HIV CD4+ 500

When HIV patients have CD4+ counts that drop below 500 cells/microL, they are at increased risk of developing opportunistic pathogenic infections. More specifically, these patients have an increased incidence of oral thrush related to candidiasis overgrowth as well as the characteristic Kaposi's sarcoma. Additionally, HPV may reactivate and can lead to warts and squamous cell carcinoma while EBV infection can cause oral hairy leukoplakia in patients at this stage of immunodeficiency.

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Signs and Symptoms

Candida albicans (Oral Thrush)

Canada Owl-can

When CD4+ levels drop below 500 cells/microL, patients are at risk for Candida albicans overgrowth. This fungal infection leads to oral thrush, forming white plaques on the mouth and tongue, which can be scraped off, leaving erythematous and bloody lesions.

Kaposi's Sarcoma (HHV-8)

Cape Shark-comb

Kaposi's sarcoma develops secondary to infection by human herpesvirus-8, or HHV-8. Patients develop papular nodules and blotches, which are purple, blue, black and red. These are typically seen on the skin, but can also affect the GI and respiratory systems.

Human Papillomavirus (HPV)

Human Puppet-virus

Patients with this level of immunodeficiency are also at increased risk of expressing more manifestations of human papillomavirus infection, or HPV. These include the presence of warts and, more severely, squamous cell carcinoma. In males who have sex with other males, this can be carcinoma of the anus, though it can also occur in the cervix in women.

Epstein-Barr Virus (Oral Hairy Leukoplakia)

Einstein Bar Virus

Epstein-Barr Virus, or EBV, can manifest as oral hairy leukoplakia in HIV-infected patients who have CD4+ count below 500 cells/microL. This is different from oral thrush associated with candida albicans because with oral hairy leukoplakia, the white plaques are unscrapable. These typically present on the lateral tongue with a hairy, corrugated appearance.

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