HIV INFECTION & ORAL SQUAMOUS CELL CARCINOMA

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After the sudden appearance of syphilis in Europe 500 years ago, rarely has any new disease had as great an impact on medicine, science and society and caused as much panic among the public and governments as has acquired immunodeficiency syndrome. The full consequence of this phenomenon may not be evident for several years because of the silent spread and slow evolution of this infection, but it is truly global in its magnitude and is unlikely to spare any continent, nation or race.

The emergence and pandemic spread of acquired immunodeficiency syndrome (AIDS) constitute the greatest challenge to public health in modern times. The first indication of this syndrome began in summer of 1981 from New York and California. The patients appeared to have lost their immune competence, rendering them vulnerable to overwhelming and fatal infections, as well as lymphoid and other malignancies. This condition was given the name **'Acquired Immune Deficiency Syndrome' (AIDS).**

With the rapid increase in the number of patients detected in USA and various parts of the world, the discovery of its causative agent was assumed to be the highest priority. In 1986, the virus causing AIDS was given a generic name **'HUMAN IMMUNODEFICIENCY VIRUS' (HIV)** by the International Committee on Virus Nomenclature. It belongs to the Lentivirus subgroup of the family Retroviridae.

The exact origin and spread are still a matter of controversy. Segal J etal (1989) were of the opinion that AIDS might have originated from monkeys in Africa and transmitted to humans from bite or scratches or by eating monkey meat.

HIV is a RNA virus with reverse transcriptase enzyme. Its genome contains both structural and non-structural genes, the products of which act as antigens like envelope antigens (gp120, gp41), shell antigen (p18), core antigens