HIV CLINICAL RESOURCE ¼-FOLDED GUIDE

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MANAGEMENT OF PERIODONTAL DISEASE IN PATIENTS WITH HIV

NYSDOH AIDS INSTITUTE PrEP CLINICAL GUIDELINE APRIL 2023

ALL RECOMMENDATIONS *P. 1*

Treatment for Linear Gingival Erythema (LGE)

- Oral health care providers should treat LGE promptly before it evolves into a more severe form of periodontal disease. (A2)
- Oral health care providers should treat LGE with superficial debridement of affected tissue and antimicrobial rinse and schedule a follow-up appointment to determine if the patient is responding to treatment. (A2)

Treatment for Necrotizing Ulcerative Gingivitis and Necrotizing Ulcerative Periodontitis (NUG/NUP)

- Oral health care providers should treat NUG and NUP to prevent the destruction of periodontal tissues. X-rays will determine the severity of the periodontal bone loss. (A2)
- Oral health care providers should treat the acute stage of NUG/NUP in the clinical setting as soon as possible after diagnosis; treatment should include superficial debridement of infected areas, scaling, and root planing, and lavage/irrigation with an antimicrobial rinse (see text for antimicrobial irrigation options). (A2)
- Oral health care providers should provide patients with a treatment plan for follow-up home care that includes daily antimicrobial rinses (see text for antimicrobial irrigation options) and instructions for and reinforcement of the importance of good oral hygiene and maintenance following treatment of acute disease and thereafter. (A2)
- For patients with severe or nonresponding NUG/NUP, oral health care providers should prescribe systemic antibiotics and concurrent treatment with an antifungal agent, as specified in the full guideline. (A3)

ALL RECOMMENDATIONS *P. 2*

NUG/NUP Follow-Up

- Oral health care providers should evaluate healing within 7 days of treatment and perform additional debridement if necessary. (A3)
- Clinicians should reevaluate the patient 2 months after treatment to determine the need for further intervention. (A3)

Treatment for Necrotizing Ulcerative Stomatitis and Necrotizing Stomatitis (NUS/NS)

- Oral health care providers should perform a biopsy and refer patients to an oral surgeon, clinical pathologist, or oral medicine specialist when NUS/NS is diagnosed. (A2)
- Oral health care providers should treat NUS/NS with debridement of necrotic bone and soft tissue and concurrent antimicrobial therapy, as specified in the full guideline. (A3)
- Clinicians should include the following as part of the treatment plan for patients with periodontal disease:
  - Use of a pre-procedural antimicrobial rinse. (A2)
  - Local debridement and disinfection using a 0.12% chlorhexidine gluconate or 10% povidone-iodine. (A2)
  - Removal of necrotic debris and sequestration, along with scaling and root planing, with local anesthesia to proceed as tolerated by the patient but no later than within 7 days of diagnosis. (A2)
  - Reinforcement of oral hygiene and home care instructions and prescriptions, including: 1) daily use of an antimicrobial rinse for 30 days; 2) antibacterial therapy; 3) nutritional supplementation/advice; and 4) periodontal prescriptions (B2).

ALL RECOMMENDATIONS *P. 3*

Treatment for Chronic Pre-Existing Periodontal Disease

- Oral health care providers should follow standard procedures for the management of chronic pre-existing periodontitis. (A3)
- Treatment for pre-existing periodontitis should follow the current standard guidelines. (A3)
- Clinicians should perform additional diagnostic procedures (biopsy, cytologic smear, or culture) for lesions that show no healing within 10 days or refer the patient to a periodontist as indicated. (A3)

KEY POINTS

- Chronic nonhealing lesions may indicate a more serious condition, and oral health care providers can use biopsies to identify any neoplastic changes.
- A lack of response to conventional periodontal therapy is a key diagnostic feature of LGE; LGE is refractory to standard plaque control.

TREATMENT: PERIODONTAL DISEASE PRESCRIPTION DOSING

- Preferred: Metronidazole, 250 mg 3 times per day for 7 days.
- Alternative: Augmentin, 500 mg 2 times per day for 7 days.
- For patients allergic to penicillin: Clindamycin, 300 mg 3 times per day for 7 days.
- As needed for pain: Rinse with 2 teaspoons of xylocaine 2% viscous solution.

← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *Management of Periodontal Disease*. The full guideline is available at www.hivguidelines.org.