

Being a Dentist and the Dental Emergency during the Covid-19 Pandemic

Júlia Damasceno Pompílio, Kátia Maria Gonçalves Marques, Rosa Maria Mariz de Melo Sales Marmhoud Coury, Criseuda Maria Benício Barros, Marília Cleide Tenório Gomes, Amanda Caroline Oliveira Henrique Mendes, Niedje Siqueira de Lima and Luciana de Barros Correia Fontes*

Department of Clinical and Preventive Dentistry, Federal University of Pernambuco, Brazil

***Corresponding Author:** Luciana de Barros Correia Fontes, Department of Clinical and Preventive Dentistry, Federal University of Pernambuco, Brazil.

Received: March 23, 2021

Abstract

This opinion is based on the experiences of academics and professionals of Brazilian dentistry, during the long period of coexistence in the pandemic of COVID-19, emphasizing the challenges of understanding what is a dental emergency, the impacts on the training of professionals and the demands of the assisted population.

Keywords: *Coronavirus Infection; Dentistry; Oral Health*

For more than a year we have been living with the pandemic of COVID-19 in the world. Many losses. A feeling of hopelessness, relieved by the arrival of vaccines, but still present. What will it be like from now on? Living one day at a time, with faith and reflecting on the whole context of the fragility of human existence, and why we have come this far, is perhaps the possible way forward.

In the health field, a physical and mental exhaustion for the work team in the “front line of the fight” against this serious and treacherous disease. For the professionals of the area who do not fit in this condition, but who work treating the demands of the population with love, commitment and means of survival, the conditions for assistance is linked to a condition of emergency, urgency. It is as if all procedures, now “elective”, had no need.

And in this context, multiple therapies, integrated and with important repercussions on the development and quality of life of individuals, are included. Dentistry is among these, whether in academic training, in assistance to the population or in the exercise as a working activity.

Only emergency and urgent dental procedures under adequate structural and personal protective equipment conditions for safety; elective or extended elective depending on the epidemiological moment and previously reported conditions [1].

Yes...due to the characteristics of the dentist’s work, the proximity with the patient’s oral cavity, procedures that generate aerosols... everything seems to signal a greater risk of infection and transmission of COVID-19. On the other hand...we have training directed towards the principle that “health begins in the mouth”, “the oral cavity is the gateway to various microorganisms and also to the early diagnosis of health conditions and detection of specific diseases” [2].

Prevention is the north; but the treatment of the demands presented and the control of these have a unique relevance. We need to avoid situations of pain, discomfort, risk for a septic focus, problems in the performance of the functions of the stomatognathic system; particularly mastication. In a reverse direction and during the pandemic of COVID-19, only those oral health needs presented could be categorised for care. Those with the potential risk of compromising the patient's airway: uncontrolled bleeding, cellulitis or diffuse bacterial infections, with increased volume (oedema) of intraoral or extraoral location, trauma involving the facial bones, acute pain from pulpitis, orofacial pain, denture adjustments that are causing injury or discomfort in the oral cavity, pericoronaritis, alveolitis, necrotizing ulcerative gingivitis, necrotizing ulcerative pulpitis, suture removal, dental or periodontal abscess, dental trauma, denture cementation, extensive caries, mucositis, biopsy and oral cancer support actions [3].

The list of procedures includes basic or primary health care and the Dental Specialties Centres. However, other conditions that could lead to potential compromises in the airway, such as exfoliation of deciduous teeth and periodontal diseases with tooth mobility, among others. The use of maxillary functional orthodontic or orthopedic appliances, without maintenance, has a potential harmful effect on the oral cavity, as well as harmful interference in the craniofacial growth and development of children and adolescents. Some dentofacial deformities are associated with the individual's air passage, for example. Individuals diagnosed with COVID-19 are more susceptible to opportunistic infections, of the viral, fungal type, with painful manifestations almost always observed at the level of the oral cavity and which substantially imply food intake, so necessary for organic and immunological re-establishment.

Oral manifestations of COVID-19 disease included: ulcer, erosion, bulla, vesicle, pustule, fissured or depapillated tongue, macule, papule, plaque, pigmentation, halitosis, whitish areas, hemorrhagic crust, necrosis, petechiae, swelling, erythema, and spontaneous bleeding. The most common sites of involvement in descending order were tongue, labial mucosa, palate, gingiva, buccal mucosa, oropharynx, and tonsil. Suggested diagnoses of the lesions were aphthous stomatitis, herpetiform lesions, candidiasis, vasculitis, Kawasaki-like, EMlike, mucositis, drug eruption, necrotizing periodontal disease, angina bullosa-like, angular cheilitis, atypical Sweet syndrome, and Melkerson-Rosenthal syndrome. Oral lesions were symptomatic in the most of cases with painful, burning sensation or pruritus. Oral lesions could precede systemic symptoms. Sometimes they appeared simultaneously or with a latency time after the systemic symptoms from four days to 12 weeks [4].

While living with the pandemic of COVID-19 and as we are not considered essential services, suddenly what was controlled went totally out of control; even with tele-guidance. Regularly assisted patients were left in unassisted. Undergraduate students had their practical activities suspended. Anxiety levels and mental health and resilience are being tested to the limit. They need to graduate, to enter a job market and fight for survival. In a profession where practice, manual training for technique and treating the individual, with their diverse characteristics is the north...what does it all mean in the remote?

Little is known about the impacts this disease had on oral health or whether oral manifestations could be the north for early interventions, monitoring of individuals. It was simply ignored. We certainly need to save lives and, as health professionals, we have to collaborate for that. And that is what we sought to accomplish: to seek the providence for what was lacking for those professionals directly involved in the confrontation; particularly in hospitals and intensive care units; besides the process of raising awareness of the population and the feasibility of feeding, masks, in the process of guidance on the symptoms and referrals, for symptomatic pictures.

Even for vaccination and with the release for health professionals, dentists were condemned for queuing up, by some media professionals, with derogatory terms that no one was prepared for. Are we also not professionals in imminent vulnerability?

When we think of the individuals who need regular therapy for a better quality of life, for a better development, and who simply had their access interrupted during this pandemic, we ponder on the health professionals and the entire population for whom the restrictions represented, besides the loss of income or family support, the loss of hope. And for the assisted population... a request for forgiveness, because we cannot put it all together.

We cannot go back in time and we need to move on, remembering that, although COVID-19 is claiming many lives, there are many lives beyond COVID-19 and that they need to move on with quality. How to reconcile this? Trying to reflect on the mistakes and the two-way disrespect...that would be the beginning. To understand that we need a collective effort and common sense [5].

There is still a way to go. Let's keep on hoping!

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Volume 5 Issue 5 May 2021

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