Abstract:

**Introduction**: Oral melanin pigmentation (OMP) in HIV patients has been attributed to the use of antifungal agents or antiretroviral drugs. Cutaneous manifestations and oral hyperpigmentation might be a marker of immune suppression, since it may be associated with a low CD4 T cell count in HIV seropositive individuals.

**Aim**: To identify OMP in HIV seropositive patients.

**Objectives**:

1. To assess OMP in HIV seropositive patients.
2. To examine OMP in HIV seropositive patients and correlate it with CD4 count.

**Methodology**: 200 HIV seropositive patients of adult age group will be included in the study. Demographic details such as age, sex, transmission route, socioeconomic and educational status, personal history, along with Hb levels, CD4 counts and drug regimen will be recorded. Oral and cutaneous pigmentation will be recorded, if present, followed by general physical examination. Written patient consent will be obtained for the study.

**Discussion**: Acquired immune deficiency syndrome (AIDS) leads to increased secretion of α-MSH from the anterior pituitary gland, which may also stimulate increased melanin synthesis. HIV seropositive patients with opportunistic infections may have adrenocortical involvement due
to parasitic infections leading to diffuse multifocal macular pigmentation as seen in Addison’s disease. Also in predisposed patients drugs may cause an intraoral inflammatory reaction and subsequently induce post inflammatory hyperpigmentation.

**Conclusion:** Oral pigmentation in HIV patients has been attributed to various etiologies. The establishment of effective clinical maneuvers for these pigmented lesions of oral mucosa is crucial to diagnosing such lesions.