NEOPLASMS ASSOCIATED WITH HIV PATIENTS

Abstract:
An increased rate of neoplastic diseases is a well established phenomenon in Human immunodeficiency virus (HIV)-infected patients, particularly in the later stages of acquired immune deficiency syndrome (AIDS). AIDS defining cancers include, Kaposi's sarcoma and Non-Hodgkin's lymphoma, most commonly large B cell and plasmablastic lymphomas. Along with these, the incidence of Non AIDS defining cancers also seems to be increasing which include squamous cell carcinoma (SCC), Lymphoepithelial carcinoma (LEC) of the salivary gland, Nasopharyngeal carcinoma (NPC) and Merkel cell carcinoma (MCC).

There has been an increase in benign oral lesions associated with Human papilloma virus (HPV) infection, includes squamous cell papilloma, condyloma acuminatum, verruca vulgaris and focal epithelial hyperplasia (FEH). In these patients, the natural history of these tumors is quite different from those of HIV- negative subjects. These tumors may present atypical clinical features which may be very aggressive and the coexistence of immunosuppression and opportunistic infections may render their treatment more difficult.

HIV itself rarely, directly causes cancer, rather it provides the immunologic background against which other viruses can escape immune control and induce tumors. These malignancies demonstrate a relationship with oncogenic viruses, including Human papilloma virus (HPV), Epstein Barr virus (EBV), and Merkel Cell polyoma virus (MCV). As oral cavity mirrors the
systemic health, the HIV related oral malignancies may play a significant diagnostic and
gnostic value for HIV.
This poster aims to review the neoplasms associated with HIV patients.