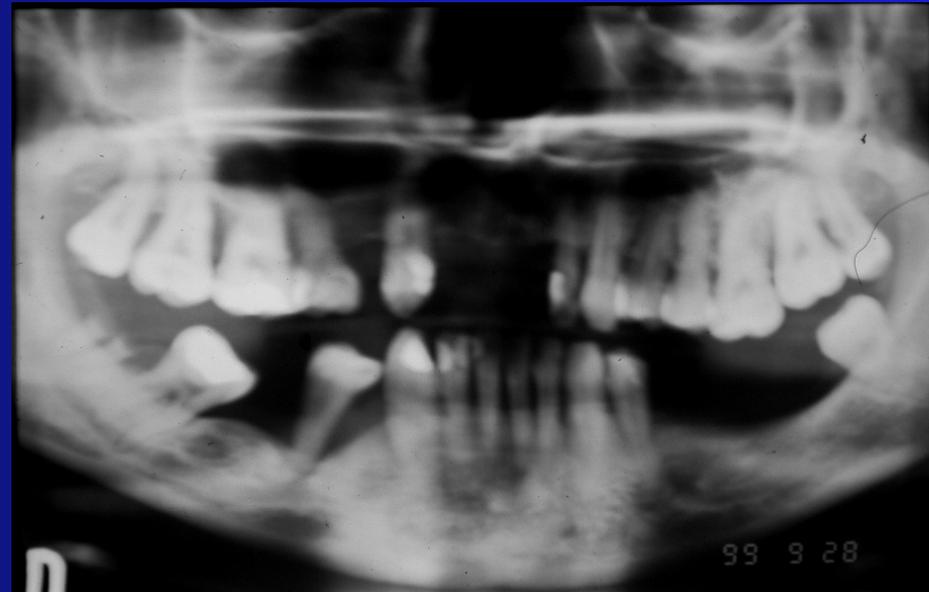
**Patient has severe periodontal disease. The gingiva is red and the teeth are covered with dental plaque and calculus. The front teeth have extensive decay (arrows)**

# Patient management



**Upper teeth are missing due to severe periodontal disease. Palate (roof of the mouth) is red and inflamed.**

**The panoramic radiograph below shows extensive bone loss and several teeth that need extraction because of severe periodontitis**



# Patient management



Patient was treated for periodontal disease, had a few teeth extracted and after the oral disease was controlled she was given a partial denture. Patient is happy and can smile again



# Patient Management

## Case 4

HIV + school teacher presents to the dentist complaining that she cannot work with children because of her bad teeth

# Patient management



Note extensive decay,  
missing teeth and  
periodontal disease



Decay and periodontal  
disease were treated.  
Gingival tissues look normal



# Patient management



**Patient was given a partial bridge. She is back teaching and can smile again**

