

# ORAL MANIFESTATIONS ASSOCIATED with HIV/AIDS



Angular Cheilitis



Pseudomembranous Candidiasis



Erythematous Candidiasis



Hyperplastic Candidiasis



Hairy Leukoplakia



Hairy Leukoplakia



Hairy Leukoplakia and Candidiasis



Hairy Leukoplakia on Tongue & HPV on Lip



Human Papilloma Virus (HPV)



Human Papilloma Virus (HPV)



Herpes Zoster Varicella Virus



Aphthous Ulcer



Linear Gingival Erythema



Periodontitis



Kaposi's Sarcoma



Kaposi's Sarcoma



Kaposi's Sarcoma



HSV and Candidiasis



Ecchymosis



[www.FCAETC.org/Dental](http://www.FCAETC.org/Dental)

# THERAPEUTIC AGENTS FOR ORAL MANIFESTATIONS OF HIV DISEASE

Consult PDR or pharmacology text for more information regarding indications, contraindications and adverse reactions.

**Note:** Treatment regimens vary with each patient according to severity of patient's condition and immune status.

## Antifungal

- Nystatin ointment: Apply to commissures of mouth or denture base after meals.
- Nystatin pastilles (200,000 units, Mycostatin®): Dissolve one tab slowly in mouth 5 times per day for 10 days.
- Nystatin suspension 100,000 units/mL: 4-6 mL po swish and spit qid.
- Clotrimazole troches (10 mg, Mycelex®): Dissolve one troche 5 times daily for 14 days.
- Ketoconazole (Nizoral®) 2% cream: Apply to corners of mouth qid.
- Fluconazole 100 mg (Diflucan®): 2 tabs stat, then 1 qd - 3 times a week with or without food for 10-14 days. Due to the development of resistant strains, suppressive therapy is discouraged.
- Fluconazole resistance: Itraconazole oral solution  $\geq$  200 mg qd or Posaconazole oral solution 400 mg po bid.

## Antiviral

- Herpes simplex virus
  - Acyclovir ointment 5% (Zovirax®): Apply q2h to affected area.
  - Acyclovir tablet 400 mg 3 times per day for 7-10 days (for mild HSV).
  - Valacyclovir: 1 g po bid.
  - Famciclovir: 500 mg po bid.
- Varicella zoster virus (treat 7-10 days, longer if lesions slow to resolve):
  - Acyclovir tablet 20 mg/kg body weight up to a maximum of 800 mg. If severe or disseminated, in-patient therapy with IV acyclovir.
  - Valacyclovir 1,000 mg po bid.
  - Famciclovir 500 mg po tid.
  - Foscarnet if acyclovir-resistant.

## Topical Corticosteroids for Aphthous Ulcerations

- Fluocinonide ointment 0.05% (Lidex®) 50:50 with Orabase®: Apply small amount on a cotton swab to affected areas after meals and at bedtime as needed. Press medication onto the area but do not rub medication into the tissue.
- Lidex® gel/ointment 0.05%: Apply to affected areas after meals and at bedtime.
- Decadron® elixir (dexamethasone 0.5 mg/5 mL): Rinse 5 mL for 2 min. qid then expectorate (for multiple lesions).

## Systemic Corticosteroids for Severe Major Aphthous Ulcerations or Refractory Aphthous

- Prednisone 20-40 mg qd po for 1-2 weeks, then taper. Biopsy prior to treatment should be considered. Consult primary care physician before prescribing.

## Antibacterial Agents for Aphthous Ulcerations

- Tetracycline suspension 125 mg/mL – swish for 1-2 minutes and expectorate.
- Chlorhexidine gluconate 0.12% (Peridex® or Periogard®): Rinse with 15 mL for 30 seconds and spit out the solution for 1-2 weeks.

## Topical Anesthetics and Coating Agents for Oral Ulcerations

- Viscous lidocaine 2%: Swish with 5 mL before meals and expectorate. Caution: gag reflex may be lost, aspiration is possible.
- Benzocaine in Orabase®: Apply a small amount with a cotton swab to the affected area as needed for pain. Caution with allergy to esters or Novocain.
- Benadryl® elixir (12.5 mg/5 mL): Swish with 5 mL for two minutes q2h and before meals, expectorate.
- Benadryl® elixir + kaopectate (or Maalox®), 50:50 mixture: Swish with 5 mL q2h and before meals, expectorate.

## Oral Hairy Leukoplakia

- Generally asymptomatic, no treatment required. Usually resolves with onset of HAART.

## HIV Related Gingivitis and Periodontitis

- Betadine 10% solution (Povidone-iodine): Used during scaling and root planing.
- Metronidazole (Flagyl®): 250 mg tid for 7-14 days (avoid if severe hepatic disease, alcoholic beverages or pregnancy) or Clindamycin 300 mg tid for 7-14 days.
- May consider prescribing antibiotics plus an antifungal agent.
- Chlorhexidine gluconate 0.12% (Peridex® or Periogard®): Rinse with 15 mL bid for 30 seconds and spit out for 1-2 weeks.

## Xerostomia

- Salivary stimulants - sugarless gum, sugarless hard lozenges.
- Lubricants - artificial saliva substitutes, Oral Balance® ointments.
- Systemic sialogogues - Pilocarpine (Salagen®) - Consult primary care physician before prescribing.

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