

Protocol For Treating A HIV Positive Child In Your Dental Clinic

*Dr. Suprabha B. S. M.D.S. **Dr. Mohan Baliga M.D.S.

Abstract:

Many professionals are still reluctant to treat patients who are HIV positive due to lack of awareness regarding the likelihood of professional transmission and complications after routine dental procedures. The article aims at familiarizing the clinician regarding infection control measures, post exposure prophylaxis and management of a child patient who is HIV positive.

INTRODUCTION:

In India, as per data by WHO, over 5 million people had been infected by HIV in 2003 out of which 1,20,000 are children. The number may be much higher considering that many people remain untested¹⁵.

HIV infection in children is mainly by vertical route of transmission, that is from mother to child. It progresses faster in children due to their immature immune system¹². It's clinical course is described as bimodal curve where 25% of infected children develop AIDS in first year of life with rapid progression of disease. In the remaining 75% the disease progresses slowly⁹.

Orofacial manifestations are among the earliest and most common clinical signs of pediatric HIV disease. They are important for clinical staging of infection, diagnosis and treatment. They are considered prognosis indicators of the disease. For eg. presence of oral candidiasis indicates poor prognosis whereas presence of parotid enlargement indicates better prognosis⁷.

The pattern of occurrence of oral lesions associated with AIDS related complex is different in children compared to adults. Table 1 gives classification of orofacial lesions associated with pediatric HIV infection¹².

Earlier treatment of HIV infected children was limited to treatment of these lesions and providing relief¹². Over the last five years, the implementation of new drug protocols have allowed HIV infected children to be alive and asymptomatic. Patient's / parent's awareness about the infected state can translate into increased frequency of visits to dentist. Most of these consultations may not be related to oral manifestations of HIV infection but rather conventional dental treatments¹⁴.

However delivery of oral health care to HIV positive patients is hampered by following obstacles⁸:

- Belief that treatment of HIV positive patients in the dental clinic will reduce the number of non-infected patients seeking dental care.
- Fear among dental staff and patients that HIV may be transmitted during dental procedure.
- Belief that special skills and expertise is needed for

treating HIV positive patients.

Today, meticulous infection control practices are essential for all dental care, regardless of whether patient's are infected with HIV or any other transmissible disease⁴. Such practices protect HIV infected patients, dental health care workers and uninfected patients. Also, all professionals should be upto date regarding HIV disease, treatment and infection control.

PROTOCOL FOR INFECTION CONTROL IN DENTAL CLINIC

:1,4,13,14

- Due to risk posed by other transmissible pathogens like HBV or HCV or simple herpes virus, all patients should be regarded as potentially infectious regardless of their HIV status.
- No patients should be refused treatment on the basis of his HIV status. Dentists should be aware that the likelihood of occupational transmission among health professionals is only 0.3% after percutaneous exposure to infected blood and 0.09% after exposure of mucosa. There has been no documented case of transmission after exposure of intact skin to infected blood.
- Medical gloves made of latex or vinyl should be worn by dentists when there is potential of contacting blood, blood contaminated saliva and mucous membranes: Non sterile gloves for examination and non surgical procedures and sterile surgical gloves for surgical procedures.
- Gloves should not be washed and reused, washing may cause wicking i.e., penetration of liquids through undetected holes in the gloves.
- Wash hands with an antimicrobial scrub before and after treatment of each patient, i.e., before glove placement and after glove removal. Hands should be washed after glove removal because gloves may become perforated during use.
- If gloves are torn / cut, during procedure, deglove immediately, wash hands and reglove to complete dental procedure.

*Dr. Suprabha B. S. M.D.S. Assistant Professor, Department of Pedodontics and Preventive Dentistry **Dr. Mohan Baliga M.D.S. Professor & H.O.D., Department of Oral and Maxillofacial Surgery, Manipal College of Dental Sciences, Mangalore, A constituent of MAHE, Karnataka, India.