

Salivary gland disease associated to human immunodeficiency virus

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Dear editor,

The article by Lima *et al.*¹ published in a recent edition of your journal provides relevant information about the prevalence of oral manifestations in children infected by human immunodeficiency virus (HIV). The authors report that oral candidiasis and parotid hypertrophy are frequent oral changes. In this way, it is important to highlight “HIV-associated salivary gland disease” (HIV-SGD), which is a term used to describe a salivary glands enlargement and/or a reduction in the salivary function observed in HIV-infected patients.²

The salivary enlargement caused by HIV-SGD is usually a painless swelling that affects the parotid glands.³ Hyposalivation and its related symptoms, like xerostomia and dysgeusia have been reported even in early phases of disease. In addition, sialochemistry changes may occur, such as reduction of lysozyme, lactoferrin and histatin-5 concentrations which are innate defense factors, and contribute to mucosal protection.⁴

The pathogenesis of the HIV-SGD is not well known.

The reported causes are the presence of HIV in the salivary gland,⁵ adverse drug effects⁶ and viral infections.² Other possible causes are diffuse infiltrative lymphocytosis syndrome,⁷ cystic lesions in the parotid gland, as well as cysts associated with malignant and benign neoplasms.⁸

Saliva stimulants such as bromhexine, pilocarpine, cevimeline and bethanechol may be used to control hyposalivation, although there are no published trials to improve hyposalivation in patients with HIV-SGD.⁵ Patients should be advised to seek routine dental examinations, and maintain good oral hygiene, increase the water intake, stimulate salivary flow rates, have frequent topical fluoride applications, and use of salivary substitutes.⁹ The parotids swelling may sometimes improve with drug therapy, such as zidovudine and chlorambucil.¹⁰

In summary, impaired salivary function usually causes oral problems and needs to be detected early. Dentists need to be familiar with the possible clinical manifestations resulting from the HIV-SGD and the prophylactic procedures to maintain oral health.

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Mini Curriculum and Author's Contribution

1. Daniele Manhães Caldas – DDS. Contribution: effective scientific and intellectual participation in the study; study conception and design; data collection; data interpretation; manuscript preparation; manuscript writing; critical review and final approval.
2. Arley Silva Jr – DDS and PhD. Contribution: effective scientific and intellectual participation in the study; study conception and design; manuscript writing; critical review and final approval.
3. Sandra R. Torres – DDS and PhD. Contribution: effective scientific and intellectual participation in the study; study conception and design; manuscript writing; critical review and final approval.

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