原文題目(出處)：	Changes in the Pattern of Oral Lesions Associated with HIV Infection :Implications for Dentists (JCDA ;2008, Vol. 73, No. 10)
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內文：

June 2006, 61,423people in Canada had been infected with HIV; 20,493 of them had been diagnosed with AIDS, and at least 13,326 people with AIDS had died.雖然目前我們對於 HIV 及其病程有相當程度的了解，但是對於其造成的相關疾病卻無法完全治癒。目前對於 HIV 感染的治療方式都是針對於控制 HIV 的複製增生，延緩其降低免疫系統的速度。

感染了 HIV 除了降低了免疫力，隨著病程進行，會造成多種伺機性感染及疾病。其中，發生在口腔的稱爲 oral manifestations of HIV (OMHs)，下表列出常見的 OMHs 及其建議的治療方式：

Oral manifestations of HIV	Treatment	Comments
Oropharyngeal candidiasis	Clotrimazole: 10-mg troches, orally, 5 times a day for 7–14 days Fluconazole: 100 mg, orally, once daily for 7–14 days Refer when refractory to fluconazole[a]	• CDC guidelines do not recommend prophylaxis except for exceptional cases of severe or frequent recurrences. • Consider drug–drug interactions and liver status when choosing a systemic or topical treatment.
Oral hairy leukoplakia	In-office application of podophyllum resin (25%)	• There are insufficient data to support evidence-based treatment recommendations. Considering the inconsequential nature of the lesion, systemic antiviral medication may not be warranted.
Oral warts	Surgical excision and biopsy; refer for extensive/recurrent lesions[a]	• There are insufficient data to support evidence-based treatment recommendations other than surgical excision. • Consideration should be given to the possibility of spreading HPV to other surfaces during surgery, and potential cancer risk.
Oral herpes simplex	Acyclovir: 800 mg, 4 times a day for 7 days Valacyclovir: 500 mg twice daily for 7 days Refer those with severe, persisting or recurrent lesions[a]	• Topical antiviral medication should be considered for patients with CD4+ counts above 0.2×10^9/L and herpes labialis.

Recurrent aphthous-like ulcerations	High-potency topical steroids, such as fluocinonide and clobetasol Refer severe cases; systemic steroids, thalidomide or immunosuppresives may be considered	• The use of topical steroids may result in increased incidence of oral pharyngeal candidiasis. • Systemic therapy should be limited to those experienced in the use of these medications.
Gingival and periodontal disease	Oral hygiene, prophylaxis, scaling/curettage, chlorhexidine rinse; may be combined with systemic antibiotics.	• Some studies report linear gingival erythema with a band-like pattern of erythema and increased intensity of bone and soft tissue loss
Malignant lesions: oral Kaposi's sarcoma, squamous cell carcinoma, lymphoma	Intralesional injection of vinblastine or sodium tetradecyl sulfate 3% and/or low-dose radiation therapy	• Patient with biopsy-confirmed disease should be referred to physician for evaluation of the involvement of other organs. • Intralesional treatment should be limited to those experienced in the use of these medications.
Hyposalivation	Stimulation of gland function: taste, chewing and sialogogues Prevention of oral complications (caries, candidiasis)	

candidiasis

hairy leukoplakia


oral warts

*The use of HIV protease inhibitors combined with therapy targeting the HIV reverse transcriptase enzyme.

CD4+ counts are not a direct measure of immune function, opportunistic infections, such as OMHs, may be a more accurate reflection of HIV disease status.

*The introduction of HAART is associated with a significant decrease in the prevalence of opportunistic diseases including OMHs.

* An increase in salivary gland disease, xerostomia and oral warts has been seen. This should be of utmost interest to the dental profession because saliva is an essential contributor to oral health.

* Tobacco use is confirmed as a risk factor for OMHs

Conclusion

To deliver an optimal level of care, oral health clinicians should emphasize the early detection of oral cancer. They should remain vigilant in the diagnosis of OMHs traditionally associated with low CD4+ counts (i.e., Kaposi's sarcoma) even in patients with high CD4+ counts. In addition, clinicians must address the complications of hyposalivation and must offer an effective tobacco smoking cessation program either by referral or by the oral health care provider directly.

題號	題目
1	HIV(人類免疫缺陷病毒)會破壞 CD^{4+} T-helper 淋巴球，導致人體的免疫力降低。當 CD^{4+} T-helper 淋巴球 降低至多少數量(個/毫升)以下會容易造成伺機性感染發生？ (A) 200 (B) 300 (C) 400 (D) 500
答案(A)	出處：ORAL & MAXILLOFACIAL PATHOLOGY (P.248)
題號	題目
2	有關 HIV 病毒的敘述，以下何者錯誤？ (A) 在宿主體外無法存活 (B) 在乾燥環境失去傳染力

	(C) 只有極少數的 HIV 帶原者在唾液中含有病毒 (D) HIV 呈陽性反應病人的血液中含有的傳染微粒(infectious particle)濃度約為 10^{13}/ml
答案(D)	出處：Contemporary Oral and Maxillofacial Surgery 4th (P.66)