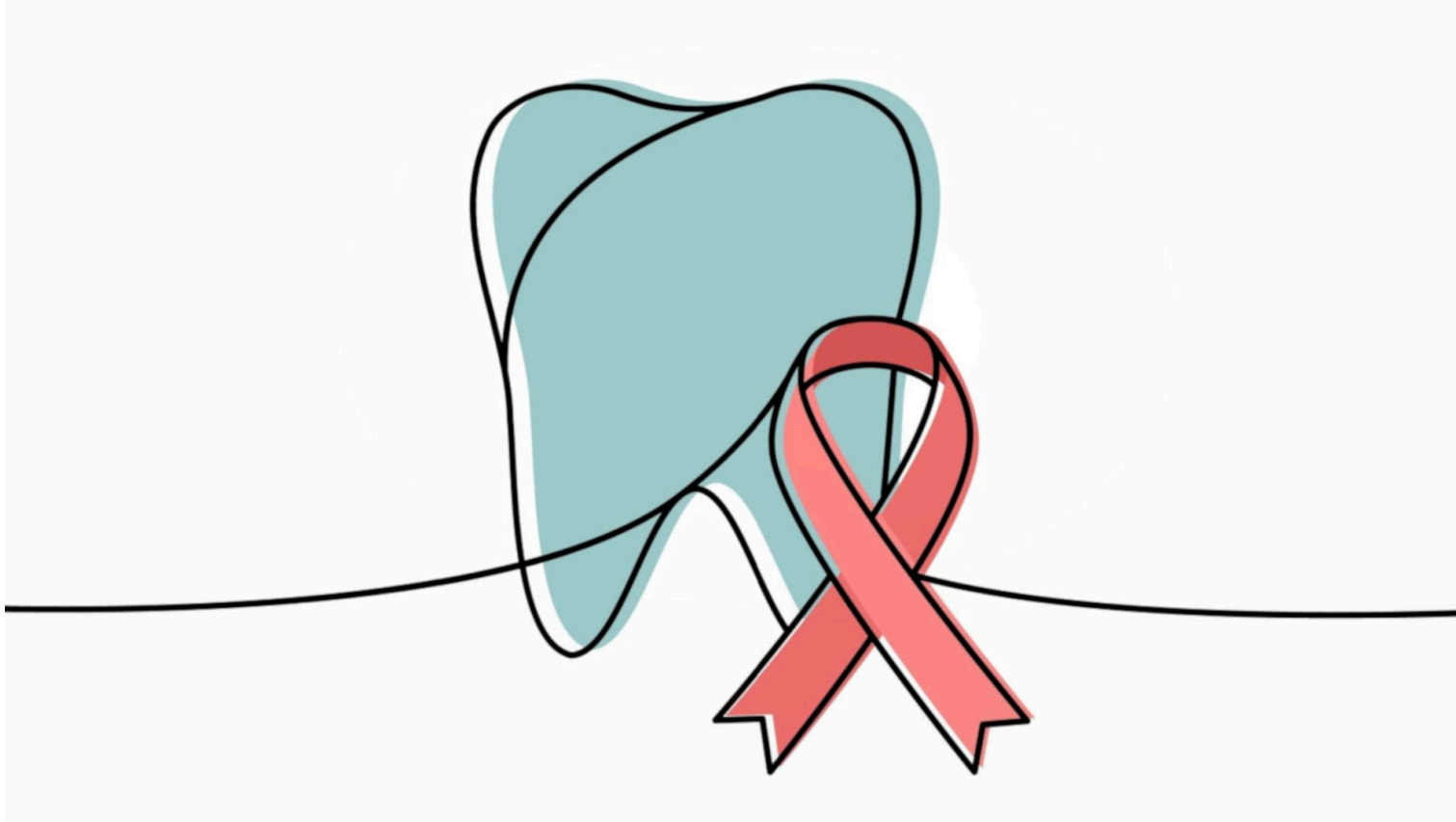


HIV and Oral Health Implications



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Oral Manifestations

Although anti-retroviral agents reduce the incidence of oral manifestations, HIV related oral conditions still occur 30%-80% of patients with HIV.

Therefore, it is important that routine oral exams are performed



Oral Manifestations – Pediatric Patients

#1 Most Common Oral Finding is Candidiasis



**Pseudomembranous
Candidiasis**



Erythematous Candidiasis



Primary Herpetic Gingivostomatitis



More Prone To Opportunistic Viral Infections

- HSV
- Herpes Zoster,
- Epstein-Barr
- HSV

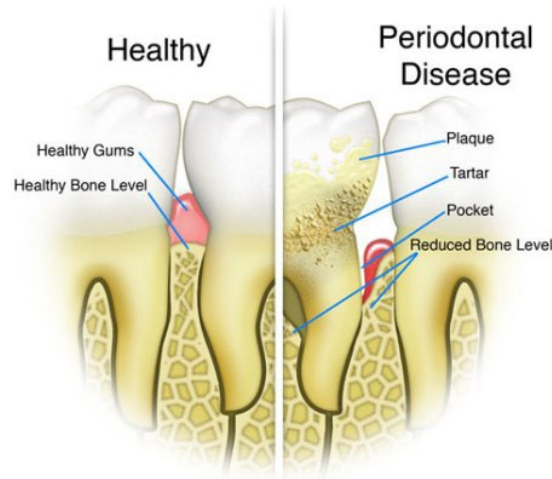
Salivary Gland Swelling

- Can be uni- or bi-lateral
- Can be with or without xerostomia



Herpes Zoster

Oral Manifestations – Pediatric Patients



Necrotizing Periodontal Diseases



Increased Caries Risk Due To:

- Reduction in salivary antibodies
- Decreased ANC count
- Decreased salivary flow
 - Diet rich in carbohydrate (due to normal diet or required diet to treat caloric deficiencies)



Gingival And Periodontal Diseases Include:

- Linear gingival erythema
- Necrotizing periodontal diseases

Oral Manifestations- Adult Patients

40% Of Adult Patients With HIV Have Xerostomia

Opportunistic Infections:

- Candidiasis (angular cheilitis, erythematous, pseudomembranous)
 - Cryptococcosis
 - Cryptosporidiosis
 - Histoplasmosis
 - Human Papilloma Virus (HPV)
 - Epstein-Barr Virus (EBV)
 - Cytomegalovirus
 - Herpes Simplex Virus (HSV)
-
- **2-6% have necrotizing periodontal diseases**
 - **30% conventional periodontitis**



Oral hairy leukoplakia caused by EBV



**Condyloma acuminata
caused by HPV**



Kaposi Sarcoma caused by HSV

Oral Manifestations- Adult Patients

Linear Gingival Erythema



- **2-6%** have necrotizing periodontal diseases
- **30%** have conventional periodontal diseases
- Increased risk of caries

Treatment Considerations

- Nearly all patients with HIV can receive comprehensive routine dental care
- Like with any patient, dental treatment considerations are made on an individual basis



[American Dental Association](#)

1. Little JW, Miller CS, Rhodus NL. AIDS, HIV Infection, and Related Conditions. In: *Little and Falace's Dental Management of the Medically Complex Patient*. Vol 18. 9th ed. Mosby; 2017:309-329.

Treatment Considerations

- **Recent complete blood count:**
 - Platelets < 60,000
 - Absolute neutrophil count (ANC)
 - Less than 500 may require antibiotic prophylaxis
 - White blood cell count (WBC) <4000 increased risk of infection
- **Viral load**
 - Does not impact if dental treatment can be complete
- **CD4+ Count**
 - > 350/uL tend to be asymptomatic
 - <200/uL have increased susceptibility to opportunistic infections and may require prophylaxis
- **Check for any drug interactions**

[American Dental Association](#)

1. Little JW, Miller CS, Rhodus NL. AIDS, HIV Infection, and Related Conditions. In: *Little and Falace's Dental Management of the Medically Complex Patient*. Vol 18. 9th ed. Mosby; 2017:309-329.
2. [Dental Management Protocol University of Pacific](#)

Role of HIV Testing in A Dental Setting



2006, the Centers for Disease Control and Prevention (CDC) revised [their recommendations for HIV testing of adults, adolescents, and pregnant women in a health care setting.](#)

- HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

Role of HIV Testing in A Dental Setting



Individuals are more likely to see a dentist within a year than other health care providers

- [Recent systematic review](#) showed that point of care testing (POCT) uptake in a dental setting was comparable to other non-specialized health settings (62.5% acceptance)
 - Previous studies showed that verbal test offers (written) and integrating the test during an existing dental appointment (versus separate appointment) increased uptake and those in a community versus private practice setting had higher uptakes, and use of oral versus finger prick tests.
 - Demographic characteristics so highly associated with high uptake included being under 35 years of age, being of Black or Hispanic ethnicity. Other characteristics included no previous history of HIV testing or testing over 3 months ago, having public insurance or no insurance, residing in an economically disadvantaged community, having known risk factors.
 - Confirmed PCOT positivity ranged from 0.01 to 0.42%
 - More than 22.7% (5) of participants who received reactive POCT results in the studies included in this review failed to re-attend for follow-up.



THANK YOU

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**LIVE WELL
SAN DIEGO**