

HIV /AIDS and the Oral Manifestations Associated with the Disease

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Editorial

Introduction

HIV/AIDS is considered one of the world's largest pandemics affecting millions of people across the globe. For the latter part of the twenty century, HIV/AIDS has dominated much of the headlines with regard to media attention owing to the devastating consequences that it inflicts to those infected with this dreadful disease. It has attracted both international medical and political attention. It has a great impact on society both as an illness, that of discrimination and economic impact. Hence it's always been the focus of mass attention particularly the media. The media plays a large role with regard to providing the most valuable, up to date and informative healthcare information regarding this pandemic. This ensures that the public is well informed, educated but above all a public that is armed with the necessary knowledge to counter act this growing pandemic. An important aspect surrounding public information is proper information handed to them by the relevant healthcare professionals. The aim of this short informative editorial is to focus on oral manifestations of HIV/AIDS. It is hoped that valuable information can be gathered by the public regarding these important clinical manifestations and in doing so assist them with identifying some of the signs and symptoms that will prompt them to seek help.

Background

There are many theories as to when HIV/AIDS was first recognized. The one being in San Francisco in the early 80's by health care workers. A young population of gay men presented with unusual pneumonia with an unknown cause. Pneumocystis jiroveci, Cryptococcus neoformans, Toxoplasmosis and Kaposi's sarcoma were occurring in the population. They gave the disease the name G.R.I.D (gay related immune deficiency). However similar symptoms started appearing amongst heterosexuals and drug users. It was now spreading outside the gay population and by 1983 the disease name changed to AIDS. There was still no identifiable cause. In 1984 the research groups led by Dr Gallo and Dr Luc Montagnier at Pasteur Institute in Paris and Dr Jay Levi at the University of California, San Francisco, all identified a Retrovirus as the cause of AIDS [1].

Many researchers have discovered many do state that the origination of HIV indicates it came from west central Africa. Latest global statistics as per UNAIDS indicate that in 2013, there were 35 million people living with HIV of which 24, 7 million people were from Sub-Saharan Africa. Hence Sub-Saharan Africa has barred the brunt of this deadly disease. Poor socio economic resources and a lack of knowledge has escalated this problem. Therefore it is essential that

the subject of HIV is always emphasized to the greater public with an aim to empower those less privileged.

Transmission

HIV is transmitted by sexual contact, exposure to infected bodily fluids and tissue and from mother to child. HIV is not transmitted through exposure to saliva, sweat, tears, faeces, vomit or urine unless it contains blood.

Signs and symptoms of Primary HIV infection

Signs and symptoms of Primary HIV infection generally occur days to weeks after infection, during which there are high levels of replicating virus and an attempt by the host immune system to control virus. Primary infection is often under diagnosed. The patient typically presents with a flu-like illness of non-specific signs and symptoms. Common symptoms include fever, fatigue, pharyngitis, myalgia, rash and lymphadenopathy. Some other symptoms may include headache, gastrointestinal symptoms, night sweats, weight loss, oral ulcers, oral thrush and aseptic meningitis.

Signs and symptoms of chronic HIV infection

It is often associated with a decline of CD4 T cell count to below 200 or the occurrence of opportunistic infections associated with HIV infection. The higher the HIV viral loads the faster the decline in CD4 cells. The most common opportunistic infections associated with HIV include Pneumocystis jiroveci pneumonia, Mycobacterium tuberculosis infection involving predominantly the lungs (multiple organ involvement does occur in late stage HIV). HIV wasting syndrome and esophageal candidiasis are other common manifestations of AIDS associated with HIV. They can also acquire ophthalmic manifestations such as CMV (Cytomegalovirus) retinitis. Skin manifestations include Kaposi's sarcoma and HPV (Human Papilloma Virus) infections. Central Nervous System infections include Toxoplasmosis, HIV associated encephalitis and Cryptococcal meningitis. Oral manifestations include Oral hairy leukoplakia, Kaposi sarcoma and those listed below.

Clinical oral manifestations and therapeutic management

Some of the most common oral manifestations are oral ulcerations, linear gingival erythema, periodontal conditions, parotid gland enlargement, Kaposi's sarcoma, pseudomembranous candidiasis, erythematous candidiasis, angular cheilitis and herpes virus infection of the oral tissue.

With regards to oral ulcerations pain management is very important. Treatment depends on severity of the ulcers. Chlorhexidine

digluconate together with oral antibiotics or oral prednisone was found to be useful. Kaposi sarcoma can be treated using radiotherapy, laser or surgical intervention. Highly active anti-retroviral therapy (HAART) forms part of therapeutic management in these patients. Good oral hygiene and plaque control is vital to prevent secondary infections. Parotid gland enlargement often causes xerostomia (dry mouth) which can lead to dental caries. A salivary substitute can be used together with thorough oral hygiene and dietary control is essential. Additionally, xerostomia can lead to candidiasis.

Depending on the clinical manifestations of Candidiasis a fairly large number of antifungals are available to treat this infection.

In conclusion, this editorial places emphasis on the oral manifestations of AIDS associated with HIV. It is hoped that a well-informed public is an educated one empowered with knowledge on how to prevent or optimally manage this devastating disease.

Management of these patients is holistic encompassing medical, psychological, and preventative strategies. It is also important that patients be aware that this illness is easily transmissible and every effort needs to be made to halt all possibilities of transmission. Often patients are reluctant to step forward to seek help due to the discrimination that many face. Hence it's important that the media play a role in changing the public's attitude regarding HIV. The media needs to make them aware of the fact that it's always best to seek help and seek help earlier rather than later. This essentially will translate to more people seeking help and possibly decrease transmission of this deadly Virus.

References

1. In their own words – Office of NIH History. [History.nih.gov/NIHInOwnWords/docs/page_04.html](http://history.nih.gov/NIHInOwnWords/docs/page_04.html)