ORAL MANIFESTATION OF HIV/AIDS - Simon E.N.M

Significance
Mouth and pharynx are easy to examine. Lesions are often clearly visible. In unknown cases oral lesions provide strong indication of presence of HIV. Some of the oral lesions are indicators of the progression to AIDS. Among these lesions some feature in all classification of HIV/AIDS e.g. oral candidiasis and oral hairy leukoplakia.

Epidemiology
Lesion strongly associated with HIV:
Adults:
Candidiasis, hairy leukoplakia, Kaposi’s sarcoma, non-Hodgkin’s lymphoma and periodontal disease.

Children:
Candidiasis, herpes simplex, linear gingival erythema, parotid enlargement and recurrent aphthous ulcer.

Lesions less commonly associated with HIV
Adults:
Bacterial infections, melatonic hyperpigmentation, necrotizing stomatitis, salivary gland diseases, thrombocytopenic purpura and viral infections.

Children:
Bacterial infections, periodontal diseases, seborrheic dermatitis, viral infections and xerostomia.

Lesions seen in HIV infection in adults
Bacterial infection, cat-scratch disease, drug reactions, fungal infections, neurological disorders, recurrent aphthous ulcers and viral infections.

Important
HIV/AIDS is a condition that affects the whole body. Manifests in the different systems of the body.

Note
Oral manifestations, are often the first clinical signs. Most important principle is NOT TO MISS THE DIAGNOSIS.

Oral candidiasis
Pseudomembranous (most common), atrophic/erythematous, hyperplastic and angular cheilitis.

New Oral manifestations
- Cancrum oris (Noma)
- Peniciliosis mamefei
- Rampant dental Caries
- Enlargement of parotid glands
- Oral ulcerations, herpetic infections

CONCLUSION
- Oral lesions associated with HIV are not unique
- Oral lesions may be the first symptoms
- Some can be easily diagnosed accurately through clinical features alone
- Some are indicators of progression to AIDS (parallel the decline of CD4)

RECOMMENDATIONS
There is a great need to address the oral HIV lesions in paediatric infections (especially in Africa