Pseudomembraneous Candidiasis

- Most common oral lesion.
- Creamy white or yellow loosely adherent plaques located anywhere in mouth.
- Can be wiped off to reveal an erythematous surface with or without bleeding.

Erythematous Candidiasis

- Multiple flat red patches on mucosal surfaces.
- Usually on the palate or top of the tongue, occasionally on the buccal mucosa.
- A variant is median rhomboid glossitis – a red, smooth, depapilated area on the middle of tongue.

Angular Cheilitis

- Fissures or linear ulcers at corners of mouth.
- Varying degrees of inflammation.
- Hyperkeratosis may be present peripheral to the fissure.

Oral Ulcerations

- Ulcers on gums, hard palate and edges of the lips, but any mucosal surface may be involved.
- Presents as vesicles which rupture to become painful, irregular ulcers.
- Recurrent forms are more severe, extensive and persistent in HIV patients.

Parotid Enlargement

- Unilateral or bilateral diffuse, soft swelling of the parotid salivary glands.
- Often causes a dry mouth (xerostomia).
- May be accompanied by pain.

Molluscum Contagiosum

- Caused by a Pox virus.
- Benign skin condition presenting as small papules.
- Spread by close contact especially in institutionalised populations.
- Children with HIV may develop numerous and unusually large lesions.

Acknowledgements:
1. We are very grateful to Nazareth House & Cotlands Baby Care Sanctuary, the patients & staff of Chapel Street, Gugulethu and the HIV Family Practice Clinic, Tygerberg Hospital, Western Cape.

2. Professor Usuf Chikte and the Department of Community Dentistry, Faculty of Health Sciences, University of Stellenbosch.

3. Dr Ashraf Grimwood, Cape Town.

Designed by muhdni@worldonline.co.za