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**AIDS-ASSOCIATED ORAL IMPLANTS**  
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**Abstract.** *The paper deals with AIDS-associated oropharyngeal lesions. It has been established that skin and mucous membrane lesions are some of the most common manifestations of HIV infection. Knowledge of the etiology, pathogenesis and symptomatology of AIDS-associated diseases provides early and more complete identification of patients with HIV infection, which is of great importance in the fight against the spread of HIV and AIDS.*

**Key words:** *HIV / AIDS, oropharynx, herpes, candidiasis.*

**Introduction.** HIV infection is a very serious and still incurable disease. UNAIDS and WHO characterize the HIV / AIDS situation in the world as a pandemic that has catastrophic demographic consequences for many countries in the world [107]. Particularly acute is the problem not only that young people who lead the most active lives - working, social, sexual - suffer, but also that everyone who is infected with HIV is doomed: he will die no later than 10- 12 years after infection, and a considerable part of the infected - before [1].

One way to combat the spread of infection is to identify and treat people with HIV / AIDS in a timely manner, especially in the early stages of the disease, when the general condition of the infected person changes little, but the skin-specific changes that are most accessible to the visual are already occurring. examination and diagnosis. Therefore, knowledge and data on the manifestations of oral infection in HIV / AIDS is a necessary aspect in the work of doctors of any profession for the early diagnosis and timely treatment of this serious disease.

**The main text.** The peculiarity of HIV infection is the ability of the pathogen to stay in the human body for a long time (8-12 years and more) without manifestation of manifest forms of the disease. Prolonged asymptomatic HIV transmission leads to the fact that a significant proportion of the infected are unaware of their condition and remain a source of pathogen for their sexual partners or syringe partners [8]. The effectiveness of specific therapy largely depends on the timely establishment of the stage of the disease and monitoring the progression of the pathological process in a particular patient. The clinical symptoms that determine the stage of HIV infection can only serve as an approximate criterion for predicting the course of the disease, since the duration of each stage varies from patient to patient [2].

The debut of HIV infection is often the skin and mucous membranes. The spectrum of lesions of skin and mucous membranes in HIV infection is quite wide.

They can be divided into three main groups: neoplastic, infectious (viral, bacterial, fungal) and other dermatoses with unknown pathogenesis. In this case, diseases against the background of HIV infection acquire a number of features: they occur in different age groups, are atypical, poorly treatable. The severe course of dermatoses, their generalization, the combination of skin manifestations with common symptoms such as fever, weakness, diarrhea, lymphadenopathy are poor prognostic symptoms and indicate the transition of HIV infection to AIDS [6].

Our studies have shown that persistent candidiasis of the oral mucosa and perianal region is an early symptom of HIV infection, especially when there is no history of diabetes, antibiotic treatment, corticosteroids, and cytostatics. Patients with HIV infection have erythematous (atrophic), pseudomembranous, hyperplastic candidiasis. Candidiasis of the mucous membranes begins with thrush. However, unlike conventional candidiasis, HIV-infected plaque increases rapidly with the underlying mucosa and is not removed. After the forcible removal of such a plaque, erosion and bleeding ulcers are formed. Most often the tongue is affected, but the process can extend to all areas of the oral mucosa and throat. Candidiasis (angular cheilitis) is often combined with candidal cheilitis and stomatitis [4, 6].

Hairy leukoplakia of the oral mucosa is usually a precursor to the development of AIDS. Its etiological factors are believed to be the Epstein-Barr virus and the fungus of the genus *Candida*. The disease is characterized by the growth of white filamentous hairs resembling a corrugated surface. The lateral surfaces of the tongue, the mucous cheeks and the upper palate are most commonly affected. There are no subjective feelings. [6].

One of the AIDS-indicator diseases is Kaposi's sarcoma, in which spots of crimson-bluish color with clear borders appear on the mucous membrane of the mouth, soft and firm palate, gums, tongue, pharynx. Kaposi's sarcoma in HIV infection is characterized by the following clinical characteristics: young age of patients, bright color of rash elements, unusual localization, and often primary (face, oral cavity, genital organs), rapid dissemination, aggressive course of involvement and involvement bodies [7].

Non-Hodgkin's lymphoma, Burkitt's lymphoma, has been described from neoplasms found in the oropharynx of HIV-infected patients. Their most frequent localization is the hard palate, the mucous membrane of the alveolar process [3].

Herpes simplex caused by herpes simplex virus (HSV) is often localized in the mouth. Clinical features are characterized by a large number of rash elements, up to their dissemination, prone to erosion and ulcers and are accompanied by pain. Chronic ulcerative herpes is an AIDS-related disease. Herpes ulcers in the oral cavity for HIV infection are quite large, reaching sizes from 0.5 to 3 cm in diameter. Some ulcers mimic elements of multiform erythema or ulcerative necrotic stomatitis, and may be similar to severe candidiasis [2,3,4].

Acute ulcerative necrotic stomatitis is more common among bacterial lesions of the oral cavity in HIV-infected people. The onset of the disease is sudden, the process often begins with bleeding gums. In some patients, ulcerative necrotic stomatitis has a progressive course, which leads to the loss of periodontal tissues and bone structures of the alveolar ridge. The clinical sign of lesion of the tongue is the

appearance (usually on the back) of erosions and ulcers covered with necrotic plaque, on which the erosion surfaces open. [5].

### Conclusions.

1. Skin and mucous membrane lesions are among the most common manifestations of HIV infection.

2. Knowledge of the etiology, pathogenesis and symptomatology of AIDS-associated diseases provides early and more complete identification of patients with HIV infection, which is of great importance in the fight against the spread of HIV and AIDS.

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**Анотація.** В роботі розглянуті питання СНІД-асоційованих уражень ротоглотки. Встановлено, що ураження шкіри і слизових оболонок є одними з найпоширеніших проявів ВІЛ-інфекції. Знання етіології, патогенезу й симптоматології СНІД-асоційованих захворювань, забезпечує раннє і більш повне виявлення хворих з ВІЛ-інфекцією, що має величезне значення у боротьбі з поширенням ВІЛ-інфекції та СНІДу.

**Ключові слова:** ВІЛ/СНІД, ротоглотка, герпес, кандидоз.