

mouth problems

Many HIV-related conditions affect the mouth, causing symptoms such as ulcers, dry mouth and painful lesions. Mouth problems are caused by either fungal infections, viral infections or bacterial infections. They may be an early sign of immune damage. Anti-HIV drugs and specific treatments can fight mouth infections. Regular medical/dental check-ups may prevent serious mouth conditions, and regular brushing and flossing is advised to ensure good oral and dental health. Smokers are more likely to get oral infections than non-smokers.

Dry mouth and swollen salivary glands

A dry mouth may be due to HIV-associated salivary disease which causes swollen salivary glands. This condition is particularly common in HIV-positive children. Anti-HIV drugs can reduce swollen glands. A dry mouth is also a side-effect of drugs such as ddI and protease inhibitors. Dry mouth may lead to chewing and digestive difficulties, and high levels of mouth acid. This increases the chance of thrush, bacterial infections and tooth decay. Chewing sugarless gum may help a dry mouth.

Ulcers

Mouth or aphthous ulcers are painful sores on the gums, tongue or throat which may deter a person from eating and drinking. The cause is unknown, however they may be associated with the herpes family of viruses (e.g. CMV and EBV). Ulcers are also a common side-effect of ddC. Small ulcers may heal after the use of mouth washes, local anaesthetic, or steroid gels. For persistent ulcers, thalidomide may be effective; it is prescribed on a named-patient basis.

Candidiasis or thrush

Oral candidiasis or thrush causes white blobs in the mouth and throat. Red patches and inflamed cracks in the mouth may occur. Thrush is due to the overgrowth of naturally-occurring fungus. Overgrowth may occur when the immune system is damaged (e.g. CD4 count below 400). Thrush may also be related to the use of antibiotics. Several anti-fungal

drugs are effective against oral thrush. Fluconazole is the most potent and least toxic treatment. Drugs may be used at low doses to prevent thrush; however, some doctors advise against this because drug resistance can occur. Treatments for thrush commonly interact with other drugs (e.g. protease inhibitors). Discuss potential drug interactions with your doctor.

Oral hairy leukoplakia (OHL)

OHL causes white patches with small, hair-like protrusions which usually occur on the side of the tongue. The patches look like thrush, but they can't easily be removed. OHL is caused by the Epstein-Barr virus and may be treated with anti-HIV drugs. Therapy for herpes, warts, thrush and CMV may sometimes be effective against OHL.

Gingivitis

Inflamed and painful gums, known as gingivitis, are caused by bacteria in dental plaque. Bacteria infects the gums causing inflammation, swelling, bleeding and bad breath. Regular brushing and flossing helps prevent infection. Antibiotics and mouth washes can combat the infection, although some washes may be painful.

Herpes

Cold sores are small, painful lesions on the lips or mouth, caused by the herpes virus HSV-1, which take a number of weeks to heal. If a person with HIV has severe and persistent oral or genital herpes, they are classified as having AIDS. Cold sores can be treated with anti-herpes creams; however, some doctors are sceptical about their effectiveness. Drugs such as oral acyclovir and valaciclovir are used to treat and/or prevent outbreaks of herpes.

KS and lymphoma

Kaposi's sarcoma (KS) and lymphoma may also occasionally affect the mouth and throat. See Factsheet 16, July 1997 on KS.