Clinical Manifestation of Oral Candidiasis in a HIV Patient

Erni J. Nelwan**, Rudi Wisaksana**

* Department of Internal Medicine, University of Indonesia – dr. Cipto Mangunkusumo Hospital.
Jl. Diponegoro no. 71, Jakarta Pusat 10430, Indonesia. ** Health Research Unit (IMPACT),
Faculty of Medicine University of Padjadjaran, Hasan Sadikin Hospital, Bandung.

Correspondence mail to: e.nelwan@gmail.com

Figure 1. Male, 21 y.o. Oral complaints: sore mouth, recurrent aphtous, odinophagia. SDA culture: candida albicans. Recently diagnosed of HIV

Figure 2. Male, 25 y.o. Oral complaints: odinophagia. SDA culture: candida albicans. CD4 65 cell/uL

Figure 3. Male, 32 y.o. Oral complaints: sore mouth and odinophagia. SDA culture: candida tropicalis. CD4 30 cell/uL. Hepatitis C co-infected

Figure 4. Male, 38 y.o. Oral complaints: sore mouth and odinophagia. SDA culture: candida albicans. CD4 24 cell/uL. Hepatitis C co-infected

Figure 5. Angular cheilitis: Male, 29 y.o. Oral complaints: sore and dry mouth, aphthous, odinophagia. SDA culture: candida albicans. CD4 30 cell/uL. Hepatitis C co-infected and treated for CMV retinitis

Figure 6. Female, 23 y.o. Oral complaints: recurrent aphtae. SDA culture: candida albicans. CD4 113 cell/uL. Hepatitis C co-infected
Oral lesion is an early marker for HIV infection. In our hospital, around 70% cases of HIV seropositive patient had oral symptoms and suspected for fungal infection such as candidiasis. Classic appearance of oral candidiasis is white patchy plaque in oral mucous membrane or tounge, however physician have to be aware with other appearance of oral candida infection, since oral swab or oral rinse are not routinely performed for diagnostic also to avoid over or under treatment especially in HIV patient.

On this occasion, we want to share images of oral candidiasis in HIV positive patients. All lesions were confirmed candida albicans and non albicans by Sabourraud dextrose agar culture.