Dental care for HIV positive patients - care and importance - case report

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1 INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) is caused by the "*Lentivirus*" family of retroviruses, called HIV-1. This syndrome is defined as an infectious disease of viral origin, with its manifestation interspersed in peaks and troughs, with a pathophysiology involving the compromising of the immune system, causing the defense system to not operate correctly, leaving the patient susceptible to the development of infections.

The AIDS disease also affects children and is called "pediatric" when it reaches those under 13 years of age, and its main route of transmission is the vertical route (during pregnancy) or perinatal (in childbirth or breastfeeding).

It is interesting to reinforce the difference between HIV and AIDS; HIV is an acronym for human immunodeficiency virus that degrades the immune system, affecting mainly the defense cells, the leukocytes. Thus the virus inserts itself into the DNA of the cells and reproduces, advancing the infection. AIDS (acquired immunodeficiency syndrome) is defined as a more advanced stage of the disease, because when the virus destroys the defense cells, it causes the organism to become more favorable to the appearance of several diseases.

The Dental Surgeon has an important role in the diagnosis and treatment of seropositive patients and can also diagnose early this pathology, based on signs and symptoms that manifest themselves in the oral cavity of the patient, such as oral candidiasis, herpetic stomatitis, linear gingival erythema, gingivitis, herpes simplex in children and adults besides these can also have the appearance of Kaposi's Sarcoma.

The dental management of seropositive patients requires knowledge, care, and special attention, especially in biosafety, which is already routine in the daily routine of the dentist. It is of utmost importance that professionals have the knowledge about the acquired immunodeficiency syndrome (AIDS) so that they can practice a safe clinical procedure.

The use of personal protective equipment (PPE), as well as as asepsis between visits, is mandatory and essential in the daily clinical routine in the dental office, both in the care of HIV-positive patients or not. The use of PPE has the purpose of preventing microorganisms coming from the patient through organic fluids, blood, excretions, and secretions from contaminating the DS and his team, besides avoiding cross-contamination also for the patient, who, in general, is more "depressed" when it comes to health.

The dental treatment of individuals with AIDS is not more complex than that of other patients with clinical impairment, but it is necessary that the DS is aware of the patient's condition and especially that this, respond with sincerity all anamnesis for a better attention and care in treatment, but unfortunately, many HIV-positive patients, do not report that they are, for fear of refusal in care and fear of discrimination and ignorance of the disease.

2 OBJECTIVE

The objective of this paper is to review the scientific literature on dental care to HIV-positive patients, highlighting the importance and care in the management and treatment, highlighting the clinical procedures to be followed through the exposure of clinical case.

3 CLINICAL CASE REPORT

A 46-year-old female patient, diagnosed with acquired immunodeficiency syndrome (HIV), attended the UNILAGOS clinic, located in Araruama/RJ, for the first evaluation, with a main complaint of "tooth pain", having been seen initially by the integrated clinic and soon after, referred to the OPNE clinic. A treatment plan was drawn up, and preoperative laboratory tests were requested. The patient reported being very ashamed of her situation and this made her leave the dental treatment aside. In evaluation, the need to perform some procedures was detected, among them, the one that most called attention because of the dangerous situation to the patient, was the residual root of 44, with pain complaint.

Thus, the exodontia was prioritized to rule out infection, and on the second visit, the patient was monitored, with an A.P. of 140 x 90 mmHg, 97% SPO2 and 110Bpm. The surgical bench was set up (**Figure 1**), and initially the patient was rinsed with chlorhexidine digluconate 0.12%, asepsis with chlorhexidine 2% around both lips (**Figure 2**).

Figura 1: Montagem da bancada

Figura 2: Assepsia

Anesthesia was performed on the inferior alveolar nerve and infiltration, with 1 tube of alphacine 100 (DFL) (**Figure 3**), Molt 9 (**Figure 4**) and angular lever (**Figure 5**)

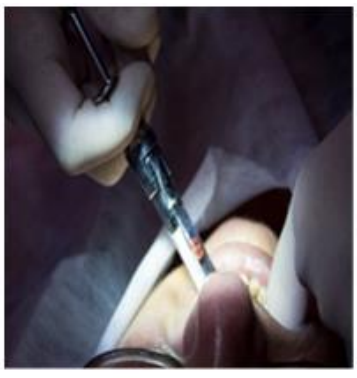

Figura 3: Anestesia

Figura 4: Descolamento do tecido

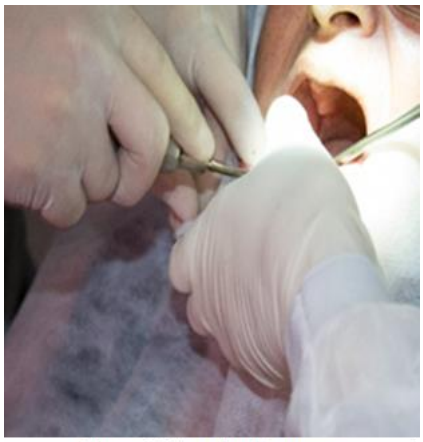

Figura 5: Uso da alavanca

Extraction was performed with forceps 69 (**Figure 6**), curettage of the alveolus (**Figure 7**), irrigation with 0.9% saline solution (**Figure 8**), simple suture (**figure *9*).**

Figura 6: Extração

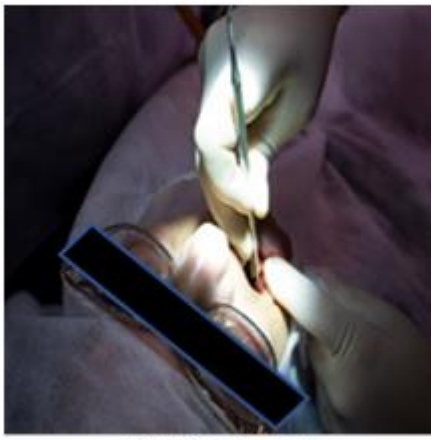

Figura 7: Curetagem

Figura 8: Soro Fisiológico

Figura 9: Sutura

The patient returned after 7 days (**Figure 10**) to remove the suture (**Figure 11**);

Figura 10: Retorno

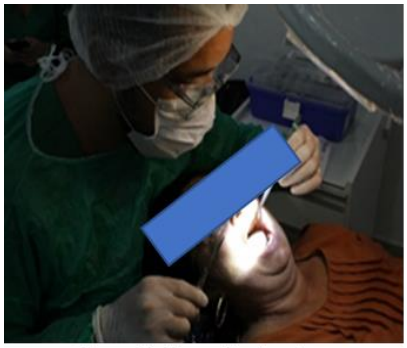

Figura 11: Remoção de sutura

Return for re-evaluation after 7 days of suturing and discharge (**Figure 12**).

Figura 12: Alta

Translation of figures:
Figura 1: montagem da bancada - figure 1: bench assembly
Figura 2: assepsia – figure 2: assepsis
Figura 3: anestesia – figure 3: anesthesia
Figura 4: descolamento do tecido – figure 4: tissue detachment
Figura 5: uso da alavanca – figure 5: lever use
Figura 6: extração – figure 6: extraction
Figura 7: curetagem – figure 7: curetage
Figura 8: soro fisiológico – figure 8: physiological saline solution
Figura 9: sutura – figure 9: suture
Figura 10: retorno – figure 10: return
Figura 11: remoção da sutura – figure 11: suture removal
Figura 12: alta – figure 12: discharge

4 CONCLUDING REMARKS

We conclude that it is necessary that the DS understand that dental care must be done as if all patients had some infectious disease, without clear symptoms. Therefore, it is important to take care in the care, from the arrival of the patient to his or her release, and never forget to have a clinical look at the specific oral manifestations of HIV-AIDS. Regardless of the pathology, race, purchasing power, social environment, every patient should receive care in the best possible way, within the principles of the dental code of ethics and without discrimination. Always seeking to improve the quality of life of the patient, without allowing misconceptions about the disease to influence the patient's treatment.

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