Dental Problems

Oral health is important for people with HIV. Eating, drinking, talking, breathing, kissing or even touching the area around the mouth can bring in germs, bacteria and viruses to the body.

The mouth is the first place where food is digested. Food that does not get swallowed can decay between the teeth. This may cause infections that spread all over the body.

Other reasons to take care of the mouth, gums and teeth are:

• Mouth, tongue, throat, gum or teeth problems may be signs that an HIV infection exists or is getting worse
• Seeing your dentist regularly helps find and treat infections before they become serious
• Proper oral hygiene can get rid of some bacteria. This eases the strain on the immune system.
• Open sores and exposed tissue in the mouth allow infections to invade the body

Signs of Mouth, Teeth and Gum Problems

Common mouth problems that a person with HIV may get include:

• Canker sores. These are shallow sores inside the lips or cheeks. In people with HIV, these may be quite large, heal slowly and appear on the roof of the mouth. They can be mistaken for cold sores (an infection by herpes simplex). The sores can be painful and make it hard to eat.
• Dry mouth. Dry mouth or throat is common amongst people with HIV. This leads to tooth decay and gum disease. Untreated, these can cause infections.
• Gum disease. The major sign is swollen, red, bleeding gums. Gum disease causes gaps to open up between the gums and the teeth. This can cause bad breath. People with weak immune systems are at a higher risk of developing gum diseases that can be painful and result in the loss of teeth.
• Hairy leukoplakia. This is a white spot on the sides of the tongue that looks hairy. It can appear in other parts of the mouth as well. It may look like thrush, but the spots can not be scraped away. The Epstein-Barr virus may cause it. It is rarely seen unless the CD4 cell count is low. It is much less common in people who are taking anti-HIV drugs.
• Herpes simplex 1 infection. This type of herpes affects the face, lips or mouth. (These are sometimes called cold sores or fever blisters.) Before a herpes outbreak, a person may feel unwell or have a fever. If someone is already ill, it may be hard to recognize. There may be itching or tingling where the blisters are going to appear. The blisters usually burst and form a scab. People with HIV may get larger, more painful herpes outbreaks more often than those without HIV.
• Human papillomavirus infection (HPV). This virus causes genital and other warts. People with HIV can get warts on the mouth, lips and sides of the tongue. These are white, fleshy bumps and can be smooth or rough. Sometimes they look like tiny cauliflower. These warts are harder to treat in people with HIV and people with HIV are more likely to get them. There may be more types amongst people with HIV. One type, HPV-16, has been linked to cancers of the mouth and throat,
particularly if a person also smokes or drinks alcohol.

- **Kaposi’s sarcoma.** This happens when blood vessels get tangled into a ball and causes a tumor. This also causes red, purple spots that are often seen first in the roof of the mouth.

- **Non-Hodgkin’s lymphoma.** This condition can lead to a soft, tumor-like object in the mouth.

- **Thrush (oral candidiasis).** This causes white patches on the mouth and throat that leave a raw, red patch when wiped.

### Causes of Mouth, Teeth and Gum Problems
There are different causes depending on the oral health problem. Common problems and their causes include:

- **Canker sores:** the cause is unknown.
- **Dry mouth:** caused by HIV itself or anti-HIV drugs. For example, Crixivan® (indinavir) or Videx® (didanosine or ddI) may cause dry mouth. Other drugs that may cause dry mouth are Interferon Alpha, used to treat chronic hepatitis B and C; some antidepressants; drugs used to lower blood pressure; antihistamines to fight allergies; drugs to prevent mental disturbances such as hallucinations; and drugs to make the body let go of water.
- **Not brushing and flossing the teeth often**
- **Not seeing a dentist regularly.** A dentist cleans the teeth and gums more deeply than you can at home. A dentist also checks for infections and treats cavities.
- **Thrush:** caused by a yeast infection

### Risk Factors for Mouth, Teeth and Gum Problems
HIV makes it difficult for the body to fight infections. Viruses and bacteria that are not a big deal for others can be serious for people with HIV. Major risk factors for oral health problems include:

- **Failing to brush and floss regularly or failing to see a dentist every six months.**

### Preventing Oral Health Problems
Teeth, the mouth and gums can be kept healthy by:

- **Brushing the teeth often with a soft bristled brush and fluoride toothpaste.** Brush in tiny circles from one side of the mouth to the other. The back of the teeth and the tongue need special attention. Tooth brushing should take at least two minutes.
- **Flossing the teeth at least daily.** This should be done after meals and before brushing. The floss should be pushed gently between the teeth and gums to loosen food and decaying matter. At first, the gums may bleed but this goes away the more often you floss.
- **Using a fluoride mouthwash twice a day.** This helps kill bacteria that cause cavities and gum disease.
- **Visiting the dentist at least every six months.** This identifies possible problems before they become serious.
- **Not smoking or using any forms of chewing tobacco.** Both are linked to cancers of the mouth and throat. These are less treatable than other types of cancers.
- **Limiting alcoholic drinks.** Alcohol is also linked to cancers of the mouth and throat. They are common and also less treatable than other types of cancer.
- **Practicing safe oral sex.** This helps avoid human papillomavirus infection (HPV).

### Diagnosing Mouth, Teeth and Gum Problems
A doctor or dentist can see most mouth, teeth or gum problems. No blood tests or diagnostic scans are needed.
Treating Mouth, Teeth and Gum Problems

A person with HIV should have mouth, gum or teeth problems treated, no matter what his or her CD4 cell count is. Most treatments can be done safely regardless of your CD4 cell count.

Some conditions linked to HIV are mistaken for less serious conditions. Also, some common conditions need special treatment in a person who has HIV. So it is helpful if a person with HIV sees a dentist with experience treating people with HIV.

Treatments for specific mouth, gum and teeth problems include:

• Dry mouth. Sugar-free citrus candies like lemon drops may help. Artificial saliva products can help in people with active tooth decay due to drug-related dry mouth.

• Canker sores. These can be treated by rubbing an ointment on the sore. Examples include Kenalog® (triamcinolone) or Lidex® (fluocinonide) mixed with Orabase® ointment. A dexamethasone liquid rinse may also be used. Sometimes a steroid that works on the whole body is needed. This includes Prednisone, although it has some risks. Thalidomide has recently been approved in the U.S. for treating canker sores but it can make a person sleepy.

• Linear gingival erythema gum disease. An antimicrobial mouth rinse should be used until a gum disease specialist (a periodontist) can be seen. Sometimes an antibiotic will be given.

• Necrotizing ulcerative periodontitis gum disease. This may be treated with pain medication, antimicrobial mouth rinse, and antibiotics.

• Gum disease. To treat dead tissue around a tooth, surgery or antibiotics usually work. The earlier it is treated the better. This helps prevent tooth loss. A person who smokes should quit to keep gum disease from getting worse.

• Hairy leukoplakia. This usually goes away by itself. Good oral health (brushing and flossing) helps prevent it.

• Herpes simplex. Antiviral drugs may be given to prevent herpes outbreaks.

• Human papilloma virus. A doctor can remove the warts by burning them or performing surgery. However, they often come back. So, usually only the largest warts that get in the way of eating, talking or breathing are removed.

• Kaposi’s sarcoma. These spots may go away once anti-HIV drugs are started. Sometimes no treatment is given for oral Kaposi’s sarcoma unless it gets in the way of chewing or talking. Then, drugs such as Doxil® (doxorubicin) or Taxol® (paclitaxel) may be given. Surgery and chemotherapy aimed at the spot itself are also used. If there are many, radiation may be used.

• Thrush. All forms of thrush should be treated quickly. Sometimes antifungal creams or pills are used. These include the cream Lotrimin® (clotrimazole) or Diflucan® (fluconazole). If thrush keeps coming back after treatment, it may be a sign that the cavities (sinuses) beside and above the nose are infected. This may need treatment as well.

For more information:
Contact your Registered Nurse Care Manager, or call Positive Healthcare’s nurse advice line at: (800) 832-0778.