HIV infection can present challenges to oral health in a number of ways. Conditions that occur in association with HIV are mainly caused by weakening of the immune system, or as side-effects of treatment. Many of the conditions historically associated with HIV infection, due to weakening of the immune system, are now rare in the UK thanks to the availability of effective treatment. However, some anti-HIV drugs have side-effects which can affect oral health and we do still see a number of mouth conditions which are HIV-related.

**DRY MOUTH (XEROSTOMIA)**

Dry mouth can result from HIV infection itself and can also be a side-effect of some antiretroviral drugs (Indinavir, DDI). Apart from the discomfort it causes a lack of saliva in the mouth can cause damage to teeth and gums.

Saliva is an effective natural barrier against both. When saliva production is significantly reduced or absent, decay and gum disease will appear more readily and can progress at an accelerated rate. When managing dry mouth, therefore, emphasis is placed on prevention and patients may need more frequent visits to their dentist to monitor the health of their teeth and gums. We will often recommend a different hygiene routine together with alternative products for cleaning and modified dietary advice. Dry mouth can also cause increased trauma to the soft tissues of the mouth due to the lack of lubrication that saliva provides and can lead to tearing and ulceration. There are products and strategies available which can help in both the prevention of these problems and their treatment.

Above: Angular cheilitis
MOUTH ULCERS
(APTHAE/APHTHOUS ULCERS)
Mouth ulcers are the most common immune-mediated condition associated with HIV. The ulcers which appear are often more numerous than those which occur normally, or can be larger and more persistent and very painful. The pain associated with these ulcers can cause a reduced desire to eat, which can lead to poor nutrition and therefore a worsening of overall health. There are many treatments, including mouthwashes, medicines applied directly to the ulcers and tablets, available for the treatment of these ulcers, depending on their presentation.

OPPORTUNISTIC INFECTIONS
When the immune system has been weakened, infections which don’t normally affect the mouth can appear. The most common of these is candidiasis, or oral thrush, which is a fungal infection. This can take many forms in the mouth, from redness and swelling inside the mouth, to white plaques which scrape off and bleed, to painful, dry cracks at the corners of the mouth.

These conditions can be treated with anti-fungal medication but often signify a weakened immune system, which warrants further investigation by your doctor. Bacterial infections include a painful condition affecting the gums, known as Necrotising Ulcerative Gingivitis. This is a condition which can rapidly destroy the shape of the gums, as well as causing severe discomfort and malodour. It requires urgent treatment. A similar but milder bacterial infection affecting the gums in HIV is known as Linear Gingival Erythema and appears as a thin red line running along the gums, where they meet the teeth.

Viral infections associated with HIV include unusual and severe forms of herpes simplex infection (which normally appears as cold sores); warts associated with the Human Papilloma Virus, and infections caused by other viruses, such as Cytomegalovirus and Varicella Zoster (chicken pox virus). Oral Hairy Leukoplakia is a condition that usually appears as white patches on the sides of the tongue and is caused by the Epstein-Barr virus.

OTHER CONDITIONS
Other conditions associated with HIV infection include Kaposi’s Sarcoma, which can appear in the skin or the mouth, and Non-Hodgkin’s Lymphoma. Effective HIV treatment has reduced the likelihood of developing most of these conditions and can also reduce their severity. Despite HIV treatment, however, some patients will require programmes of prevention and treatment tailored to suit their individual needs.

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