

Oral Manifestations of HIV Infection and AIDS

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General Information

- Retrovirus (family with oncogenic potential)
 - Rous sarcoma virus
 - Human T-cell Lymphotropic Virus (HTLV-1)
- HIV-1 and HIV-2
- Tropism for T lymphocytes (CD4 receptor of T-helper cells), macrophages, nerve cells

General Information

- T4:T8 (helper:suppressor) ratio deteriorates (2:1)
- T4 depletion with time
- Below 200 T4 cells per cubic mm the diagnosis of AIDS is made

General Information

- 2-6 weeks after infection before antibodies detected
- Non-specific flu-like (mononucleosis) symptoms
- Latency that may last few years
- Over the next 3-5 years patients experience
 - Night sweats/malaise/fever
 - Weight loss/Diarrhea
 - Memory loss/mild dementia
 - Chronic infections
 - Generalized lymphadenopathy

Persistent Generalized Lymphadenopathy

Early sign; up to 70% of patients
Longer than 3 months
Two or more extrainguinal sites
Head and neck can be initial site
Diff. Dx.: Lymphoma, florid follicular hyperplasia
PGL ----> AIDS



Common Oral Manifestations of AIDS

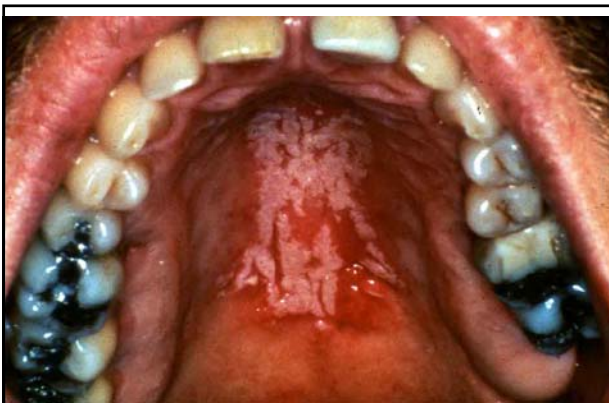
- Candidiasis
- “Hairy” Leukoplakia
- HSV, VZV
- Kaposi sarcoma
- Non-Hodgkin’s lymphoma
- HIV Gingivitis and Periodontitis
- Acute Non-specific Ulcers
- Chronic ulcers (Deep fungal, CMV, HSV)

Oral Manifestations of HIV(+) pre-AIDS patients

- Acute pseudomembranous candidiasis
- “Hairy” leukoplakia
- HSV diffuse
- Gingivitis and periodontitis
- Acute Non-specific Ulcers
- VZV lesions

Candidiasis

MOST COMMON INTRAORAL MANIFESTATION
Predictive but NOT diagnostic for AIDS
Other mucosae affected (epiglottic, laryngeal, esophageal, nasopharyngeal)
Pseudomembranous (thrush), erythematous, hyperplastic, angular cheilitis
Antifungals produce transient responses

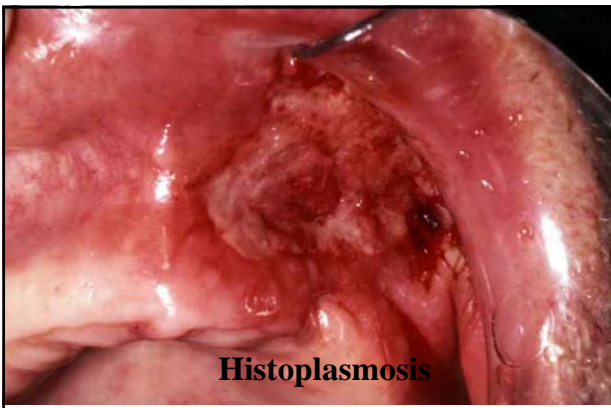
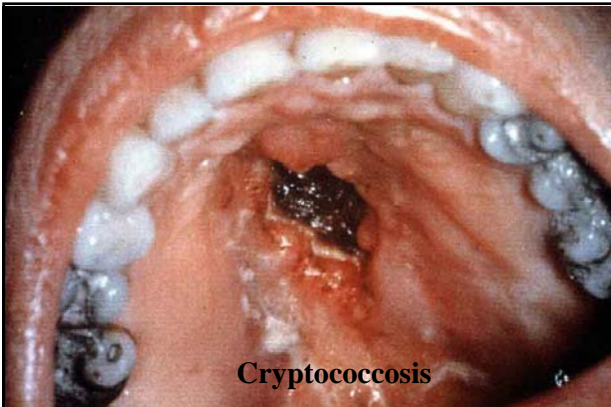


Deep Fungal Infections

Histoplasmosis: Respiratory infection

Cryptococcosis: Respiratory, CNS

Oral involvement are manifestation of widespread disease



HIV-associated Periodontal Disease

HIV-related gingivitis: Linear erythema of the free gingiva; presence of candida; not responsive to plaque control
“Skip” lesions

HIV-associated periodontitis: Necrotizing process, rapid loss of periodontal support, PAIN, not deep pockets
ANUG and Necrotizing stomatitis





Herpes Simplex Virus

Recurrent HSV rates are the same as immuno-competent patients
 Lesions more widespread and persistent
 Atypical presentation intraorally
 HSV for more than 1 month is one accepted definition for AIDS

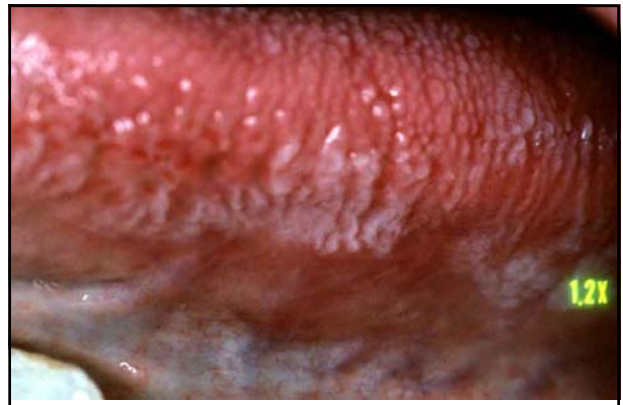


Varicella Zoster Virus

Fairly common in HIV-infected patients
 More severe; morbidity and mortality
 Younger patients
 Lesions last longer than usual
 Cutaneous dissemination - Visceral involvement

Epstein-Barr Virus

Hairy leukoplakia
 Distinctive lesion but not diagnostic
 Lateral borders of tongue ----> other sites
 HL -----> AIDS in two years
 Immunocompromised - Immunocompetent pts
 Transplantation pts, pts with immunologic instabilities, otherwise healthy individuals





Cytomegalovirus

Salivary gland epithelium, endothelial cells
 Disseminated infection constitutes criterion for AIDS
 Parotid gland swelling
 Reduction in salivary flow → xerostomia

Kaposi sarcoma

Before AIDS, Kaposi sarcoma was a rare neoplasm
 More patients with sexually transmitted disease
 HHV8
 Skin and oral mucosa
 Flat lesions, plaques and nodules
 red, purple and brown; bleeding, pain
 Kaposi vs *bacillary angiomatosis*
 Intralesional vinblastine - Sotradecol (sodium sulfate)
 Kaposi vs *bacillary angiomatosis*



Human Papilloma Virus

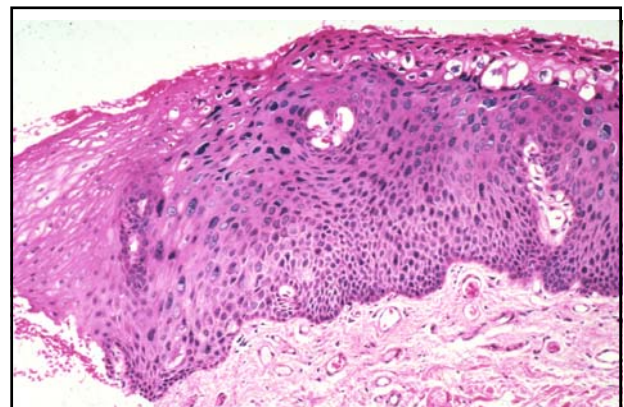
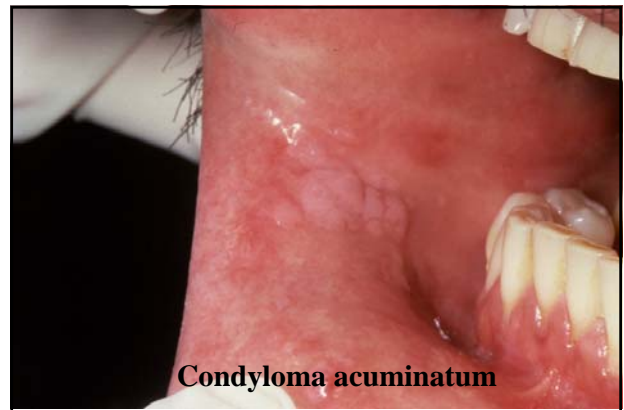
Oral lesions

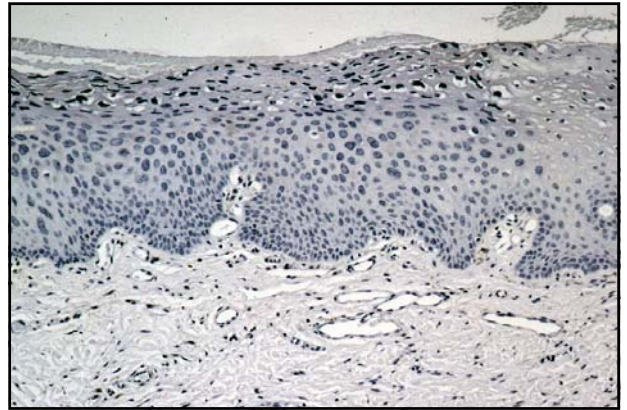
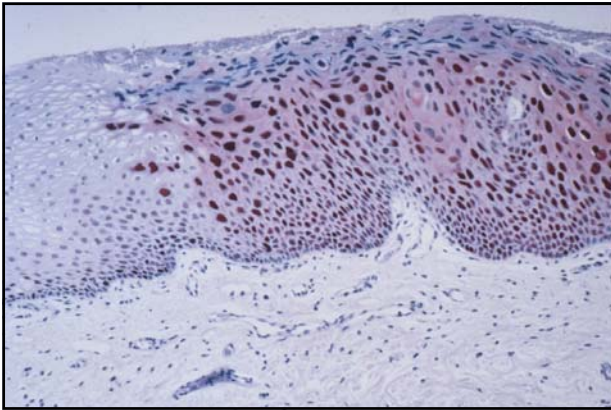
Condyloma acuminatum

Heck's disease-like

Premalignant potential

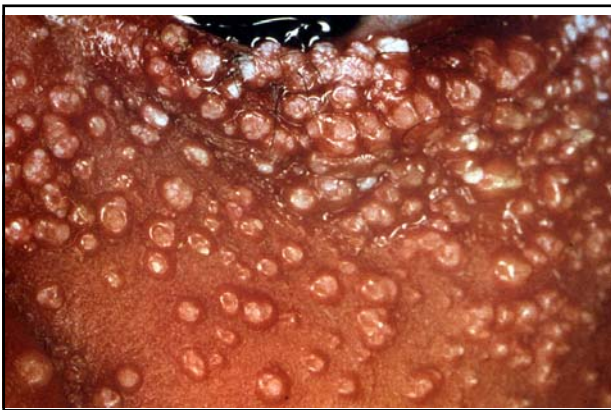
Anogenital lesions

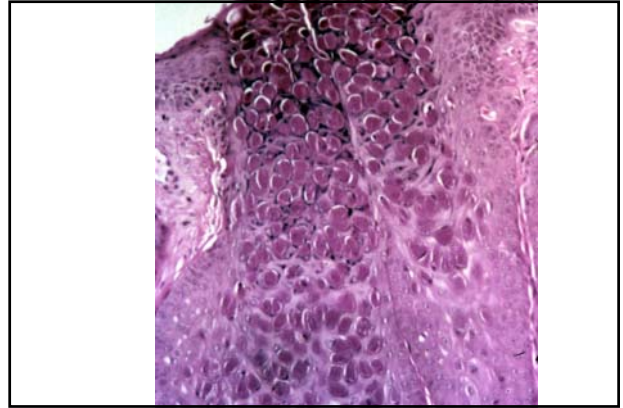




Poxvirus

Molluscum contagiosum





Aphthous stomatitis

Increased frequency in HIV patients
Secondary candidiasis
Atypical presentation
 Crater-like
 Sharp or thickened edges



Other Malignancies

Lymphoma
Second most common malignancy



