

Watch Your Mouth

January 1, 2004 By David Gelman, MD

Canker Sores, or aphthous ulcers, affect about one-third of HIVers, and they're more painful and tenacious than in neggies. The small, red-rimmed circles with a grayish center hit the inner lip or cheek. (Don't confuse them with herpes-related cold sores, which generally prefer the lips' outer edges.) Though neither dangerous nor contagious, they can make eating excruciating. Stress, smoking, boozing and a high viral load have all been linked with outbreaks; hot and spicy dishes and acidic foods like juices make them hurt even more. Treat 'em first with numbing meds like benzocaine or Orabase Soothe-N-Seal, which seems to provide longer-lasting local relief. Extreme cases may require anti-inflammatory steroids in a swishable elixir (betamethasone) or a pill (often prednisone). Rinsing with salt water may offer temporary comfort.

Dry Mouth, or xerostomia, afflicts HIVers. And yes, you should give a spit: Saliva has enzymes that protect teeth and gums from infection and decay. HIV itself can dry your mouth—immune cells clog the parotid glands (under the cheekbones), impeding saliva production. So can some drugs, HIV-related (ddI, Sustiva, foscarnet annol) or not (see www.cdha.org/articles/drymouth.htm). The mouth-watering solution? Sugar-free sucking candies or gum can help grease the glands. For severe drought, there's synthetic slobber—or your doc can prescribe a med to prod the parotids. You'll be drooling again in no time.

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