

ORAL MEDICINE

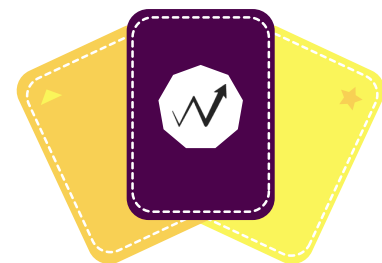
HIV ORAL MANIFESTATIONS



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA



**WINSPERT
CUE CARDS**

**HIV ORAL
MANIFESTATIONS**

Question 1

What should be done before prescribing any drug to a patient taking antiretroviral therapy (ART)?



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**HIV ORAL
MANIFESTATIONS**

Answer 1

Consult an HIV expert before prescribing any drug to a patient taking antiretroviral therapy due to potential interactions with many commonly prescribed drugs.



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**HIV ORAL
MANIFESTATIONS**

Question 2

Which oral diseases are patients with HIV, particularly smokers, at increased risk for?

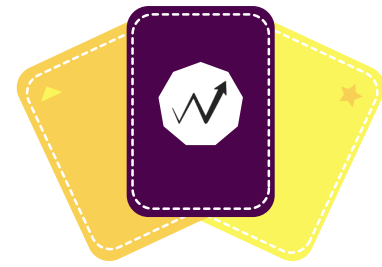


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**HIV ORAL
MANIFESTATIONS**

Answer 2

They are at increased risk of opportunistic infections, periodontal disease, necrotising periodontitis, oral hairy leukoplakia, and oral squamous cell carcinoma.

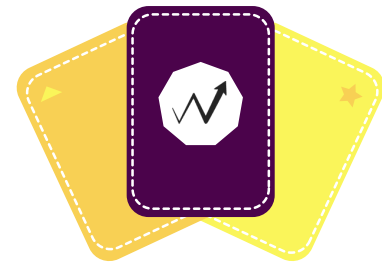


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**HIV ORAL
MANIFESTATIONS**

Question 3

**What is the significance of
salivary gland hypofunction in
HIV patients?**

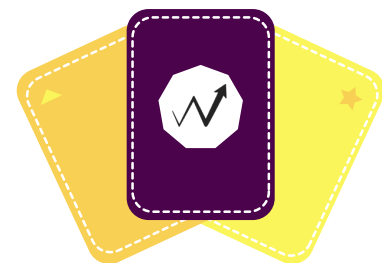


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**HIV ORAL
MANIFESTATIONS**

Answer 3

HIV-related salivary gland hypofunction increases the risk of oral candidiasis.

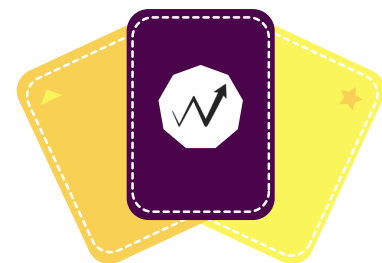


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**HIV ORAL
MANIFESTATIONS**

Question 4

How is HIV transmitted, and what is the dominant mode of transmission in Australia?



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**HIV ORAL
MANIFESTATIONS**

Answer 4

HIV is transmitted by exposure to infected bodily fluids or tissues via unprotected sex, re-use of drug-injecting equipment, and vertical transmission from mother to child. In Australia, male-to-male sex remains the dominant mode of transmission.

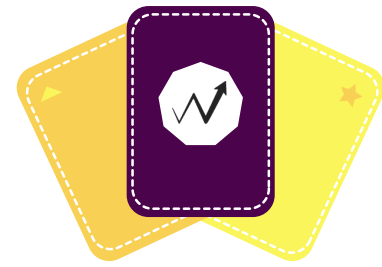


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**HIV ORAL
MANIFESTATIONS**

Question 5

Is HIV transmission considered a risk through saliva, tears, sweat, urine, or feces?



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**HIV ORAL
MANIFESTATIONS**

Answer 5

No, HIV is present in saliva but is not a risk factor for transmission due to low virus levels and antiviral factors. There is no evidence that HIV can be transmitted by contact with tears, sweat, urine, or feces.



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**HIV ORAL
MANIFESTATIONS**

Question 6

What are the five categories of oral manifestations of HIV infection?



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**HIV ORAL
MANIFESTATIONS**

Answer 6

The five categories are: microbiological infections (fungal, bacterial, viral), oral neoplasms, neurological conditions, other oral conditions associated with HIV infection, and oral conditions associated with HIV treatment.

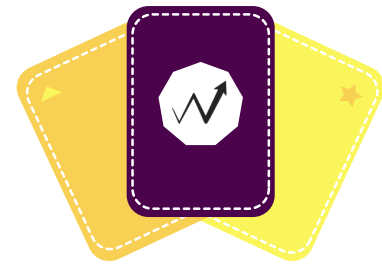


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**HIV ORAL
MANIFESTATIONS**

Question 7

What are the classic forms of oral candidiasis seen in HIV patients?



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**HIV ORAL
MANIFESTATIONS**

Answer 7

The classic forms include pseudomembranous candidiasis, erythematous candidiasis, angular cheilitis, and chronic hyperplastic candidiasis.



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**HIV ORAL
MANIFESTATIONS**

Question 8

What are the main bacterial periodontal manifestations associated with HIV infection?

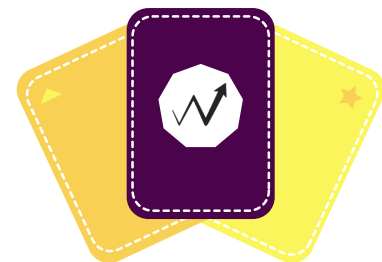


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**HIV ORAL
MANIFESTATIONS**

Answer 8

They include linear gingival erythema, necrotizing periodontal diseases (necrotizing ulcerative gingivitis, periodontitis, stomatitis), and accelerated progression of chronic periodontitis.



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**HIV ORAL
MANIFESTATIONS**

Question 9

**Which viruses commonly
cause oral lesions in patients
co-infected with HIV?**

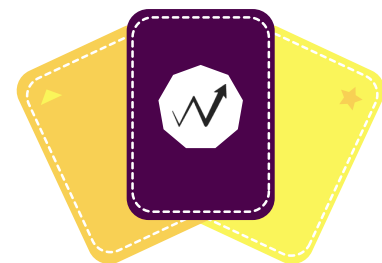


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**HIV ORAL
MANIFESTATIONS**

Answer 9

Herpes simplex virus (HSV 1 and 2), varicella zoster virus (VZV), cytomegalovirus (CMV), human papilloma virus (HPV), Epstein-Barr virus (EBV), molluscum contagiosum virus 2 (MCV2), and human herpesvirus 8 (HHV8).



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**HIV ORAL
MANIFESTATIONS**

Question 10

What are the two common oral malignancies associated with HIV infection?

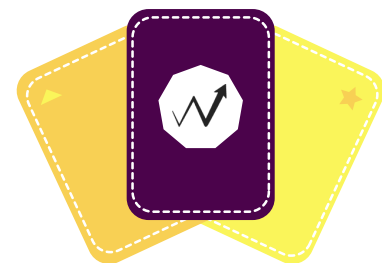


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**HIV ORAL
MANIFESTATIONS**

Answer 10

Kaposi's sarcoma (KS) and non-Hodgkin's lymphoma (NHL) are the two common malignancies with oral involvement in HIV infection.

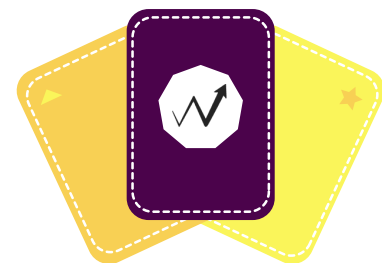


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 1

**What causes tuberculosis and
how is the infection
transmitted?**



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TUBERCULOSIS- ACTIVE /LATENT/ DENTAL MANAGEMENT

Answer 1

Tuberculosis is caused by infection with Mycobacterium tuberculosis (M. tuberculosis). The infection is transmitted through inhalation of airborne droplets called “droplet nuclei” containing viable M. tuberculosis, which are generated when a person with active pulmonary or laryngeal tuberculosis sneezes, coughs, speaks, or sings.



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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 2

Can people with latent tuberculosis infection spread the disease to others?



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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Answer 2

No, people with latent tuberculosis infection are generally asymptomatic and not infectious to others. Only individuals with active tuberculosis disease can transmit the infection.



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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 3

**What are common symptoms
of active tuberculosis?**



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TUBERCULOSIS- ACTIVE /LATENT/ DENTAL MANAGEMENT

Answer 3

Common symptoms of active tuberculosis include a persistent productive cough, night sweats, fever, weakness or fatigue, weight loss, chest pain, bloody sputum, hoarseness, and persistent oral mucosa lesions that do not respond to therapy.

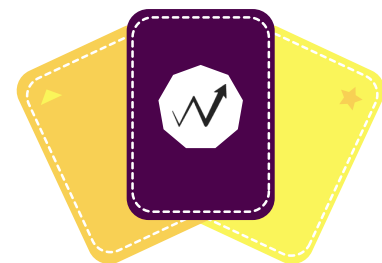


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 4

**What tests are used to
diagnose tuberculosis?**

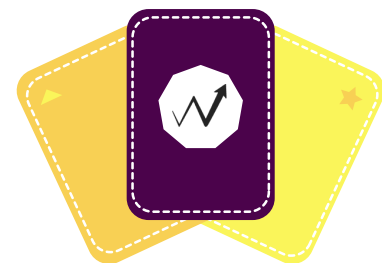


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Answer 4

Tests for tuberculosis include the TB blood test (Interferon Gamma Release Assay), TB skin test (Mantoux), chest x-rays, sputum smear and culture, drug resistance tests, acid-fast microscopy, molecular assays, ultrasound or CT scans, and biopsy.



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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 5

What precautions should dental health care personnel take for patients with active tuberculosis?

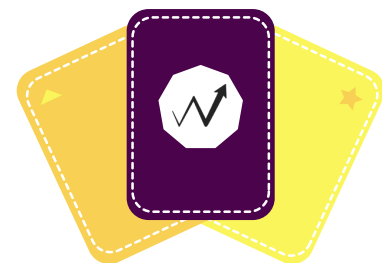


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TUBERCULOSIS- ACTIVE /LATENT/ DENTAL MANAGEMENT

Answer 5

Dental health care personnel should defer dental treatment for patients with active tuberculosis until they are no longer infectious. If urgent treatment is necessary, transmission-based precautions should be used, including scheduling the patient last, using antimicrobial mouth rinses, wearing fitted high-filtration masks or respirators (N95/N99), using dental dams and high-velocity evacuation, and performing double surface cleaning.



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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 6

Are standard surgical masks effective in preventing tuberculosis transmission in dental settings?



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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Answer 6

No, standard surgical masks are not adequate to protect against tuberculosis transmission. Proper respiratory protection such as fitted, disposable N95 respirators is necessary when treating patients with active tuberculosis.



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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 7

How should patients with latent tuberculosis be managed in dental offices?

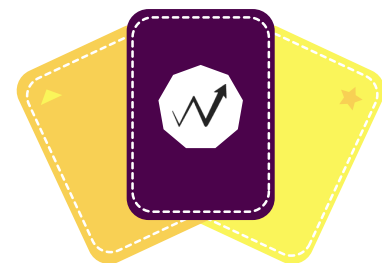


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Answer 7

Patients with latent tuberculosis may be treated in the dental office using standard infection control precautions since they are not infectious.

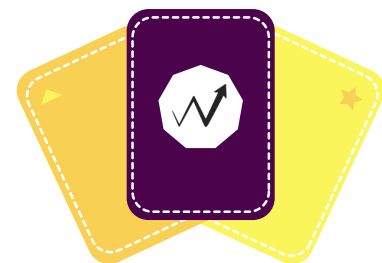


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 8

What environmental controls are recommended when providing dental care for patients with suspected or confirmed active tuberculosis?

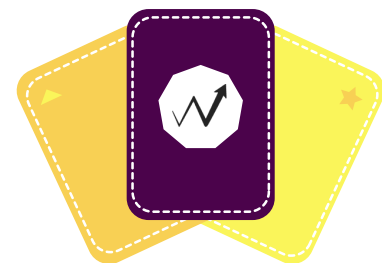


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Answer 8

Use of airborne infection isolation rooms is recommended for urgent dental treatment of patients with suspected or confirmed active tuberculosis. In high-volume settings, high-efficiency particulate air (HEPA) filters or ultraviolet germicidal irradiation should be used.

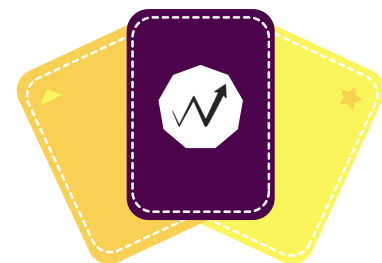


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 9

**How is tuberculosis managed
in patients with HIV infection?**



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TUBERCULOSIS- ACTIVE /LATENT/ DENTAL MANAGEMENT

Answer 9

People with HIV infection can develop tuberculosis through primary infection, reactivation of latent infection, or reinfection. TB may present atypically and is more severe with lower CD4 cell counts. Dental treatment should be postponed if the disease is active, with referral for medical management and appropriate infection control precautions.

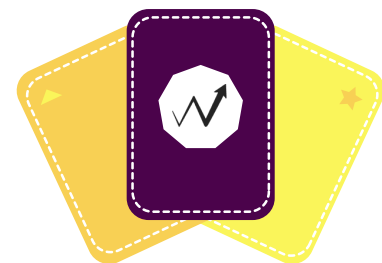


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Question 10

What is the purpose of the TB skin test (Mantoux test), and how is it performed?

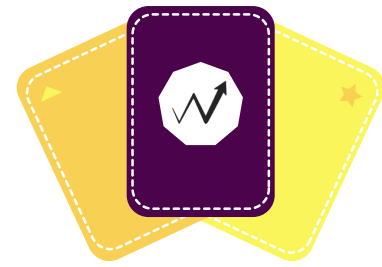


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**TUBERCULOSIS- ACTIVE
/LATENT/ DENTAL
MANAGEMENT**

Answer 10

The TB skin test is used to detect latent TB infection. A small amount of tuberculin fluid is injected under the skin of the forearm. After 2 to 3 days, the injection site is checked for a raised bump, which indicates a positive reaction and possible TB infection.

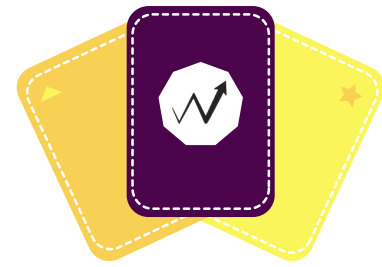


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**BURNING MOUTH
SYNDROME**

Question 1

What is Burning Mouth Syndrome (BMS) and how is it characterized?



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**BURNING MOUTH
SYNDROME**

Question 3

**What is the difference
between xerostomia and
hyposalivation in the context
of BMS?**

