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BACKGROUND

In the Sub-Saharan African region, HIV/AIDS is a major public health problem. Oral lesions in HIV/AIDS patients are important in early diagnosis, classification, and management of the disease. Background information suggests that patients presenting with oral lesions can be diagnosed for AIDS. Dental surgeons can easily detect oral lesions of HIV and help in early diagnosis, better prognosis and prevention. Primary health care providers can also be trained in this regard.

MATERIALS AND METHODS

A cross-sectional study was conducted among 17 HIV/AIDS patients in 17 care and support centres in Karnataka State using WHO and EASD guidelines. Informed consent was obtained from all the patients before the study. Data were collected in a structured questionnaire. Bacteriological and virological samples were collected for all the patients. Data collection was done by the same examiner by trained and supervised. The data were analyzed using SPSS software.

RESULTS

The majority of the patients were males (60.7%). The age of the patients ranged from 18 to 68 years with a mean of 44 years. The study subjects had visited the dentist for treatment after the diagnosis of HIV. The mean number of decayed (d), missing (m), filled (f) primary teeth and mean DMFT among the study subjects were 5.18, 1.46, 6.97, and 6.38 respectively. The majority (60.7%) were males. The age of the patients ranged from 18 to 68 years with a mean of 44 years. Candidiasis was the most prevalent oral lesion (32.26%).

CONCLUSION

Dental surgeons can easily detect oral lesions of HIV and help in early diagnosis, better prognosis and prevention. Primary health care providers can also be trained in this regard. Improved oral and dental care and management approach through physicians, dental surgeons and care support teams is essential in improving the quality of life of HIV/AIDS patients.

RECOMMENDATIONS

1. Dental practitioners should readily accept and treat HIV patients by strictly following standard precautions for protecting themselves and other patients from cross infection.
2. Continuing medical and dental education sessions should be conducted for oral and dental health care providers on HIV related issues.
3. All health care providers should consider the psychological aspects of HIV patients and should be trained in this regard.
4. Antiretroviral drugs and other medicinal and nutritional supplements should be provided along with Anti-Retroviral Therapy.
5. Dental colleges & clinics near the vicinity of care and support centres, the local and state dental associations should conduct oral health education programs and treatment camps for HIV/AIDS patients.
6. Special training programs should be conducted for the patients requiring multidisciplinary interventions followed by retraining and professional replacements.

REFERENCES


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