ОРAL MANIFESTATIONS OF HUMAN IMMUNODEFICIENCY VIRUS
(HIV) - A REVIEW

Abstract:

AIDS (Acquired Immuno Deficiency Syndrome) was first described in 1981; HIV-1 is being the etiologic agent for AIDS in US and central Africa while HIV-2 causes a similar disease in West Africa and parts of India. This disease has now attained pandemic proportions involving all continents. The human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) represent an unprecedented epidemic form of immunodeficiency involving defects of the T lymphocyte arm of the immune system.

Commonly HIV-related oral conditions include xerostomia, candidiasis, oral hairy leukoplakia, periodontal diseases such as linear gingival erythema and necrotizing ulcerative periodontitis, Kaposi’s sarcoma, human papilloma virus-associated warts and ulcerative conditions including herpes simplex virus lesions, recurrent aphthous ulcers and neutropenic ulcers.

Factors that predispose to HIV-related oral conditions include CD4+ cell count of less than 200/μL, plasma HIV RNA levels greater than 3000 copies/mL, xerostomia, poor oral hygiene, and smoking. For individuals with unknown HIV status, oral manifestations may suggest possible HIV infection, although they are not diagnostic of infection. For patients on antiretroviral therapy, the presence of certain oral manifestations may signal an increase in the plasma HIV-1 RNA level. It states that there is a correlation between oral manifestations and immune suppression.
This poster reviews on the occurrence of opportunistic diseases of mouth due to human immunodeficiency virus (HIV) infection, need for careful history taking and detailed examination of the patient's oral cavity. Early recognition, diagnosis, and treatment of HIV-associated oral lesions may reduce morbidity.