

candidosis (41%), median rhomboid glossitis (5%), chronic mucocutaneous candidosis (5%), papillary hyperplastic candidosis (3%) and cheilocandidosis (3%). Others included pale oral mucosa (31%), burning mouth (28%) and recurrent oral ulcers (6%). The values of hemoglobin in 64 ID patients varied from normal to life-threatening levels but none had developed advanced systemic symptoms except fatigue. All had low serum iron and ferritin; however, 14 (22%) patients were nonanemic and 19 (30%) patients remained normocytic. All oral changes can be successfully meliorated by iron therapy plus antifungals when candidosis existed. A colorectal cancer in two patients was diagnosed and treated.

**Conclusions:** Our findings demonstrate that oral mucosa alterations accompanying oral candidosis are a sensitive indicator of ID. ID is the prime promoting factor in the development of oral mucosa alternations; anemia is merely a late manifestation of ID. It is essential to investigate the origin of ID, because it can be the initial sign of a serious disease, particularly malignancy.

### CHANGING TRENDS IN THE CLINICAL SPECTRUM OF HIV-RELATED ORAL LESIONS (2000-2017).

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**Objectives:** To evaluate the clinical spectrum of oral lesions (HIV-OLs) in HIV-infected patients attending three referral centers in Mexico City over 17 years.

**Findings:** All HIV-infected adult patients had an oral examination either before or immediately after receiving combined antiretroviral therapy (cART), performed by specialists in oral pathology and oral medicine who used current clinical diagnostic criteria for HIV-OLs. Three periods were defined according to the evolving pattern of antiretroviral use in our country (2000-2005, 2006-2011, 2012-2017). For the statistical analysis, Mantel-Haenszel chi-square and Kruskal-Wallis test were applied, with an alpha value set at 0.05.

In this 17-year study, 5,186 HIV-infected patients were included (90.7% male; median age 33 years-old). The use of cART increased systematically during the course of the 3-study periods (36.9 to 60%;  $p < 0.001$ ). Simultaneously, there was a significant increase in the percentage of patients with CD4+ counts  $> 500$  cells/mm<sup>3</sup> (10.9-25.6%;  $p < 0.001$ ) and with an undetectable viral load (28.2-55.3%;  $p < 0.001$ ).

A progressive decrease of HIV-OLs prevalence was observed during the study periods (50.3-39.3%;  $p < 0.001$ ), mainly oral candidosis (OC) (31.8-20.3%;  $p < 0.001$ ); in contrast, HPV-OLs increased by almost 5-fold during the study periods (1.2-4.9%;  $p < 0.001$ ); a slight rise in oral secondary syphilis was noted (0.1-1.0%;  $p < 0.001$ ). During follow-up, 2 cases of potentially malignant disorders and 4 of oral cancer were diagnosed.

In the group who were taking cART, through the 3-study periods, a significant trend to lower OC (24-15.1%,  $p < 0.001$ ), hairy leukoplakia (12-7%,  $p < 0.001$ ), and Kaposi's sarcoma (2.4-1.4%,  $p = 0.017$ ) prevalence was observed, but a significant trend to higher HPV-OLs (1.4-6.3%,  $p < 0.001$ ) and syphilis (0-1.1%,  $p = 0.028$ ) prevalence was registered.

**Conclusions:** The clinical spectrum of HIV-OLs has changed in recent years, associated with an augmented cART use, with a decrease of the most described OLs, and HPV-OL upsurge. The apparent increase of malignant lesions warrants attention for its early diagnosis.

### ORAL CANDIDA COLONIZATION AND INFECTION IN HIV-INFECTED PATIENTS IN A REFERRAL CENTER IN MEXICO CITY. DR.

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**Objective:** To determine the species-specific virulence profile of Candida species isolated from the buccal mucosa of patients with HIV/AIDS and its association with clinical, laboratory and fluconazole resistance characteristics.

**Findings:** Cross-sectional, observational and analytical study. Saliva samples were obtained by swab and mouthwash of 118 HIV/AIDS adult patients and 74 individuals without HIV (comparative group). Ninety one percent (108) HIV/AIDS individuals were male, with a median age of 39.5 (Q1-Q3: 34-37) years, similar to the comparative group (median 35.5, Q1-Q3: 24-47,  $p = 0.08$ ). Sixty-two (53.4%) of HIV patients were in AIDS category, 91 (76%), used HAART, with a median use of 1,117 (Q1-Q3: 515-2,054) days. The median CD4+ lymphocyte count was 406 (Q1-Q3: 198-614) cells/mm<sup>3</sup>, 81 (70.4%) subjects had undetectable viral load. The prevalence of oral candidosis (OC) was (9, 7.6%). Approximately one third were colonized (38, 32.2%). The most frequent species was *C. albicans* (86%), followed by *C. glabrata*. Similar findings were found in the comparative group: 5 (6.8%) OC patients, 19 (26.4%) colonized and a frequency of *C. albicans* of 84.2% (16). All HIV/AIDS patients with OC, had a count  $> 400$  colony forming units (CFU), contrasting the comparative group, where only 60% of OC individuals had  $\geq 400$  CFU. There was a frequency of resistance to fluconazole in 39.5% of HIV/AIDS patients, with a greater proportion in the colonized (41.2%) compared to the infected (33.3%).

**Conclusion:** Despite the decrease in the frequency of HIV-related oral lesions in the post-HAART era, OC continues to be a common infection. A high prevalence of colonization was found in both HIV and non-HIV participants, but CFU count was higher in the HIV patients. A high frequency of resistance to fluconazole was observed in the colonized with a high proportion of species non-albicans. Clinicians should consider the elevated resistance to antifungals for the treatment of OC.

### LYMPHOMAS WITH ORAL MANIFESTATIONS – 18 CASES IN OUR INSTITUTION AND REVIEW OF LITERATURE. DR.

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Lymphomas are the heterogeneous group of malignant diseases characterized by proliferation of malignant lymphoid cells or their precursors. Lymphomas are the ninth most common