Abstract:

**Background:** Human immunodeficiency virus (HIV)–infected patients may have a greater risk of oral manifestations and co-morbidities compared with the general population. We assessed the prevalence of co-morbidities in a large cohort of HIV-infected/AIDS adults and compared these findings with oral manifestations in different age group subjects.

**Objectives:** To clinically evaluate oral manifestations and co-morbidities in different age groups of HIV-infected/AIDS adults.

**Materials and Methods:** In the present study, two hundred adult patients at infectious diseases units and medical wards of Gandhi Medical Hospital, Hyderabad who were not on any medication and recently diagnosed were selected. Patients were divided into four age groups of 50 each: 20-30, 31-40, 41-50, above 50 years old HIV-infected/AIDS were considered. Oral lesions were diagnosed according to the presumptive criteria of EEC-Clearing house classification and oral lesions were recorded according to World Health Organization record form for oral manifestations in HIV/AIDS, 2013. Clinical history was retrieved from patient’s medical records and co-morbidities were recorded.

**Results:** Most common oral findings seen in 20-30 years age were hyperpigmentation, erythematous candidiasis, depapillation, ulcerations, angular cheilitis, oral hairy leukoplakia and co-morbidities were pulmonary and extrapulmonary tuberculosis followed by recurrent bacterial infections and skin infections. Oral findings in 30-40 years age were hyperpigmentation, depapillation followed by ulcerations and co-morbidities were pulmonary tuberculosis, renal
failure, chronic liver disease and skin infections. In 40-50 years of age, erythematous candidiasis, hyperpigmentation, angular cheilitis oral findings were seen and co-morbidities were renal failure, skin infections, cardiovascular disease and pulmonary tuberculosis. In individuals of above 50 years, oral findings seen were erythematous candidiasis, hyperpigmentation, linear gingival erythema and oral hairy leukoplakia and co-morbidities seen were pulmonary and extrapulmonary tuberculosis, recurrent bacterial and skin infections, chronic liver disease and renal failure.