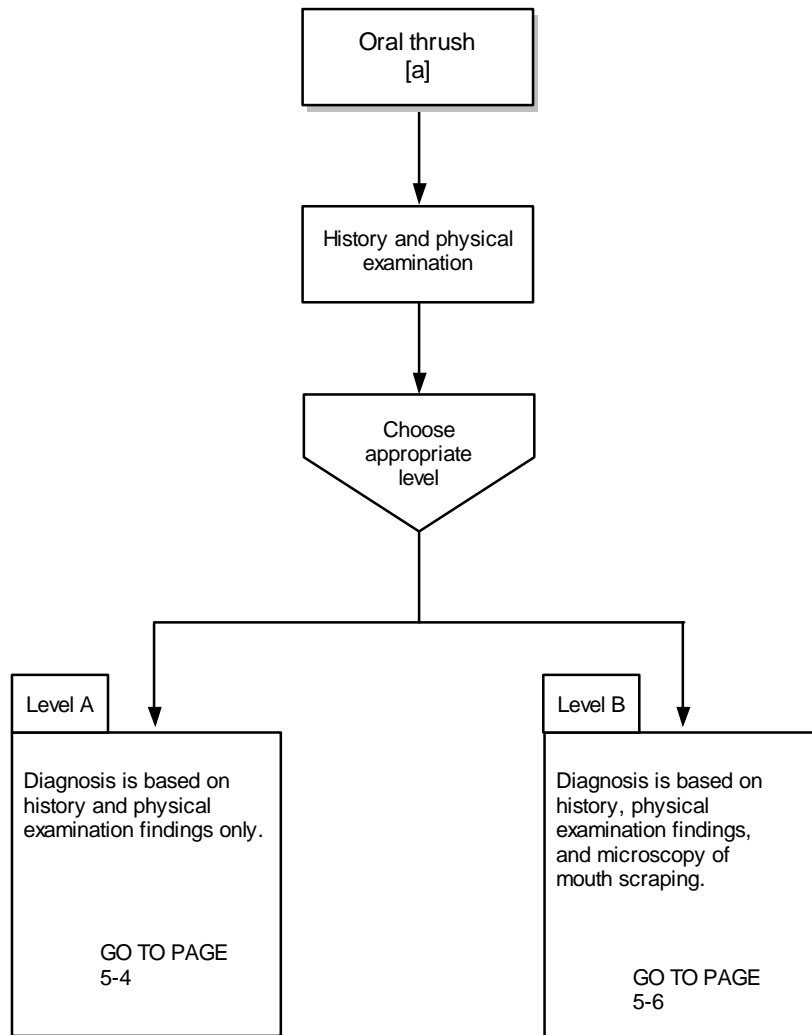


CHAPTER 5
ORAL THRUSH

Oral Thrush



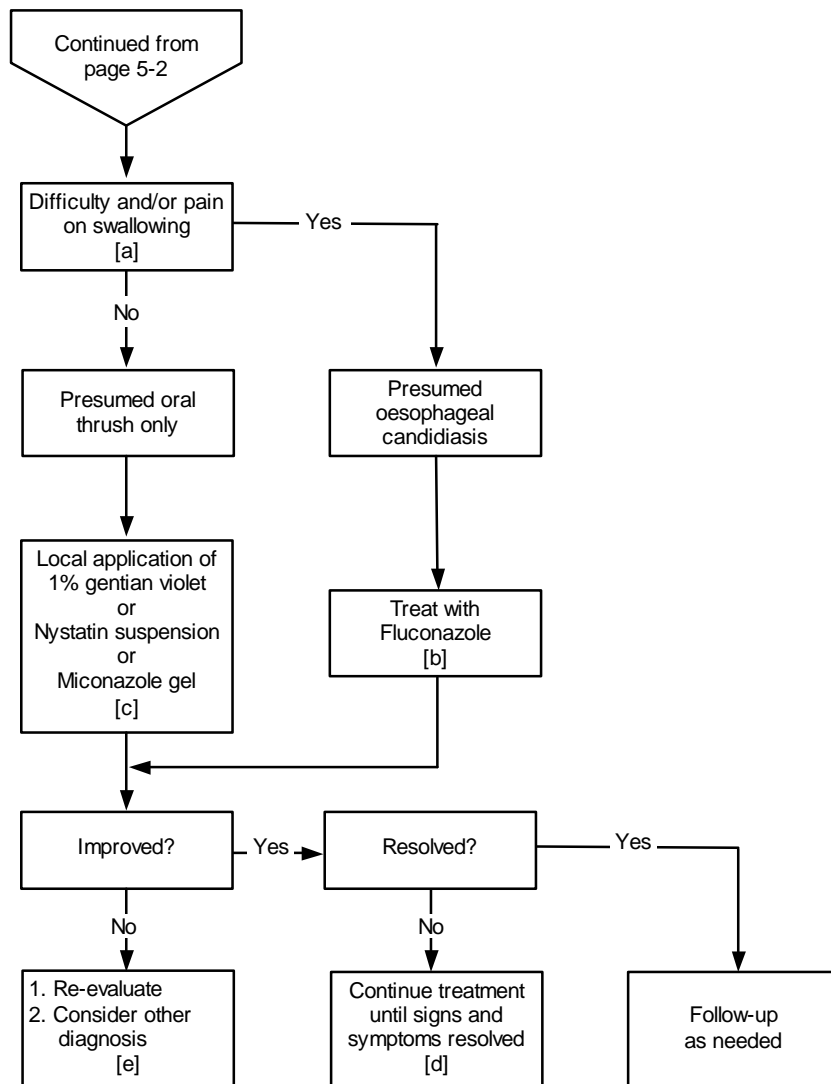
Annotation

(a) Definition:

Presumptive: The presence of whitish, grey white or light brown plaques on the oral mucosa. These plaques, usually located on the palatal or buccal mucosa, can be removed and then often reveal a bleeding surface.

Definitive: Microscopic demonstration of pseudohyphae and/or blastospores of *Candida albicans* from mouth scraping.

Etiology: *Candida* species.



Annotations

- (a) Candidiasis may extend into the oesophagus in HIV-infected patients with oral thrush and may cause difficulty (dysphagia) and/or pain (odynophagia) on swallowing. Other causes of oesophagitis are infections with cytomegalovirus and herpes simplex virus.

Rarely, these symptoms may be due to malignancy (Kaposi sarcoma, lymphoma, carcinoma) or ulceration owing to contact with oral tablets or acid reflux. Untreated oesophageal lesions, even if causing only mild discomfort, may alter eating habits and make already poor nutrition even worse.

- (b) Fluconazole, 200mg daily for 14 days should be used in presumptive oesophageal candidiasis. Depending on national guidelines and availability, ketoconazole is an alternative drug.
- (c) In presumed oral thrush local application of gentian violet 1% aqueous solution twice daily or nystatin, 100,000 IU oral suspension 3 times a day for 7 days is effective. If oral suspension is not available, pessaries (100 000 IU, to be sucked every 4 hours) or tablets (500 000 IU, to be sucked every 6 hours) can be used. Miconazole gel if it is available is an alternative drug. Oral thrush and oesophageal candidiasis have a high likelihood of recurrence and indicate a high risk of other opportunistic infections.

- (d) Oesophageal lesions may resolve slowly although symptomatic response is usually prompt. Prolonged therapy until remission is often required.
- (e) The presence of hairy leukoplakia may mimic oral thrush. For the differential diagnosis of oesophageal candidiasis, see annotation [a]. A patient with oral thrush who has received only local anti-fungal treatment should receive a systemic antifungal drug prior to referral or should be referred for treatment.

Level B. Treatment of oral candidiasis at this level is similar to that for level A, the difference is in the use of a microscope to confirm the presence of spores or hyphae.

Notes