

Erythematous Candidiasis



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A 23-year-old man presented with 3 weeks of a burning sensation on his palate. He had a 2-year history of HIV and a CD4 count of 570. Diffuse erythematous lesions were present on the hard and soft palate (Figure 1). The patient was started on nystatin mouth wash for 2 weeks. His symptoms improved, and there was no recurrence over a 4-month follow-up.

Candida is the most common fungal infection that affects the oral cavity, occurring in up to two-third of subjects with AIDS. Other factors that predispose to oral candidiasis include dentures, reduced salivary flow, corticosteroid inhalers, diabetes mellitus, and use of broad-spectrum antibiotics. Erythematous candidiasis can account for 60% of oral candidiasis in subjects presenting with a burning sensation in their oral cavity associated with a metallic or bitter taste. Lesions are red and sometimes ulcerated. Differential diagnosis includes geographic tongue and erythroplakia. Treatment consists of alleviating the underlying cause and treatment with nystatin or miconazole. Parenteral antifungals, such as fluconazole or amphotericin B, are sometimes needed for resistant cases.



FIGURE 1. Multiple erythematous lesions (arrow) on the palate.

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