HIV Diagnosis and the Oral Cavity

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HIV Diagnosis and the Oral Cavity

• There are situations when the oral manifestation of a disease may lead one to suspect of HIV infection

• Oral Candidiasis in a patient otherwise healthy, not taking antibiotics, not undergoing immunosuppressive therapy for cancer, or not taking corticosteroids is one example
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- The following patient came to the dental clinic because he felt there was something wrong with his mouth.
- He was having severe discomfort, could not eat well or drink water, chew and swallow.
- He complained food was not tasting normal
Note cracking of the corners of the lips, making difficult to open the mouth.

A wide bite on a sandwich would make the areas bleed.
Candidiasis / Caries / HIV+

- Note severe decay making it impossible and painful to chew
- Note white patch on the buccal vestibule
Candidiasis / Caries / HIV+

- Note white patches on the lateral borders of the tongue
- Oral mucosal tissues are red, not pink
In this case, the cracking of the corners of the lips, the white patches and the general redness of the oral tissues strongly suggest oral candidiasis.

The patches may be removed by wiping the area with gauze or a tongue depressor.
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- The patient may be treated with an antifungal to improve the oral condition.
- The patient has to be followed for recurrent candidiasis. A new infection after discontinuation of therapy is a strong indication of immune suppression.
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- The patient can be questioned about risk behavior for HIV and STDs
- HIV testing can be recommended at this point
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- Several other diseases of the mouth could be an indicator of HIV infection
- See some examples:
Hairy Leukoplakia
Kaposi’s Sarcoma
Palate: most common site
HIV/STD and the Oral Cavity

- HIV and STDs are co-morbidities that can affect individuals who practice unsafe sex.
- One of the epidemiological features of syphilis in the United States is the association with HIV infection.
HIV/STD and the Oral Cavity

- Syphilis may manifest in the oral cavity presenting with an ulcer-like lesion.
- The lesion may be painful and the only clinical manifestation of the STD.
- See one example:
HIV+ with a Syphilitic Lesion on the Labial Mucosa
HIV/STD and the Oral Cavity

- The following patient came to the clinic complaining of severe gingival pain and a sore throat. He had oral sex with his partner a few days before. He found out later that his partner had genital gonorrhea.
HIV+ with Oral Gonorrhea

Gingival tissues are swollen and necrotic

Soft palate is red and painful