Hey! Watch the Teeth

The mouth is an important early warning site.

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Conventional wisdom concerning dental care for people with HIV is no different from that concerning medical care: Take extra precautions (brush after each meal, floss regularly) and consult a physician or dentist as soon as even minor problems first appear (long periods of dry mouth, white or discolored patches in the mouth or bleeding gums are among the more common oral manifestations of AIDS).

In each issue, POZ publishes a different standard of care, a guide by which people with HIV and their physicians can make personal choices about health care regimens. HIV standards of care differ by region, treatment philosophy and patient population. POZ has adapted the following clinical practice guideline on oral examinations from the book Evaluation and Management of Early HIV Infection, published by the Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services.

Oral lesions may provide the only early indication of HIV infection and are important in the classification of the stage of HIV disease. In an otherwise asymptomatic individual, recognition of oral lesions such as candidiasis and/or hairy leukoplakia (white patches in the mouth) may be crucial for therapeutic decisions, since they indicate progression of disease. In addition, oral lesions may be used as part of a staging system for measuring HIV progression and as endpoints in clinical drug trials. Although oral lesions have been seen in all groups at risk for HIV infection, most published work describes studies in men. As yet, only a small body of literature concerns women and children.

Routine oral examinations should include careful inspection of the oral tissues, with particular attention paid to the soft palate and sides of the tongue. Any soft tissue changes, as well as periodontal disease and the presence of tooth or bone decay or defective restorations, should be noted. Information about the importance of oral care should also be made available.

The HIV positive individual should be instructed to report symptoms such as oral pain, dryness, bleeding, difficulty in swallowing, change in taste and loosening of teeth. Many oral lesions require the expertise of a dentist for correct diagnosis and management. Referral to a specialist trained in oral medicine, periodontology or oral surgery may be needed.

The goal of these examinations is to identify disease and institute preventive care. All providers

should be trained in the recognition and treatment of lesions associated with HIV infection, including pseudomembranous candidiasis (thrush) and erythematous candidiasis, hairy leukoplakia due to Epstein-Barr virus, Kaposi’s sarcoma, aphthous ulcers, ulcers due to herpes simplex virus, oral warts due to papillomavirus and periodontal disease.

Less common lesions include non-Hodgkin’s lymphoma, Mycobacterium avium-intracellular complex, bacillary angiomatosis and salivary gland enlargement, as well as ulcers due to varicella-zoster virus, cytomegalovirus (CMV), syphilis, histoplasma and cryptococcus. Complaints of xerostomia due to treatment with ddI and ulcers due to treatment with ddC have been noted.

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