



What has the Pandemic COVID-19 Brought to Dentistry?

Irineu Gregnanin Pedron*

Private Practice, Professor, Department of Periodontology, Implantology, Stomatology, Integrated Clinic and Therapeutics, School of Dentistry, Universidade Brasil, São Paulo, Brazil

***Corresponding Author:** Irineu Gregnanin Pedron, Professor, Department of Periodontology, Implantology, Stomatology, Integrated Clinic and Therapeutics, School of Dentistry, Universidade Brasil, São Paulo, Brazil.

Received: October 04, 2021; **Published:** October 27, 2021

After 18 months of the pandemic, we now live a new reality, both personal and professional. We have increased our care in relation to biosecurity, at home, in society, and in our clinical practice, whether in the private practice, at the university, or in the hospital.

Unfortunately, COVID-19 brought a lot of loss and misfortune. There are an estimated 4.6 million deaths worldwide. In the US, just over 700,000 people lost their lives. In Brazil, the number does not stop, exceeding 600,000 deaths.

On the other hand, because of the emerging and rapid need, science has evolved abruptly, with the production of almost 200,000 articles in less than 2 years (data only from the US government, National Library of Medicine, Pubmed.gov).

Several diseases and conditions associated with and resulting from coronavirus infection have been listed constantly. Likewise, numerous other stomatological alterations have been observed in this time. Initially, among the stomatological and otorhinolaryngological alterations were described the deficient alterations related to smell (hyposmia and anosmia) and taste (hypogeusia and ageusia). Pedron and Caleb (2020) [1] presented salty taste in 19 coronavirus-contaminated patients. This symptom was observed regardless of diet and consumption of salty foods, as well as the use of toothpaste or mouthwashes or habits, such as smoking.

Among the oral manifestations, stomatitis; aphthous ulcerations; herpetiform lesions; candidiasis; mucositis; geographic, fissured, or depapillated tongue; Kawasaki-like lesions; erythema

multiforme-like lesions; necrotizing periodontal diseases; angina bullosa; cheilitis angularis; atypical Sweet syndrome lesions; and Melkerson-Rosenthal syndrome have been described [2-4]. Additionally, Gaujac, *et al.* (2021) [5] presented a case of mononeuropathy of the maxillary nerve branches associated with COVID-19. Discomfort in the eyeball and, in decubitus, paroxysmal pain in the region of the canine, premolar and molar teeth on the left side, with characteristics of continuous, well-localized, stinging and tingling pain, were reported. Additionally, dysesthesia associated with allodynia was observed, stimulated by a light manual pressure on the skin of the infraorbital nerve.

Oral hygiene deficient, opportunistic infections, stress, immunosuppression, vasculitis, and hyperinflammatory response secondary to COVID-19 are the most important predisposing factors for the appearance of oral lesions in COVID-19 patients [4].

Besides the already related stomatological alterations related to COVID-19, we observe in the dental clinic many fractured teeth resulting from excessive chewing forces, bruxism and clenching (Figure 1 and 2), and headaches secondary to these parafunctional habits. All these oral conditions are the result of stress and anxiety caused by the COVID-19 pandemic. Starting in the year 2021, we are restructuring our clinical activities, readjusting the service to the new sanitary requirements and bringing more comfort to dental patients. It is imperative to add clinical knowledge and scientific dissemination for the benefit of all mankind, so that we can overcome the COVID-19 pandemic.



Figure 1: Fractured teeth resulting from excessive chewing forces (A); Patient presenting with stress-related incisal wear during pandemic COVID-19 (B).

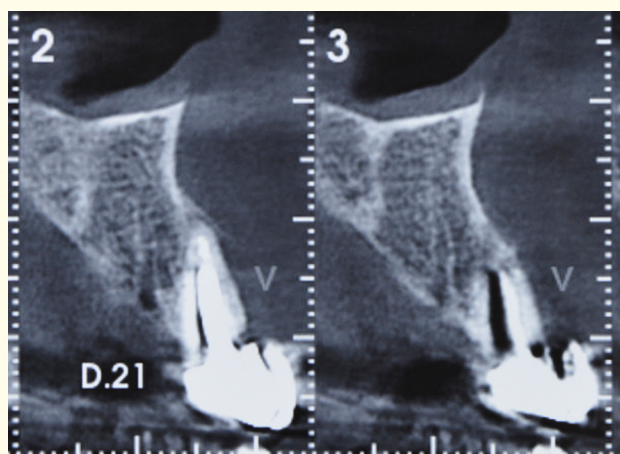


Figure 2: Computed tomography (parasagittal sections) showing longitudinal fracture of tooth 21.

3. Amorim dos Santos J, Normando AGC, Silva RLC, de Paula RM, Cembranel AC, Santos-Silva AR, Guerra ENS. Oral mucosal lesions in a COVID-19 patient: New signs or secondary manifestations? *InT J Infect Dis.* 2020;97:326-328.
4. Amorim dos Santos J, Normando AGC, Silva RLC, Acevedo AC, Canto L, Sugaya N, Santos-Silva AR, Guerra ENS. Oral manifestations in patients with COVID-19: A living systematic review. *J Den Res.* 2021;100(2):141-154.
5. Gaujac C, Takeshita WM, Gaujac DP, Pedron IG, Shinohara EH. Mononeuropathy of the maxillary nerve branches associated with COVID-19. *Arch Health Invest.* 2021;10(3):442-444.

Volume 4 Issue 11 November 2021

©All rights are reserved by Irineu Gregnanin Pedron.

Bibliography

1. Pedron IG, Shitsuka C. Salty Taste and COVID-19. *SAODS.* 2020;3(6):16.
2. Iranmanesh B, Khalili M, Amiri R, Zartab H, Aflatoonian M. Oral manifestations of COVID-19 disease: A review article. *Dermatol Ther.* 2021;34(1):e14578.