Common Oral Lesions

Gwen Cohen Brown DDS, FAAOMP
Professor
New York City College of Technology
Oral Health

- As Dentists we want other health care providers, Physicians, nurses, PAs, to know when and how to treat common oral lesions associated with HIV/AIDS and when to refer to specific oral care providers.
Oral Health

- We want you to look in the mouth.
- Recognize and observe normal v. abnormal findings.
  - Periodontal disease (Gum disease)
  - Visible decay (Caries)
- Consider the oral cavity as part of the whole body
Oral Health

- There are known links between oral health and systemic health.
  - Diabetes
  - Pulmonary

- Other links are suggestive, not as clean a correlation.
  - Cardiovascular
  - Pregnancy
Oral Health

- We want the primary care provider to feel comfortable with the basics of oral disease and to know when they can treat and when they need to refer.
- Work with the dental clinics on site and learn which facility has the specialists you may need.
Oral Health

- Although many diseases have been associated with HIV/AIDS in the past including Kaposi’s Sarcoma, NHL and Hairy Leukoplakia, the diseases which are currently the cause of major concern include:
  - Oral Candidiasis
  - HPV
  - Xerostomia
Candidiasis

- Acute
  - Acute Atrophic Candidiasis
  - Pseudomembranous Candidiasis
- Chronic
  - Median Rhomboid Glossitis
  - Denture Stomatitis
  - Angular Cheilitis
  - Chronic Hyperplastic Candidiasis
Acute Atrophic Candidiasis

- Clinical: Erythematous mucosal macules and/or patchy-depapillation of the dorsal tongue.
- Definitive diagnosis:
  - Identifying fungal hyphae within the lesion by cytology or biopsy.
  - Response to antifungal treatment.
Acute Atrophic Candidiasis
Acute Atrophic Candidiasis
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Acute Atrophic Candidiasis
Acute Atrophic Candidiasis
Acute Atrophic Candidiasis
Acute Pseudomembranous Candidiasis

- **Appearance:** White “curd-like” material that wipes off revealing an underlying erythematous mucosa.
- **Clinical Diagnosis:** Generally made on the basis of appearance.
Acute Pseudomembranous Candidiasis
Acute Pseudomembranous Candidiasis
Acute Pseudomembranous Candidiasis
Acute Pseudomembranous Candidiasis
Acute Pseudomembranous Candidiasis
Chronic Angular Cheilitis

- Clinical: Angular Cheilitis appears as cracked, eroded and encrusted surfaces at the corner of the mouth.
- Frequently accompanies intraoral candidiasis and/or a reduction in vertical dimension
- Etiology: Saliva accumulating at the commisures of the mouth.
Loss of Vertical Dimension
Chronic Angular Cheilitis
Angular Cheilitis
Angular Cheilitis
Chronic Erythematous Candidiasis

- Clinical: “Denture stomatitis” and/or patchy-depapillation of the dorsal tongue “Median Rhomboid Glossitis”.

- Definitive diagnosis:
  - Identifying fungal hyphae within the lesion by cytology or biopsy.
  - Response to antifungal treatment.
Chronic Erythematous Candidiasis
Median Rhomboid Glossitis
Median Rhomboid Glossitis
Median Rhomboid Glossitis
Chronic Erythematous Candidiasis
Denture Stomatitis
Chronic Erythematous Candidiasis
Denture Stomatitis
Chronic Erythematous Candidiasis
Denture Stomatitis
Chronic Erythematous Candidiasis
Denture Stomatitis
Chronic Erythematous Candidiasis
Papillary Hyperplasia of the Palate
Chronic Erythematous Candidiasis
Papillary Hyperplasia of the Palate
Chronic Hyperplastic Candidiasis

- Clinical: Leukoplakia (a white lesion that does not rub off) with intraoral candidiasis.
- Definitive diagnosis requires:
  - Identification of fungal hyphae in the lesion.
  - Response of the lesion to antifungal therapy
  - If unresponsive to antifungal therapy, biopsy must be considered
Chronic Hyperplastic Candidiasis
Chronic Hyperplastic Candidiasis
Human Papilloma Virus
Condyloma Acuminatum

- **Etiology:** Several strains of HPV have been reported to cause oral lesions.
- **Clinical:** may appear cauliflower-like, spiked or raised with a flat surface anywhere within the oral cavity and lips.
- Often present with multiple warts, difficult to treat due to a high risk of recurrence.
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Human Papilloma Virus
Xerostomia

- Inadequate saliva production.
- Objective vs. Subjective findings.
- Dental visits are necessary to prevent and treat root/coronal caries.
- Frequent recalls help avoid tooth loss.
Xerostomia

- Alcohol free fluoride rinses.
- Use salivary substitutes containing methylcellulose or a mucin base, to provide lubrication.
- Sugarless chewing gum/lozenges help to stimulate salivary flow.
Xerostomia
Xerostomia
Xerostomia
Xerostomia
Xerostomia
Bald Red Tongue/Xerostomia
Head & Neck Exams for Healthcare Providers

AETC National Coordinating Resource Center

9,645
Identification of Oral Anatomical Structures Often Misdiagnosed As Pathology

Resource ID: CM289

Gwen Cohen-Brown, DDS
Associate Professor
New York City College of Technology
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This video presents the variation of normal anatomy that is often misdiagnosed as pathological and emphasizes the importance of intraoral examination that should be done in a consistent and uniform manner every time.

Gwen Cohen Brown DDS is an Associate Professor in the department of Dental Hygiene at the New York City College of Technology. Dr. Brown graduated with a Doctor in Dental Surgery (D.D.S.) degree from The New York University College of Dentistry (NYUCD) followed by an Advanced Education Program in General Practice Dentistry also at NYUCD. She completed a three-year residency program in Oral and Maxillo-Facial Pathology at the New York Hospital Medical Center of Queens and a two-year sub-specialty fellowship in Oral and Maxillo-Facial Pathology at the Health Science Center S.U.N.Y. Brooklyn Downstate Medical College/Kings County Hospital Medical Facility.

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