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內文：

### Introduction

- ✓ People who are HIV-positive have more than a twofold increased risk of malignant disease, and an estimated 30% to 40% of them will develop a malignant disease.
- ✓ AIDS-related cancers include Kaposi's sarcoma, Hodgkin's lymphoma, non-Hodgkin's lymphoma, basal cell carcinoma, cervical cancer, seminoma, leiomyoma and leiomyosarcoma.
- ✓ Smoking tobacco seems to play a major role in cancer in patients who are HIV-positive.
- ✓ Oral malignant disease may occur before a diagnosis of HIV, may arise during the progression of HIV disease or may be largely independent of the overall helper-cell counts, such as lymphoma.
- ✓ The purpose of this paper is to help dental practitioners identify the early signs of these diseases and maintain the oral health of their patients with HIV.

### Oral Squamous Cell Carcinoma

- ✓ Risk factors for oral squamous cell carcinoma in patients with HIV infection:  
Tobacco and alcohol use, HPV infection, immunodeficiency and possibly genetic changes
- ✓ Affect younger people who have no other known risk factors commonly associated with squamous cell carcinoma.
- ✓ One study showed that patients who were HIV-positive had a more advanced stage of oral squamous cell carcinoma and poorer survival (57% survival at 1 year and 32% at 2 years) than patients who were HIV negative (74% and 59%, respectively).
- ✓ The pathogenesis of oral squamous cell carcinoma in patients with HIV includes increased cell growth and proliferation caused by viral interference with tumour suppressor proteins (p53, Rb) and activity of the HIV transactivator of transcription protein and HPV.
- ✓ Regezi and others reported that 20 of 22 dysplastic warts in patients with HIV showed high-proliferation protein levels, suggesting that these lesions may carry a risk of malignancy
- ✓ Epstein-Barr virus was identified in 17.59% of all oral tumours and in 63.1% of squamous cell carcinomas of the tongue in 12 patients, suggesting a potential relationship between Epstein-Barr virus and oral squamous cell carcinoma in some patients



### Kaposi's Sarcoma

- ✓ This sarcoma is much less common in females than in males
- ✓ The risk of Kaposi's sarcoma in patients with HIV, which is closely associated with sexual transmission, is 5 to 10 times greater in male homosexuals than in other HIV-risk groups.
- ✓ The reduction in the incidence of Kaposi's sarcoma has been attributed to the protease inhibitors in HAART.
- ✓ Kaposi's sarcoma may present with localized, regional or widespread involvement. Oral Kaposi's sarcoma frequently involves the palate, gingiva and tongue.
- ✓ Treatment is related to the distribution of lesions. If they are limited to the oral environment, local or regional therapy may be considered. If these lesions are widespread, systemic chemotherapy may be used.



### Lymphoma

- ✓ Non-Hodgkin's lymphoma in patients with HIV is an AIDS-defining condition.
- ✓ Oral signs of lymphoma may be soft-tissue masses with or without ulceration and tissue necrosis that frequently involves the gingival, palatal and alveolar mucosa, along with other oral tissues
- ✓ Oral lymphoma may mimic periodontal disease, with thickening, mass, ulceration and radiographic changes, including widening of the periodontal ligament space, loss of lamina dura and bone destruction.
- ✓ The risk of non-Hodgkin's lymphoma for patients with AIDS is 15 times greater for those with low-grade and T-cell non-Hodgkin's lymphoma, and up to 400 times greater for those with

high-grade non-Hodgkin's lymphoma than for patients without HIV.

- ✓ The risk of developing non-Hodgkin's lymphoma is 1.6% per year of HIV infection; the risk for patients on HAART for 3 years is 19%. Unlike Kaposi's sarcoma, the incidence of non-Hodgkin's lymphoma has not changed since the introduction of HAART.
- ✓ The majority of cases of AIDS-related non-Hodgkin's lymphoma are aggressive large-cell lymphomas or immunoblastic lymphomas that are associated with the Epstein-Barr virus.
- ✓ Most non-Hodgkin's lymphomas are high-grade B-cell lymphomas. B-cell mucosa-associated-lymphoid-tissue lymphoma may involve mucosal sites or the salivary glands.
- ✓ Survival rates for patients with non-Hodgkin's lymphoma are lower for those who are HIV-positive.
- ✓ Treatment includes systemic chemotherapy given in conjunction with HAART, and supportive care with hematopoietic growth factors and prophylaxis for HIV-associated infections. High-dose chemotherapy combined with autologous hematopoietic transplantation may be considered.
- ✓ Patients with advanced Hodgkin's lymphoma are usually treated with a combination chemotherapy regimen, such as MOPP (mechlorethamine, vincristine sulfate, procarbazine and prednisone), or ABVD (doxorubicin hydrochloride, bleomycin, vinblastine and dacarbazine), or EBVP (epirubicin, bleomycin, vinblastine and prednisone). Autologous stem-cell transplantation may also be considered.



### Conclusion

- ✓ The pattern of cancer in patients with HIV may continue to change as HAART and new therapies prolong the life of patients.

- ✓ Chronic immunosuppression because of HIV, other viral risk factors and tobacco play a significant role in a number of malignancies in patients who are HIV-positive.
- ✓ Oral Kaposi's sarcoma is rarely seen, but may be identified in untreated people or be a sign of the progression of HIV.
- ✓ Tobacco use and HPV may play an increasing role in oral squamous cell carcinoma in the future.
- ✓ Lymphoma is now the most common malignant disease in patients with HIV. Patients who are HIV-positive and have Hodgkin's lymphoma have a higher frequency of infection with the Epstein-Barr virus than those who are HIV negative.
- ✓ Challenges in the management of malignancies include marrow suppression and opportunistic infections, as well as potential drug-drug interactions between chemotherapy and HAART.
- ✓ In most cases, HAART is continued unless excessive toxicity develops. Active prophylaxis of infections, new regimens of systemic chemotherapy and increased use of hematopoietic stem-cell transplantation are part of modern anticancer therapy when patients have HIV.
- ✓ The dentist's role is to identify early changes in the mucosa that lead to a diagnosis of cancer and to maintain the patient's oral and dental health.

題號	題目
1	Which of the following is not the indicator diseases in the diagnosis of AIDS? (A) Candidiasis (B) Herps simplex (C) Pneumonia (D) Basal cell carcinoma
答案(D)	出處：Neville, Oral & Maxillofacial Pathology (2 <sup>nd</sup> edition),P.248
題號	題目
2	Which of the following is not the stage of Kaposi's sarcoma? (A) Patch stage (B) Plaque stage (C) Nodular stage (D) Follicular stage
答案(D)	出處：Neville, Oral & Maxillofacial Pathology (2 <sup>nd</sup> edition),P.485