



Dental management of HIV positive patients

Introduction

The medications used by these patients can cause side effects, manifestations in the oral cavity and interact with drugs used by the dentist, interfering with the dental treatment plan [1].

Antiretrovirals (ARVs) are used not only to treat the infection but also as a strategy to prevent it in various situations in which exposure and the risk of acquiring HIV are accentuated, such as in cases of accidents with biological materials, prophylaxis of mother-to-child transmission, Pre-Exposure Prophylaxis (PREP), Post-Exposure Prophylaxis (PEP) [1]. They are used in combination with at least three drugs belonging to at least two different classes (“cocktail”) and act in different cycles of the virus’s life. Side effects related to the oral cavity: erythema multiforme, ulcers, xerostomia, parotid lipomatosis, taste alterations, and perioral paresthesia [2].

Change indirectly related to the use of ARVs, since it is not specifically an adverse effect, is the Immune Reconstitution Inflammatory Syndrome (IRIS) [1,2]. Due to the increase in CD4+ T cells associated or not with the reduction in the HIV plasma viral load, the oral lesions found are most associated with the following conditions: Kaposi’s sarcoma, oral candidiasis, herpes simplex, hairy leukoplakia, nonspecific ulcers, non-hodgkin’s lymphoma and parotid enlargement [1,2].

Another warning to dentists is the fact that many undesirable clinical and laboratory manifestations, such as changes in renal, cardiovascular, and skin function, among others, are due to the absence rather than the presence of ARVs, which may indicate the progression of AIDS, which is very common in individuals who, even with prescriptions, do not use their medication properly [3]. Also, people with HIV/AIDS can use various medications to prevent or treat associated comorbidities, such as opportunistic infections and neoplasia [1-3]. Just like the adverse events generated, the chance of interaction between drugs used by people living with HIV/AIDS is of great magnitude (such as antibiotics, antiseptics, anti-inflammatories, and

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local anesthetics) [1-3]. In addition, the prevalence of the use of legal and/or illegal psychoactive substances by these individuals is higher than in the general population, so there may be interference of these substances and drugs in the action of the medications used [2].

Dental treatment procedures

Dentists play a relevant role in this epidemic, since 90% of patients infected with HIV present oral manifestations at some point during the course of the infection, and they may also be the first to detect and diagnose lesions that indicate AIDS [1,2]. To this end, dentists must be trained and qualified in the complications of these pathologies, knowing how to diagnose and treat them appropriately [1,2].

As interactions vary, in case of doubt, it is recommended to consult research tools available on the internet, such as applications or the European AIDS Clinical Society guidelines 2023 [2,3].

The diagnosis of opportunistic manifestations, clinical staging and diagnosis of HIV infection are also within their competence. However, many patients are still unaware of this importance, as well as the urgent need for care and basic notions of their oral health, such as returning to the dentist's office periodically for monitoring and preservation [1-3].

References

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