

Letter to Editor

Dental Diagnoses throughout COVID-19 Pandemics

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Coronavirus disease 2019, also called COVID-19, is the latest infectious disease that has been developing rapidly worldwide and the spread of Severe Acute Respiratory Syndrome (SARS-CoV-2) coronavirus 2 has strongly impacted world health systems. Despite the worldwide worry in controlling the spread of the disease, the outbreak is still increasing due to the high capacity of dissemination and transmissibility via respiratory droplets or aerosols. The symptoms and signs of the disease are invariable and non-specific, including headache, sore throat, fever, dyspnea, hypogeusia and dry mouth [1].

In this scenario, dental surgeons are high-risk professionals due to direct contact, face-to-face, or even through the production of aerosols in such a variety of dental procedures, whether urgent and/or elective.

All people involved in dental appointments, including assistants and technicians have a professional, intermittent responsibility to be alert in this pandemic, as the recommendations change in a timeless manner.

In the past few months, some oral manifestations have been reported in patients with diagnoses of COVID-19. Though, the etiology and casuistry of these lesions are still controversial, whether due to the causal factor of the disease itself or secondary manifestations that result from the patient's systemic conditions. In recent studies, some authors described the presence of oral ulcerative lesions in the region of hard palate, tongue and desquamative gingivitis in a very small number of patients. However, these lesions present a similar aspect to the intra oral herpetic infection that could be caused by the herpes virus family. It should be noted that in some reports, the authors do not describe the systemic drug therapy used by patients, and it is known that COVID-19 and its treatment must affect the immunological system and increase individuals' susceptibility to a wide range of opportunistic fungal and viral infections [2-5].

Nevertheless, the likelihood of an infected patient to present signs and symptoms in the oral cavity should be considered, including dysgeusia, petechiae, candidiasis, traumatic ulcers, HSV-1 infection, geographic tongue, canker sores, among others [6].

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It is essential to provide clear and easy guidelines for managing symptomatic and/or asymptomatic patients, in order to make the work environment safe for both professionals and patients [7].

In conclusion, we suggest that patients with Covid 19 may develop oral lesions, either important symptoms, such as anosmia and ageusia, induced by inflammation. Hence, all patients testing positive for the virus should have a complete oral examination for better evaluation of the evolution of oral manifestations [2].

In contrast, as the oral mucosa may be the first area infected with SARS-CoV-2, mainly due to the greater expression of angiotensin 2-converting enzymes in this area, it can be inferred that lesions in this area may be the first signs of COVID-19 to appear, and if studies confirm this hypothesis, dental surgeons are the first to identify suspected SARS-CoV-2 patients and must refer them to medical care.

The aim of this article is to report current data on possible oral manifestations in patients with Covid-19 and to highlight the importance of dental care for these individuals, especially when it comes to suspected patients infected with SARS-CoV-2. Additional studies are needed to corroborate the direct relationship between oral lesions and COVID-19.

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