SCIENTIFIC ARCHIVES OF DENTAL SCIENCES (ISSN: 2642-1623)

Volume 4 Issue 2 February 2021

Editorial

Tooth Problem due to COVID-19

Viroj Wiwanitkit*

Honorary Professor, Dr DY Patil University, Pune, India

***Corresponding Author:** Viroj Wiwanitkit, Honorary Professor, Dr DY Patil University, Pune, India.

Received: February 19, 2021; **Published:** February 21, 2021

Abstract

Currently, COVID-19 is the big public health. The disease is a respiratory infection but it can cause non-respiratory problem. The impact of COVID-19 on dental health is little mentioned. In this editorial, the author discusses on the tooth problem due to COVID-19.

Keywords: *Tooth; Problem; COVID-19*

Currently, COVID-19 is the big public health. The disease is a respiratory infection but it can cause non-respiratory problem. The impact of COVID-19 on dental health is little mentioned. In this editorial, the author discusses on the tooth problem due to COVID-19. First, although there are many possible atypical presentation of COVID-19 [1], the data on tooth abnormality as presentation of COVID-19 is limited.

Regards tooth complication due to COVID-19, there are some reports. For example, Dziedzic corresponding and Wojtyczka reported that the patient recovered from COVID-19 might suffer from tooth loss associated with soft tissue inflammatory process [2]. Sirin and Ozcelik [3] recently studied the impact of COVID-19 by radiological investigation and found that dental damage stage was associated with the severity and prognosis of viral disease. The impact of COVID-19 on tooth is a very interesting issue for further research.

Conflict of Interest

None.

Bibliography

1. K Koora, MS Muthu, PV Rathna. Spontaneous closure of midline diastema following frenectomy. Journal of Indian Society of Pedodontics and Preventive Dentistry. 25(1):23-26.
2. HJ Keene. Distribution of diastemas in the dentition of man. American Journal of Physical Anthropology. 1963;21(4):437-441.
3. JT Kaimenyi. Occurrence of midline diastema and frenum attachments amongst school children in Nairobi, Kenya. Indian Journal of Dental Research. 1998;9(2):67-71.
4. Adams CP. Relation of spacing of the upper central incisors to abnormal frenum labii and other features of the dento-facial complex. Am Dent J. 1954;74:72-86.
5. Edwards JG. The diastema, the frenum, the frenectomy a clinical study. Am J Orthod. 1977;71:489-508.
6. Rahilly G, Crocker C. Pathological migration: an unusual cause of midline diastema. Dent Update. 2003;30(10):547-549.

7. PR Chalifoux. Perception esthetics: factors that affect smile design. Journal of Esthetic and Restorative Dentistry. 1996;8(4):189-192.

8. R Prabhu, S Bhaskaran, KG Prabhu, M Eswaran, G Phanikrishna, B Deepthi. Clinical evaluation of direct composite restoration done for midline diastema closure-long-term study. Journal of Pharmacy and Bio allied Sciences. 2015;7(6):559.

9. BG Dale, KW Aschheim. Esthetic Dentistry: A Clinical Approach to Techniques and Materials. 11, Lea and Febiger, Philadelphia, Pa, USA, 1993.

10. YK Lee, BS Lim, CW Kim. Effect of surface conditions on the color of dental resin composites. Journal of Biomedical Materials Research. 2002;63(5):657-663.

11. B Bagıs, HY Bagıs. Porcelain laminate veneer and direct composite lamination - A comparative study. Journal of Ankara University. 2006;33(1):49-57.

12. Larry J Oesterle, W Craig Shellhart. Maxillary midline diastemas: a look at the causes.

13. S Berksun, PS Kedici, S Saglam. Repair of fractured porcelain restorations with composite bonded porcelain laminate contours. The Journal of Prosthetic Dentistry. 1993;69(5):457-458.

14. A Azzaldeen, AH Muhamad. Diastema closure with direct composite: architectural gingival contouring. Journal of Advanced Medical and Dental Sciences and Research. 2015;3(1):134-139.

15. M Demirci, S Tuncer, E ¨Oztas, N Tekc¸e, O Uysal. A 4-year clinical evaluation of direct composite build-ups for space closure after orthodontic treatment. Clinical Oral Investigations. 2015;19(9):2187-2199.

16. RE Jordan. Esthetic Composite Bonding Techniques and Materials, Mosby-Year Book, St. Louis, Mo, USA, 2nd edition, 1993.

17. CFJ Stappert, U Ozden, T Gerds, JR Strub. Longevity and failure load of ceramic veneers with different preparation designs after exposure to masticatory simulation. Journal of Prosthetic Dentistry. 2005;94(2):132-139.

18. R Hickel, D Heidemann, HJ Staehle, P Minnig, NH Wilson. Direct composite restorations: extended use in anterior and posterior situations. Clinical Oral Investigations. 2004;8(2):43-44.

19. KW Hemmings, UR Darbar, S Vaughan. Tooth wear treated with direct composite restorations at an increased vertical dimension: results at 30 months. The Journal of Prosthetic Dentistry. 2000;83(3):287-293.

20. DA Garber, RE Goldstein, RA Feinman. Porcelain Laminate Veneers, Quintessence Publishing, Chicago, Ill, USA, 1988.

21. B Bagıs, HY Bagıs. Porcelain laminate veneer and direct composite lamination - A comparative study. Journal of Ankara University. 2006;33(1):49-57.

Volume 4 Issue 2 February 2021