

Oral manifestations of HIV in treatment and research aids center (TRAC) at University Teaching Hospital of Kigali

Mukandoli Alphonsine
University Teaching Hospital of Kigali, Nigeria

Treatment and Research AIDS Center (TRAC) clinic receive monthly 2500 patients, 1900 adults and 600 children infected by HIV. Rwanda's HIV/AIDS prevalence is 3% an equivalent of about 400,000 people.

Objectives: The aim of this study was to determine the prevalence of oral manifestations and their management in people living with HIV/AIDS.

- To determine the prevalence oral manifestations in patients living with HIV/AIDS at CHUK.
- To determine patterns of utilization of oral health care facilities by these patients.
- To determine the impact of oral diseases on the quality of life of those patients.

Place: Treatment and Research AIDS Center (TRAC) clinic at University teaching hospital of Kigali from January to June 2013.

Study design: Cross sectional study.

Population of study: A sample population included 2850 patients living with HIV/AIDS who visited TRAC + HIV clinic internal Medicine department at CHUK and who accepted to participate in this study during the period of study. Data were collected using a structured self administered questionnaire. An oral examination was carried out on all the respondents by a qualified examiner

Material and Methods: The self-administered questionnaire was in three parts. The first part tended to obtain information pertaining to personal, social and demographic details of respondents. Detailed medical and dental history of all patients will be obtained, as well as the length of time since HIV/AIDS diagnosis. Also was recorded the history of drug treatment. The second part will ask questions about utilization of oral health services since HIV was diagnose, and the knowledge of oral health and oral hygiene practices.

The third part of the questionnaire was to obtain information about the oral symptoms experienced by patients, how these symptoms had affected them in relation to eating, talking, swallowing. A clinical oral-facial examination was performed using only mouth mirrors and a portable light source, in a private consulting room, with the patient sitting on chair with their head tilted slightly. Oral examination was carried out on all respondents by a trained examiner.

Infection control will be achieved by making sure that only one mouth mirror per patient will be used, along with disposable gloves and a facemask. After the examinations, those patients with oral lesions were referred to the Stomatology department of CHUK for usual treatment.

Data analysis: All data were captured using Epi. Info and then exported into STATA statistical software for analysis. Descriptive analysis including age, sex and population group distribution of the sample was done. The proportion of oral problems was reported by patients. The relationship between reported oral conditions and the use of oral facilities existing at CHUK were reported also.

Results: Of 2850 participants, only 7.4% claimed to have visited dental services (4.1% in public and 3.3% in private facilities). Of all participants, 63.1% had dental pain 35.2% oral candidiasis, 17.4% angular cheilitis, 32.5% periodontal diseases, 13% herpes and 0.5% Kaposi sarcoma.

Conclusion: We have reported oral manifestations among hiv positive patients at chuk and we advocate that oral manifestations of hiv positive patients need to be addressed timely by qualified personnel and together dentist and general physician will improve the overall quality of life in hiv positive patients.

amukandoli2002@yahoo.fr