Abstract:

Acquired immunodeficiency syndrome (AIDS) is an infectious disease caused by human immunodeficiency virus (HIV) and is characterized by profound immunosuppression that leads to opportunistic infections, secondary neoplasms and neurologic manifestations. HIV-related oral abnormalities are present in 30% to 80% of infected individuals and these abnormalities are often inaccurately described in medical care. Oral manifestations are common in HIV-positive patients and can be used to diagnose the immune status of patients. Oral Hairy Leukoplakia (OHL) first described in 1984 in San Francisco among homosexual men is a lesion frequently, although not exclusively, observed in patients infected by HIV. OHL is clinically characterized by bilateral, often elevated, white patches on the lateral borders and dorsum of the tongue and has been considered as a reliable indicator of HIV seropositivity. In recent years however OHL has also been described in iatrogenically immunosuppressed patients. Thus the lesion is no longer regarded as pathognomic of HIV infection but is related to immunosuppression in general. Epstein-Barr virus is associated with and presumably causes OHL. The clinical and histologic features of OHL are characteristic and distinctive. However, none of these features are entirely specific and the presence of EBV is required for diagnosis in questionable cases. EBV can be demonstrated by means of electron microscopy, immunocytochemistry, or molecular biologic techniques The purpose of this presentation is to give a brief review on OHL seen in HIV infected patients.

Keywords: Immunosuppression, hairy leukoplakia, EBV, HIV