

Are you becoming less visible to your child patients? You should be!

In this issue of the *Journal* we are including a report of the Attorney General's Workshop on AIDS, held at the Children's Hospital in Philadelphia, that was attended by two of our AAPD members, Linda P. Nelson and Manuel M. Album (see page 273).

The alarming data in the report include the information that in the United States there were 35,397 cases of AIDS as of April, 1987, of which 600 were pediatric AIDS cases and of these, 471 cases were in children under the age of 13 and 139 cases in young people 13-19 years of age. It is estimated that by 1991 more than 3000 children will have the disease.

During the conference the participants were reminded that 80% of the infected children had at least one parent with the disease. Twelve per cent of the infections had been transmitted by transfusion but 3% had no risk factors determined. It is shocking to realize that child abuse is emerging as a means of transmission of the disease.

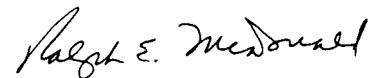
In recent years, it has been recognized that newborns infected with HIV have identifiable facial features including a small head, prominent forehead, flattened nose, and very prominent eyes with a bluish tint to the sclera. Recently, Dr. Penelope J. Leggott et al. (1987) reported on the oral manifestations of AIDS in children and young adults. These young individuals with the disease demonstrated various oral conditions including candidiasis, recurrent aphthous ulcers, primary herpetic gingivostomatitis, recurrent herpes labialis, and salivary gland disease. Since septicemia from an oral focus can cause a life-threatening infection in the immunocompromised host, careful evaluation of the oral tissues in children is an essential part of the pediatric dental examination.

A recent Center for Disease Control report in *Medical World News* (1987) indicated that three health care workers were infected with AIDS, but the report apparently created little stir among hospital staffs and administrators. But it probably prodded the safety awareness of many health professionals.

As stated by Bowen (1987), in the absence of a cure or a vaccine for AIDS, the only method for controlling the spread of the disease is to educate the American public and the members of the health professions about ways to protect themselves from infection. Possible drugs for treatment may be available soon, but we will probably not find an effective vaccine in the near future.

For the past two decades the dental profession has talked about preventive dentistry, usually referring to brushing, flossing, and the use of fluorides. Today, preventive measures extend to the prevention of the transmission of diseases, specifically AIDS, Hepatitis B, and those associated with the herpes virus. The preventive procedures mandate changes in the delivery of dental care with dentists, dental hygienists, and dental assistants donning protective eye wear, masks, and surgical gloves. Traditionally, dentists have not worn surgical gloves and masks while providing routine restorative care and for some the transition to the new operating procedures has not been an easy one. But the dentists have seen many changes in dental care delivery during the past two decades including the transition to sit-down, four-handed dentistry, expanded functions, and third-party payments; so the new preventive measures to which they must now adjust should be taken in stride.

Are you becoming less visible to your child patients as you hide behind a mask, protective eyewear, and surgical gloves? You should be!



Bowen OR: The war against AIDS. *J Med Educ* 62:543-48, 1987.

Center for Disease Control report: AIDS and health care workers. *Med World News* 28:16, 1987.

Leggott PJ, Robertson PB, Greenspan D, Wara DW, Greenspan JS: Oral manifestations of primary and acquired immunodeficiency diseases in children. *Pediatr Dent* 9:98-104, 1987.