



AIDS & THE PERIODONTIUM



Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a spectrum of conditions caused by infection with the human immunodeficiency virus (HIV).

Acquired immunodeficiency syndrome (AIDS) is defined as an HIV infection with either a CD4+ T cell count below 200 cells per μL or the occurrence of specific diseases associated with HIV infection.

Classification :

1. HIV-associated gingivitis (HIV-G):

- ✚ Linear inflammation around the gingival margin
- ✚ Punctuate Erythema extending throughout the attached gingiva

2. HIV-associated periodontitis (HIV-P) :

- ✚ Rapid loss of attachment
- ✚ Connective tissue destruction
- ✚ Deep Bone pain

3. HIV-Necrotizing Gingivitis (HIV-NG) :

4. Necrotizing Stomatitis (NS) :

- ✚ Spontaneous sequestration of interdental bone
- ✚ Extensive soft tissue necrosis



Linear Gingivitis :

- ✚ Marginal linear erythema across the attached gingiva
- ✚ Punctuate lesions coalesce giving the entire gingiva a bright red appearance
- ✚ Spontaneous bleeding or bleeding on probing
- ✚ No ulceration , No loss of attachment



Necrotizing Ulcerative Gingivitis :

- ✚ Sudden onset , bleeding on probing
- ✚ Pain & Halitosis
- ✚ Gingiva appears fiery red & swollen and yellow to grayish necrosis is seen
- ✚ Anterior gingiva is the most affected limited to the soft tissues





Necrotizing Ulcerative Periodontitis :

- + Severe pain , Localized soft tissue necrosis , Ulceration & Interproximal Cratering
- + No deep pocket formation
- + Soft tissue destruction
- + Rapid horizontal bone loss
- + Tooth mobility
- + Low CD4+ cell count (Below 200 cells/mm³)



Necrotizing Stomatitis :

- + Extensive soft tissue and bony necrosis with sequestration
- + Resembles Noma & Cancrum Oris



Most Common Oral & Periodontal Manifestations of HIV Infection :



1. Oral hairy leukoplakia :

- + Lateral borders of the tongue
- + Caused by Human Papilloma Virus
- + Keratotic Areas with corrugated appearance
- + When it is dried , it appears hairy which does not rub off



2. Oral Candidiasis :

- + Pseudomembranous (Thrush) Candidiasis
- + Erythematous candidiasis
- + Hyperplastic Candidiasis
- + Angular Cheilitis





3. Kaposi's Sarcoma :

- ✚ Multifocal , Vascular neoplasm which manifest as nodules , papules or non-elevated macules that are usually brown , blue / purple coloured



4. Bacillary Angiomatosis :

- ✚ Infectious Vascular , proliferative disease
- ✚ Appears red , purple, or blue edematous soft tissue lesions
- ✚ Destruction of the periodontal ligament & bone



5. Oral Hyperpigmentation





6. Atypical Ulcers & Delayed Healing



Management :

- ✚ HAART Therapy : Nucleoside Reverse Transcriptase Inhibitors (NRTIs)
For e.g. : Azidothymidine (AZT) , Stavudine , Lamivudine , etc.
- ✚ Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
For e.g. : Nevirapine
- ✚ Protease Inhibitors : Ritonavir , Indinavir
- ✚ Proper Medical History
- ✚ Scaling of the affected areas
- ✚ Intraculcular irrigation with 10% povidine iodine
- ✚ 0.12% Chlorhexidine mouthwash twice daily
- ✚ Antifungal agents like Nystatin & Oral suspension & Clotrimazole
- ✚ Removal of necrotic bone & soft tissue
- ✚ Oral Hygiene Instructions
- ✚ Systemic Analgesics
- ✚ Metronidazole
- ✚ Follow up (1-28 days , 1-6 months)


