CLINICAL MANIFESTATION OF COVID-19 IN THE ORAL CAVITY

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Abstact

Thirty COVID-19 patients (19 women and 11 men) with oral mucosal pathology were examined at the Department of Dentistry of Samarkand State Medical University for consultations on oral mucosal diseases. Clinical examination methods included collecting patient complaints and medical history, taking into account data from medical records. The dental examination of patients included an examination of the mucous membrane of the oral cavity and an assessment of the condition of the teeth. Examination methods included interpretation of the results of bacterial plaque culture from the oral mucosa and cytological examination of smears from the erosive base.

Introduction

Severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2) has precipitated one of the most significant pandemics in human history. This was made possible due to a particular viral characteristic: its elevated transmissibility at the commencement of the pandemic in late 2019. In a single infection, the virus transmitted to 3.6 to 6 individuals within a susceptible population in a European context, as indicated by the basic reproductive number R0 [1]. Over the past three years, more transmissible variations have emerged. SARS-CoV-2, a respiratory virus, transmits by droplets and aerosols released during normal respiration, with significantly increased emission during speaking, singing, coughing, and sneezing. The oral cavity is physically and physiologically integral to these processes, suggesting it plays a crucial role in SARS-CoV-2 transmission. Therefore, a comprehensive understanding of the oral cavity as a portal and reservoir for SARS-CoV-2 and other viruses is essential for infection prevention. This review will critically analyze both epidemiological and wet-laboratory data within a medical setting.
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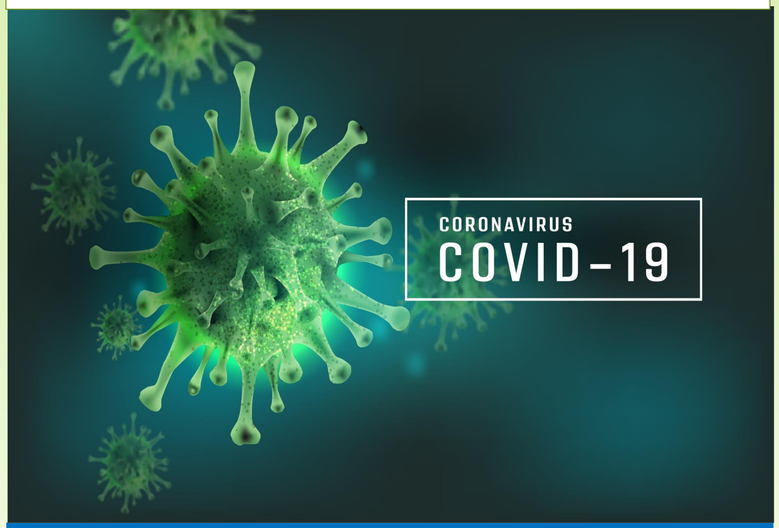
Aim of the research

To study the clinical manifestations of COVID-19 in the oral cavity.



Materials and methods

Thirty COVID-19 patients (19 women and 11 men) with oral mucosal pathology were examined at the Department of Dentistry of Samarkand State Medical University for consultations on oral mucosal diseases. Clinical examination methods included collecting patient complaints and medical history, taking into account data from medical records. The dental examination of patients included an examination of the SOPR and an assessment of the condition of the teeth. Examination methods included interpretation of the results of bacterial plaque culture from the oral mucosa and cytological examination of smears from the erosive base.

Reference:

1. Di Spirito, F.; Caggiano, M.; Di Palo, M.P.; Contaldo, M.; D'Ambrosio, F.; Martina, S.; Amato, A. Oral Lesions in Pediatric Subjects: SARS-CoV-2 Infection and COVID-19 Vaccination. Appl. Sci. 2022, 12, 8995. [CrossRef]
2. Sällberg, M. Oral Viral Infections of Children. Periodontology 2000 2009, 49, 87–95. [CrossRef] [PubMed]

Results of the research

Patients complained of various rashes, spots, and mouth ulcers. Their medical history revealed that they had previously had coronavirus infection. There were no clear boundaries as to when the oral lesions appeared, whether they developed at the onset of COVID-19 or after treatment. Most patients complained of bad breath, probably due to a decrease in taste and smell sensitivity. The halitosis experienced by patients was likely caused by taste and smell disorders. Patients also complained of pain when eating, talking, chewing and swallowing, and bacteriological tests showed that 70% of patients were diagnosed with candidiasis. It should be noted that patients had white pseudomembranous plaques on their tongues. The mucous membrane of the hard palate is partially hyperemic, with enanthem present. Patients complain of acute, painful defects. There are small, hyperemic, clearly defined round or oval spots less than 1 cm in diameter that rise from the surrounding mucous membrane and erode, turning into aphthae.

Conclusion

Thus, patients with COVID-19 experience a variety of dental manifestations in the oral cavity. Currently, there is no evidence as to whether the occurrence of complications in the oral cavity during coronavirus infection is mainly associated with the virus itself or with the medications received by the patient during drug therapy. The dentist's task is to diagnose dental manifestations in patients with coronavirus infection in a timely manner and to select the most appropriate treatment algorithm in accordance with the clinical manifestations in the oral cavity.

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