## CLINICAL MANIFESTATION OF AIDS IN THE ORAL CAVITY

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Annotation: The specificity of the clinical picture of HIV-associated lesions of the oral mucosa at each stage of HIV infection has been studied. Lesions of the oral mucosa at different stages of HIV infection have been studied. The study included more than 700 HIV-infected people aged 18-60 years. It has been shown that these lesions largely depend on the degree of immunosuppression. These lesions largely depend on the degree of immunosuppression, and their severity increases as the stage of the disease progresses.

Key words: HIV, AIDS, HAAT, the mucous membrane of the oral cavity

**Abstract**: Since the early 1980s, various lesions of the oral mucosa (COPD) have been reported in patients with HIV/AIDS. Some of these lesions were the first manifestations of AIDS in homosexual men, which were reported by the US Centers for Disease Control in 1986 and 1993 [1]. Currently, the World Health Organization (WHO) considers to be an important diagnostic criterion for HIV infection. When the HIV status of the patient is unknown and laboratory diagnosis of HIV infection is difficult, lesions of the can serve as an indicator of the presence of HIV infection in the patient. These lesions are directly correlated with the number of CD4 cells and high levels of the virus in the blood [2]. Thus, the mucous membrane of the oral cavity lesions are clinical markers of HIV viremia and pressure on the immune system associated with the progression of HIV infection [3]. The study of therapeutic and diagnostic aspects of lesions of the oral mucosa in HIV infection is an urgent problem for dentists and infectious diseases specialists. This is due to the fact that AIDSassociated lesions of the oral mucosa occur at almost all stages of the disease, have important diagnostic and prognostic significance, are included in disease classification schemes, change the overall clinical picture of the disease, affect the course of the disease and the quality of life of infected patients. [4, 5, 6]. The expansion of research in this area is due to the fact that the traditional symptom complex of HIV-associated COPD has changed significantly in the context of highly active antiretroviral therapy (HAAT). Although various studies have shown a decrease in AIDS-associated lesions of the oral cavity against the background of HAART, the immunological effects of antiviral therapy do not provide reliable protection against lesions caused by human papillomavirus. Lesions of the organs and tissues of the oral cavity are often the first sign of the progression of HIV infection and the transition from an asymptomatic

course to AIDS. The aim of the study was to study the features of clinical manifestations of HIV-associated oral cavity lesions at different stages of immunosuppression. Materials and methods of the study Analyzed the data of a comprehensive dental examination of 759 HIV-infected patients (463 women, 296 men, age 18-60 years) - patients of the Sverdlovsk Regional Center for the Prevention and Treatment of HIV infection. The state of COPD in HIV-infected patients was assessed on the basis of dental, microbiological, bacteriological and histological examination data. The data of dental, microbiological, bacteriological and histological examinations were evaluated. Depending on the immune status, HIV-infected patients were divided into three groups: 1 I (206 WI) - the number of CD4 cells 500-300 kl/µl; 2 I (196 WI) - the number of cells 300-100 kl/ $\mu$ l; 3 I (54 WI) - <100 kl/ $\mu$ l. Results of the study, 36.5% of HIV-infected patients of group 1 were diagnosed with various forms of candidiasis of COPD: stomatitis - in 16.5%, acute pseudomembranous candidiasis - in 8.0%, erythematous candidiasis - in 12.0%. Microbiologically, HIVassociated candidiasis was caused by rare species of fungi of the genus Candida: C. sake, C. dubliniesis, C. glabrata and C. krusei; viral papillomas of COPD were detected in 11% of HIV-infected people, chronic nonspecific sialadenitis and adenoorchitis - in 52%. Group 2. Hairy leukoplakia of the tongue was detected in 13.0% of HIV-infected patients of group 2, chronic hyperplastic candidiasis in 9.0%, chronic herpetic stomatitis in 17.5%, recurrent aphthous stomatitis in 22.0%. Kaposi's sarcoma and non-Hodgkin's lymphoma were detected in 9.0% and 4.5%, respectively. 50.0% of HIVinfected patients in group 3 had severe periodontal diseases: moderate to severe periodontitis (72.0%) and ulcerative necrotizing stomatitis (14.0%). HIV-associated lesions of the periodontal complex were characterized by an invasive course, and in a bacteriological study by a high prevalence of pathogenic anaerobic microflora (Bacillus fusiformis, Clostridium multiforme, Borrelia Vincetti and Borrelia buccalis).

**Conclusion:** Thus, the clinical features of HIV-associated lesions of the oral mucosa are largely determined by the degree of immunosuppression, the severity of which increases with the progression of the disease.

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