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Letter to the editor

Social media and telemedicine for oral diagnosis and counselling in the COVID-19 era

Letter to editor

Over the last years, there has been a significant improvement in the survival rate of patients with critical oral diseases, and this result is directly correlated to stage at initial presentation [1,2]. The early diagnosis is the most effective way of reducing the individual burden of the disease, decreasing morbidity, and mortality and improving quality of life. For this to happen, health professionals need to be close to their patients. How to do it in the COVID-19 era?

During this COVID-19 pandemic, a known program has achieved even more focus, the telemedicine. The care to have the least in-person contact between people to prevent the spread of the virus (self-quarantine), defended by international authorities, has made electronic consultations gain even more visibility [3,4]. Besides helping patients to control chronic diseases and to give an early diagnosis, the telemedicine can “forward triage” people with possible symptoms of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). This approach allows patients to be efficiently screened as well as avoid the spreading of the virus among patients, health professionals, and exposed community.

The obstruction here is about the existence of just a few telemedicine systems. Since no telemedicine program can be created suddenly, an alternative adopted by different patients is to use the instant messaging applications from social media. Mobile applications based on text messaging and images can be useful with instant communication and quick decisions. Even with some limitations, this alternative also helps people to rule out oral lesions, have an early diagnosis and correct follow-up. Similarly, such an alternative helps to rule out SARS-CoV-2 symptoms quickly and avoid long lines in hospitals and emergency care, which is really great to reduce the virus spreading.

Rather than expected, all the recommendations regarding COVID-19 in-person care places, these programs enable us to refer only patients with oral lesions of greater severity and to high-risk patients to triage lines of COVID-19 and even allows patients to schedule a medical consultation by video. After this automatic flow, these patients may be isolated from others with positive COVID-19 when they arrive at in-person care places, avoiding either their contamination or, in case they are positive COVID-19, spreading it to the others.

We can illustrate a usefulness for this strategy using a model case. Here in Brazil, we are on social isolation since this middle March, and many specialized oral health care services are closed to the public.

Despite this situation, patients are still looking for urgency services, and general clinics are communicating with reference professionals. This last week, a general dentist looked for assistance due to pinky-purple symptomatic nodule lesions affecting the oral mucosa, with few days of onset, associated with purple spots on skin on a 49 years-old female patient with controlled diabetes. The dentist sent images and a brief description by WhatsApp (Fig. 1). She was advised to order a blood examination due to suspected Idiopathic Purpura. The exam result showed severe thrombocytopenia, and the patient was referred to the hospital unity in order to be treated by the use of systemic steroids. The procedure had an outstanding response.

Thus, although telemedicine programs or similar will not solve all the health problems, they are well suited for scenarios like the one we are experiencing with the COVID-19. In this case, it may be a virtually perfect solution, and the in-person visits should become the second, third, or even last option for meeting patient needs, as Duffy and Lee said in 2018 [5].

Authors' contributions

R.A. Machado contributed to conception, design, data acquisition and interpretation, drafted and critically revised the manuscript. N.L. de Souza, R.M. Oliveira, H. Martelli Júnior, and P.R.F. Bonan contributed to conception, design, data acquisition and interpretation and critically revised the manuscript. All authors gave their final approval and agree to be accountable for all aspects of the work.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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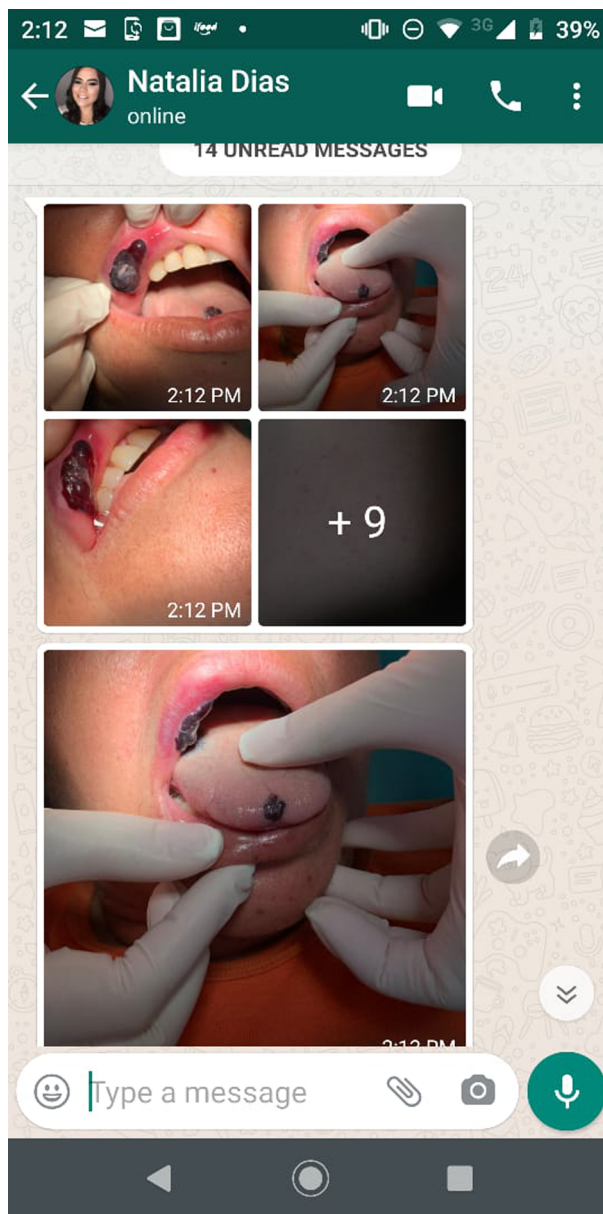


Fig. 1. Image of WhatsApp screen reporting a clinical case during Covid-19 confinement.

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