COEXISTENCE OF ORAL LESIONS AND SYSTEMIC OPPORTUNISTIC INFECTIONS IN HIV PATIENTS

Abstract:

Introduction: Oral lesions are one of the earliest signs of HIV infection and considered as clinical marker of immunosuppression. The present study aims to study the relationship between the occurrence of oral lesions and systemic opportunistic infections among HIV-infected patients.

Materials and methods: A cross-sectional data was studied. Oral lesions and systemic opportunistic infections were the variables considered. Data was entered and analyzed using SPSS20. Descriptive analysis and tests of association was performed and Odd’s ratio(OR), 95% Confidence Interval(CI) was presented. p value <0.05 was considered significant.

Results: In the 4891 patients studied 14.8%(n=723) had Oral candidiasis, 18.5%(n=904) had Pigmentation, 1.1%(n=52) had Leukoplakia, 0.8%(n=37) had Oral hairy leukoplakia, 0.4%(n=21) had Oral submucous fibrosis and 0.3%(n=16) had other lesions. Similarly 12.3%(n=600) had Tuberculosis, 0.3%(n=15) had Cryptococcosis, 0.3%(n=13) had Toxoplasmosis, 0.2%(n=10) had Pneumocystis carinii pneumonia and 4%(n=196) had other infections. As Tuberculosis was present in >1% of the patients, it was considered for OR. When association of Tuberculosis and Oral Candidiasis was analyzed the OR of 1.67(95%CI 1.34-2.06,p=0.00) was observed. When association of Tuberculosis and Oral Hairy leukoplakia was

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analyzed the OR of 2.68 (95% CI 1.29 – 5.56, p=0.01) was observed. Whereas the association of Tuberculosis with Pigmentation, Leukoplakia and OSMF were not significant.

**Discussion:** Oral Lesions can be a reflection of systemic opportunistic infections especially Tuberculosis. This relationship is valid especially in limited resource setting. Therefore oral lesions like Oral Candidiasis and Oral Hairy leukoplakia can be considered as surrogate markers for opportunistic systemic infections.