Abstract:

HIV infection is known to be associated with a number of manifestations that also involve the salivary glands. They can arise anytime during infection. Human immunodeficiency virus-associated salivary gland disease (HIV-SGD) mainly involve xerostomia and the salivary gland enlargement particularly affecting the parotid gland. It also includes neoplasms (Kaposi’s sarcoma, Lymphoma and Warthin’s tumour), solid or cystic Lymphoepithelial lesions Of the parotid glands, Sjogren’s syndrome like conditions, Sublingual Ranula , Mucocoele and Sclerosing Polycystic Adenosis. As a result of genetically influenced alteration of immune response to HIV infection, some develop diffuse interstitial lymphocytosis syndrome, they include lymphadenopathy and CD8 lymphocytosis. The Sublingual Ranula and Mucocoele manifests in initial stages of infection. The salivary gland enlargement associated with HIV is characterized by swelling in one or both parotid glands with or without xerostomia. Enlargement of one or more major salivary gland may be due to HIV itself or another HIV associated diseases such as Cytomegalovirus or Lymph epithelial cyst. These patients may also have significant changes in several salivary components like decreased protein, increased IgA, Lysozyme, Albumin and salivary gland inflammatory infiltrate. In some patients, salivary gland enlargement may be the first clinical manifestation of HIV infection. Inflammatory or infectious conditions are the second most common group of salivary gland disorders in HIV disease, followed by neoplastic lesions. This poster aims to review the pathogenesis of salivary gland diseases associated with HIV.