



# Management of Periodontal Disease in Patients with HIV

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# Purpose of the Guideline

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- Provide guidance on the management of HIV-associated periodontal lesions, which involves treating both bacteria and fungi.

**KEY POINT:** Chronic nonhealing lesions may indicate a more serious condition, and oral health care providers can use biopsies to identify any neoplastic changes.

# Linear Gingival Erythema (LGE)

## ✓ RECOMMENDATIONS

- Oral health care providers should treat LGE promptly before it evolves into a more severe form of periodontal disease. (A2)
- Oral health care providers should treat LGE with superficial debridement of affected tissue and antimicrobial rinse and schedule a follow-up appointment to determine if the patient is responding to treatment. (A2)

**KEY POINT:** A lack of response to conventional periodontal therapy is a key diagnostic feature of LGE; LGE is refractory to standard plaque control.

# Necrotizing Ulcerative Gingivitis & Periodontitis (NUG/NUP) Treatment

## ✓ RECOMMENDATIONS

- Oral health care providers should treat necrotizing ulcerative gingivitis (NUG) and necrotizing ulcerative periodontitis (NUP) to prevent destruction of periodontal tissues. X-rays will determine the severity of the periodontal bone loss. (A2)
- Oral health care providers should treat the acute stage of NUG/NUP in the clinical setting as soon as possible after diagnosis; treatment should include superficial debridement of infected areas, root planing and scaling, and lavage/irrigation with an antimicrobial rinse (see full guideline for antimicrobial irrigation options). (A2)

# NUG/NUP Treatment

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## ✓ RECOMMENDATIONS, continued

- Oral health care providers should provide patients with a treatment plan for follow-up home care that includes daily antimicrobial rinses (see full guideline for antimicrobial options) and instructions for and reinforcement of the importance of good oral hygiene and maintenance following treatment of acute disease and thereafter. (A2)
- For patients with severe or nonresponding NUG/NUP, oral health care providers should prescribe systemic antibiotics and concurrent treatment with an antifungal agent, as specified in the full guideline. (A3)

# NUG/NUP Follow-Up

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## ✓ RECOMMENDATIONS

- Oral health care providers should evaluate healing within 7 days of treatment and perform additional debridement if necessary. (A3)
- Clinicians should reevaluate the patient 2 months after treatment to determine the need for further intervention. (A3)

# Necrotizing Ulcerative Stomatitis and Stomatitis (NS/NUS) Treatment

## ✓ RECOMMENDATIONS

- Oral health care providers should perform biopsy and refer patients to an oral surgeon, clinical pathologist, or oral medicine specialist when necrotizing ulcerative stomatitis (NUS)/necrotizing stomatitis (NS) is diagnosed. (A2)
- Oral health care providers should treat NUS/NS with debridement of necrotic bone and soft tissues and concurrent antimicrobial therapy, as specified. (A3)

# NUS/NS Treatment

## ✓ RECOMMENDATIONS, continued

- Clinicians should include the following as part of the treatment plan for patients with periodontal disease:
  - Use of a pre-procedural antimicrobial rinse (A2)
  - Local debridement and disinfection using a 0.12% chlorhexidine gluconate or 10% povidone iodine (A2)
  - Removal of necrotic debris and sequestration, along with scaling and root planing, with local anesthesia to proceed as tolerated by patient but no later than within 7 days of diagnosis (A2)
  - Reinforcement of oral hygiene and home care instructions and prescriptions, including daily use of an antimicrobial rinse for 30 days, antibacterial therapy, nutritional supplementation/advice, and periodontal prescriptions (B2)



# Medication Dosing

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- **Preferred:** Metronidazole, 250 mg three times per day for 7 days
- **Alternative:** Augmentin, 500 mg two times per day for 7 days
- **For patients allergic to penicillin:** Clindamycin, 300 mg three times per day for 7 days
- **As needed for pain:** Rinse with 2 teaspoons of xylocaine 2% viscous solution

# Treatment of Chronic Periodontal Disease in Patients with HIV

## ✓ RECOMMENDATIONS

- Oral health care providers should follow standard procedures for the management of chronic pre-existing periodontitis. (A3)
- Treatment for pre-existing periodontitis should follow the current standard guidelines. (A3)
- Clinicians should perform additional diagnostic procedures (biopsy, cytologic smear, or culture) for lesions that show no healing within 10 days or refer the patient to a periodontist as indicated. (A3)