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## **HIV and Your Mouth**

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## Oral Problems Are Common

Oral (mouth) problems can be very common in people living with HIV. Oral health can often be an indicator of overall health. Therefore, if HIV weakens your [immune system](#), you may be at greater risk for infections of your gums and supporting bone (periodontal disease) and inflammation (gingivitis), mouth infections, and sores. Often, the best way to prevent and treat problems in the mouth is to treat HIV by taking HIV drugs so that you stay as healthy as possible overall.

Oral problems can cause discomfort and embarrassment and affect how you feel about yourself. Oral problems can also lead to trouble with eating and speaking. If mouth pain or tenderness makes it difficult to chew and swallow, or if you cannot taste as well as you used to, you may not eat the food

you need to stay well. It is important to see your dentist or healthcare provider as soon as possible if you notice any changes in your mouth.

## Oral Conditions That Are More Common in People Living with HIV:

Condition What and Where Treatment **Aphthous ulcers**

(canker sores) Painful red sores that might have a yellow-gray film on top. Usually on the underside of the tongue or the inside of the cheeks and lips. Mild cases – Over-the-counter cream or prescription mouthwash that contains steroids.

More severe cases – steroids in pill form. **Herpes simplex**

(cold sores) are caused by a virus One or more small blisters or ulcers (sores) on the lips or on the roof of the mouth and/or gums Antiviral medications (e.g., acyclovir, valacyclovir) in pill form are prescribed and can dramatically reduce healing time. Over-the-counter medicine may help ease symptoms. **Oral hairy leukoplakia (OHL)** is caused by the Epstein-Barr virus (also known as human herpes virus 4)

White patches that do not wipe away; sometimes very thick and "hair-like." Usually appear on the side of the tongue. OHL is not harmful and usually goes away without treatment or when starting treatment for HIV. More severe cases can be treated with antiviral medication (e.g., acyclovir or valacyclovir).

Topical (applied to the body surface) treatments are also available. Stopping smoking and not drinking alcohol can help. **Candidiasis** (thrush) is a [fungal \(yeast\) infection](#) White or yellowish patches inside the mouth, throat and on the tongue. If wiped away, there will be redness or bleeding underneath. Mild cases – prescription antifungal lozenge (pill that dissolves in the mouth) or mouthwash

More severe cases – prescription antifungal pills **Angular cheilitis** is caused by a fungus or by malnutrition (too little vitamin B2, zinc, or iron) Cracks on the corners of the mouth Antifungal cream applied directly to the site, or pill or liquid taken orally, fluconazole, if fungal; improved diet or [vitamin and mineral supplements](#), if malnutrition. **Oral warts** are caused by the [human papillomavirus](#) (HPV) Small, white, gray, or pinkish rough bumps that look like cauliflower. They can appear inside the lips and on other parts of the mouth. Inside the mouth — a healthcare provider can remove them surgically or use "cryosurgery" — a way of freezing them off. If possible, consult a dentist who is an expert in HIV care.

On the lips — a prescription cream that will wear away the wart. Warts can return after treatment.

**Kaposi sarcoma (KS)** is a [cancer](#) associated with HIV and caused by a virus (human herpes virus 8). Considered an [AIDS-defining condition](#). Red or purple lesions (changes to the tissue) that can be raised or flat. KS usually occurs on the roof of the mouth but can be found anywhere in the mouth. The best treatment is keeping the immune system healthy by taking your HIV drugs. There are several other therapies for KS, depending on how many and how severe the lesions are. If possible, consult a

dermatologist (skin doctor) or oncologist (cancer doctor) who is familiar with KS. **Periodontal disease** is an infection of the gums and supporting bone Red gums that bleed easily and bad breath Regular visits to the dentist and good oral hygiene both prevent and treat periodontal disease. Regular use of dental floss may prevent periodontal disease. **Xerostomia** (dry mouth) can be caused by HIV, HIV drugs, antidepressants, or other medications Lack of saliva (spit); trouble chewing and swallowing; dry, sticky, or burning mouth; and cracked or chapped lips. If untreated, dry mouth can lead to tooth decay (rotting teeth). Use artificial saliva, sip water or sugarless drinks, chew sugarless gum or suck sugarless hard candy; avoid tobacco and alcohol

## Oral Health and Street Drugs

You may have additional mouth problems if you use [street drugs](#). Opium, heroin, and cocaine can increase tooth decay and gum disease. Crystal meth can cause severe oral problems, sometimes described as "meth mouth," including dry mouth and widespread tooth decay.

## Oral Health and Tobacco

Using tobacco also weakens the immune system's response to infections in your mouth.

Tobacco use is a primary cause of several oral diseases and conditions. People who use tobacco, whether they smoke it (e.g., cigarettes, cigars, pipes), use smokeless tobacco products (e.g., chew, plug, loose leaf, twist, or snuff) or use e-cigarettes (vaping), are more likely to develop oral cancer, throat cancer, and gum problems (periodontal disease). In fact, in the US, smoking is the single biggest risk factor for non-AIDS defining cancers among people living with HIV. In people living with HIV, smoking affects their risk of developing cancer more than if they have a low [CD4 count](#), a non-suppressed [viral load](#), [hepatitis C](#), or an AIDS diagnosis.

Tobacco use commonly causes tooth decay, discoloration of your teeth (yellow teeth), and bad breath. [Learn more about tobacco use](#), how it may affect your health, and how to quit. For more information and help with stopping smoking, see our page on [Smoking and Tobacco Use](#).

## Getting Dental Care in the US

You cannot legally be refused dental treatment because of your HIV status but finding dental care can be difficult depending on your financial resources, insurance coverage, and where you live. Ask your healthcare provider or HIV specialist for suggestions on where to find dental care in your area. Options for people with fixed incomes and/or no insurance are limited, but they do exist:

- Federal Ryan White CARE Act-funded dental clinics: These clinics may be able to provide low- or no-cost dental care; however, there may be a waiting list. These dentists are generally experts in the dental care of persons living with HIV. Find a provider in your area ([Find a Ryan White HIV/AIDS Program Medical Provider](#))
- Dental schools: Some cities have dental schools or dental hygiene schools that provide good quality care at reduced rates. Check for a program near you ([Search for Dental Programs](#))
- Public health or community-based primary care clinics, or federally qualified health centers: Clinics provide treatment at either a reduced rate or free of charge. Call your local Department of Health to find a clinic

## Taking Care of Yourself

Often, the best way to prevent and treat problems in the mouth is to treat HIV by taking HIV drugs so that you stay as healthy as possible overall.

Because of the increased risk for oral problems, it is especially important for people living with HIV to take good care of their mouths. Proper dental care is needed to keep teeth and gums healthy. Basic guidelines for good oral health suggest that you:

- Develop a good home care routine – brush two to three times daily and floss once a day (preferably at night)
- Use a toothpaste or mouthwash that contains fluoride
- See the dentist every six months or more often if the dentist suggests it
- Avoid [smoking](#), using tobacco products, and street drugs
- Eat a [healthy diet](#)

Most common oral conditions linked to HIV can be treated. If you notice any problems, it is important to talk with your healthcare provider or dentist about what treatment might work for you. Remember, with the right treatment, your mouth can feel better. And that is a very important step toward living well with HIV.

## Additional Resources

Select the links below for additional material related to HIV and your mouth.

- [Oral Health \(Office on Women's Health\)](#)
- [Mouth and Throat Problems \(CATIE\)](#)
- [Dental Care \(Terrence Higgins Trust, United Kingdom\)](#)
- [HIV/AIDS & Oral Health \(US National Institute of Dental and Craniofacial Resear...](#)
- [Finding Dental Care \(US National Institute of Dental and Craniofacial Research\)](#)
- [Oral Health: A Window to Your Overall Health \(Mayo Clinic\)](#)
- [HIV, AIDS and Oral Health \(American Dental Association\)](#)
- [Oral Health Affects Your Whole Body. It's an Important Part of Your HIV Care \(N...](#)
- [Mouth Problems and HIV \(aidsmap\)](#)
- [Oral Health and HIV \(AIDS Education & Training Center New England, PDF\)](#)
- [HIV and the Mouth \(International Association of Providers of AIDS Care\)](#)
- [Mouth Problems + HIV \(US National Institute of Dental and Craniofacial Research...](#)



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