

SOUTH FLORIDA
SE AIDS EDUCATION & TRAINING CENTER

HIV and Oral Health
Case Presentations



Southeast AIDS
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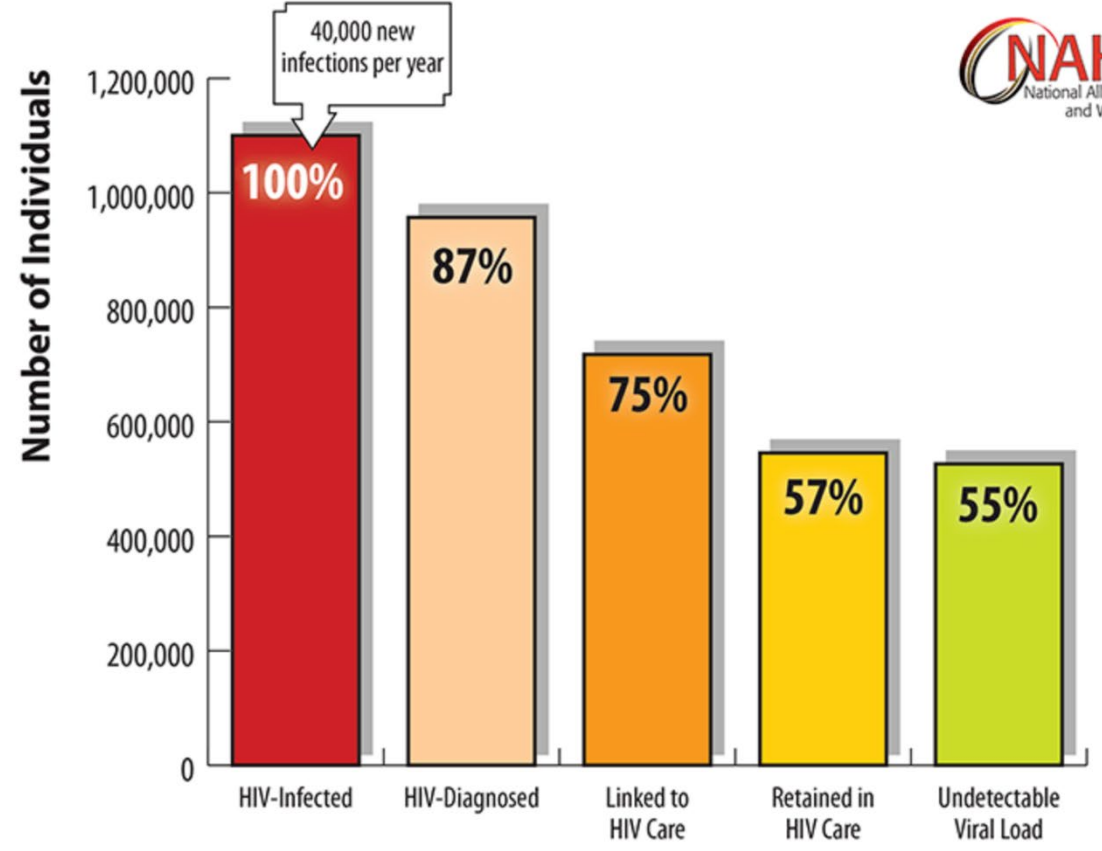
This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation



Objectives

- Review dental cases and understand the medical, dental, social issues that arise along the HIV Care Continuum

The U.S. HIV Care Continuum¹



CASE 1.

Mr. Johnson is a 27 yo gentleman who presents for an urgent visit for severe tooth pain and swelling. He reports that the pain started about a week ago in his left lower jaw. This area then started to swell and he also got a fever. He does not have a thermometer at home so he does not know how high his fever was, but he “felt hot.” After about three days, he decided to go to a local Urgent Care because the pain was so bad he couldn’t sleep. He was told that he had a tooth abscess and was given a prescription for penicillin VK and Percocet. He does not have medical or dental insurance. However, he was able to get the penicillin filled at the local WalMart pharmacy for about \$10 and also was able to afford a few of the Percocet. The pain and swelling has improved a little, but he is now presenting for tooth extraction.

Mr. Johnson has not had routine dental care since he turned 18. He works at a wireless store during the day, and does some DJ-ing at night. He lives in Sarasota with his mom. He denies tobacco and alcohol use. He does smoke marijuana daily.

CASE 1.

Past Medical History:

Childhood Asthma

Allergies: No known drug allergies

Medications: Penicillin VK 500 mg po q 6 hrs, Percocet

Physical Exam:

T: 98 BP: 120/76 HR: 86

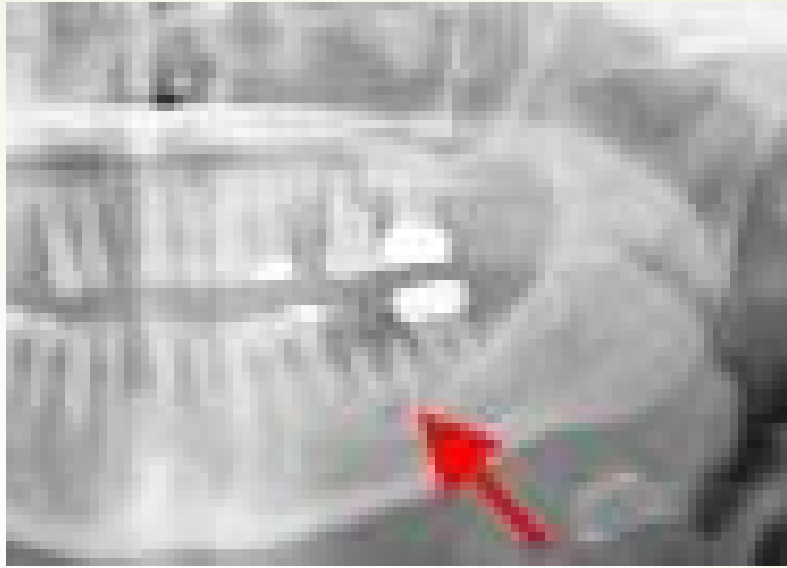
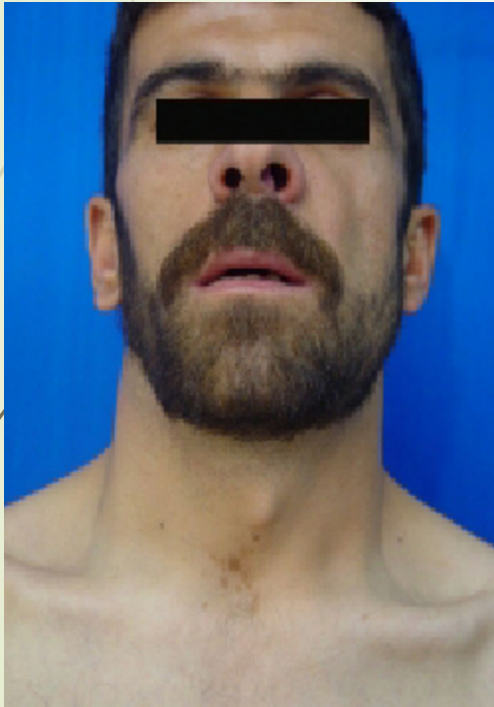
Tall and very thin appearing. Seborrheic dermatitis on eyebrows, nasolabial folds bilaterally

Oral exam:

Multiple carious and missing teeth, moderate periodontal disease, fractured tooth lower left with purulent exudate

Purplish lesion on lateral aspect of hard palate

CASE 1.





CASE 1.



Where does this patient fall in the Care Continuum

What other social history might we want to be asked patient?

What other dental questions might we be asking?

What diagnostic tests should be ordered?


What is the differential diagnosis?

How would we sequence the dental treatment?

Where do we refer the patient?



CASE 1.



**CD4 25
VL 100000**

What does this tell us about medical and dental considerations and what would be our next step?



CASE 2.

Mrs. Martin is a 56 yo lady who is referred for a painful chipped tooth. She states that she moved permanently to the Sarasota area from Atlanta about four months ago. Her daughter, who lives locally, has a 3 year-old son and a 3-month old daughter and Mrs. Martin moved in with her to help with her grandchildren. She was helping pick up around the house when she tripped over her grandson's truck and fell and chipped her tooth. Because she moved to the area a few months ago and she has been so busy helping to care for her grandchildren, she has not established care with a primary care physician (PCP) or dentist but reports that she saw her PCP regularly before she moved. She has diabetes and her sugars have been "a little higher than usual." She has been eating her grandson's snack food when she is taking care of him and this is what she attributes her elevated sugars to. She also states that she has not yet re-established care with an HIV provider. She has been living with HIV since 2005 and says she takes her medications regularly and her numbers are "good."

Mrs. Martin does not smoke tobacco, use illicit substances or drink alcohol.

CASE 2.

Past Medical History:

Hypertension

Obesity

HIV

Diabetes mellitus

Allergies: Sulfa → rash

Medications:

HCTZ 25 mg daily

Amlodipine 10 mg daily

Metformin 1000 mg bid

Lantus 30 units daily

Descovy one daily

Norvir 100 mg daily

Prezista 800 mg daily

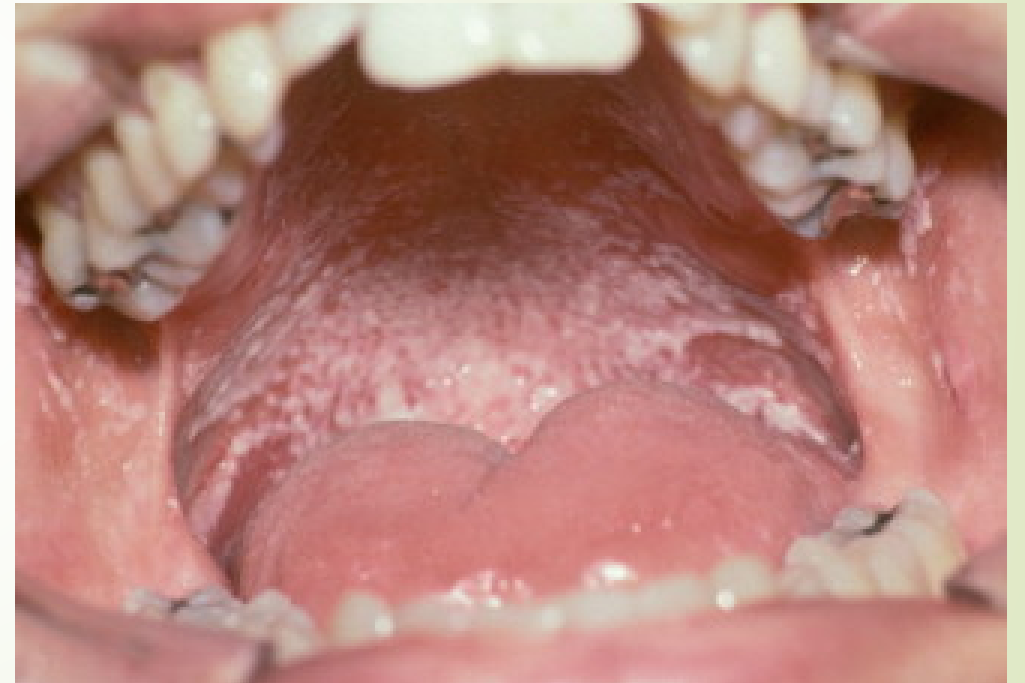
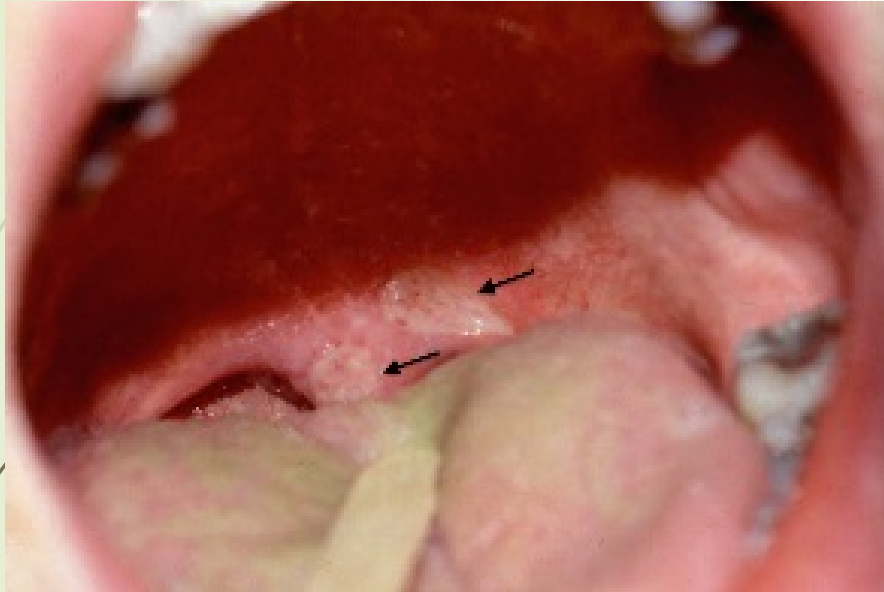
Physical Exam:

T: 98.6 HR: 86 BP 145/87

Generally well-appearing, of stated age, overweight

HEENT: oropharynx with white plaques on the posterior oropharynx

CASE 2.





CASE 2.



Where does this patient fall in the care continuum?

What other social history might we want to be asked patient?

What other dental questions might we be asking?

What diagnostic tests should be ordered?

What is the differential diagnosis?

How would we sequence the dental treatment?

Where do we refer the patient?



CASE 2.



CD4 112
Viral Load 22,500

What does this tell us about medical and dental considerations and what would be our next step?

CASE 3.

Mr. Howard is a 43 yo gentleman who presents for a routine dental cleaning. He was seen previously for dental care at this practice approximately 5 years ago. He has not been able to follow-up since then as he did not have dental insurance. He recently started a new job in Sales and now has medical/dental insurance. Since he was last seen 5 years ago, he has been doing fairly well. In the past month or so, he has noticed that his mouth seems drier and he has some white patches on his tongue that won't come off when he scrapes them with his toothbrush. He went on a cruise to the Caribbean about two months ago, tried some new foods there and was worried that maybe something he had eaten has caused these mouth lesions.

Mr. Howard does not smoke or use illicit substances. He drinks alcohol socially. In addition to his day job, he teaches spinning and kick-boxing classes at a local gym. He also lifts weights regularly and uses creatine to help build muscle. He is not on any medications but takes a number of other supplements and vitamins that he buys online or at his local GNC.

CASE 3.

Past Medical History:

None

ALL: Penicillin → Rash

Medications/Vitamins/Supplements:

Multivitamin

DHEA

Creatine

Ashwaganda

Tumeric

Physical Exam:

T: 98 HR: 60 BP: 105/65

Well-appearing

Oral exam: xerostomia and oral hairy leukoplakia on tongue

CASE 3.





CASE 3.



Where does this patient fall in the care continuum?

What other social history might we want to be asked patient?

What other dental questions might we be asking?

What diagnostic tests should be ordered?

What is the differential diagnosis?

How would we sequence the dental treatment?

Where do we refer the patient?



CASE 3.



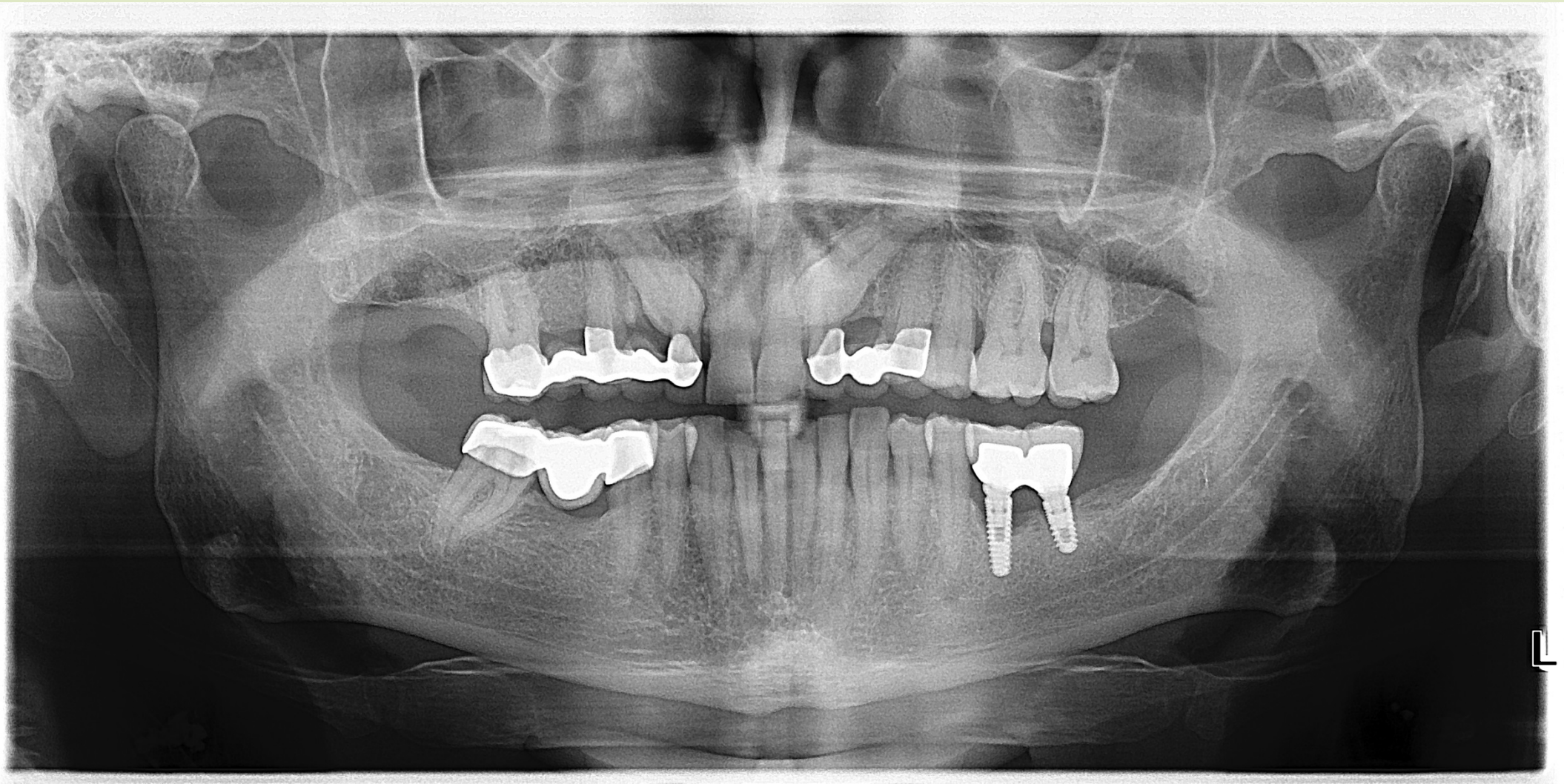
CD4 290
Viral Load 700,000

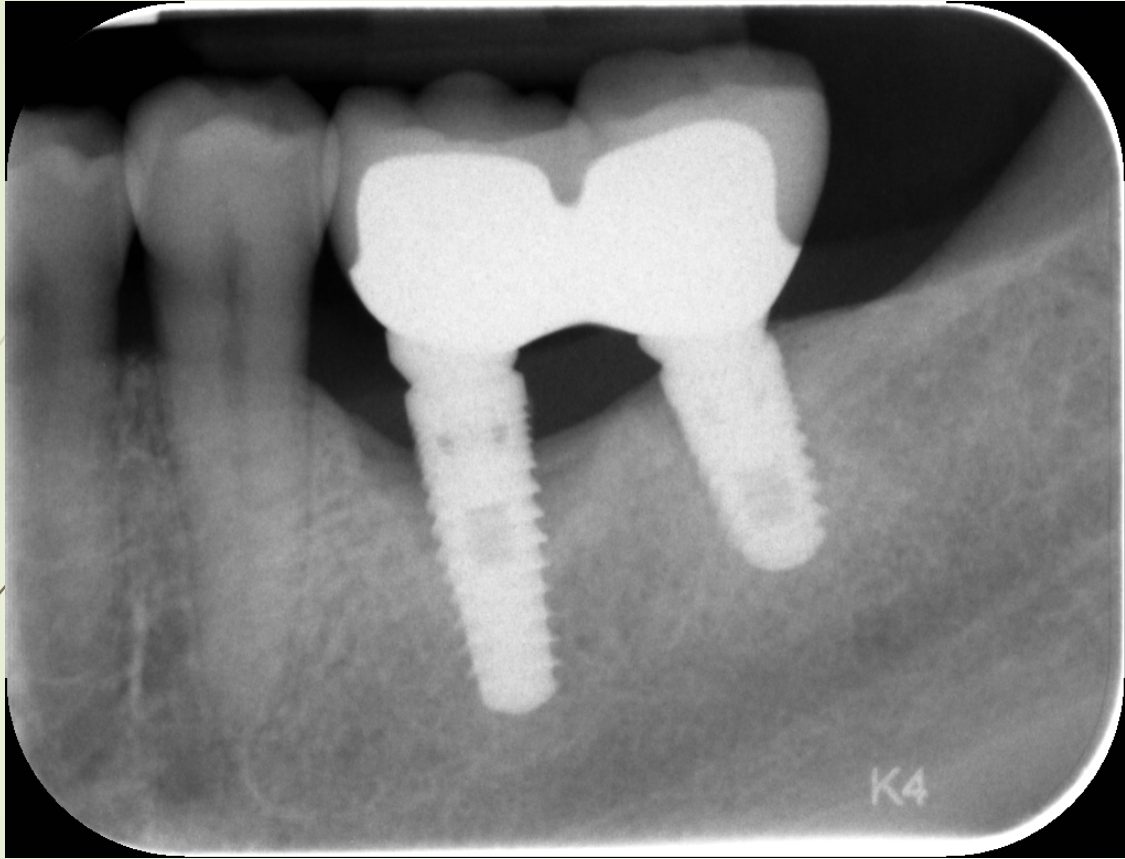
What does this tell us about medical and dental considerations and what would be our next step?



CASE 4.









We are available for clinical consultations and trainings

