

# Who's afraid of the big bad wolf? The experience of an Oral Medicine Unit in the time of Corona-Virus

Dear Editor,

To cope with the emergency from COVID-19 (2019-nCoV) and to increase the supply of intensive care beds, all over the world it was necessary to remodel or suspend the deferred and non-urgent inpatient and outpatient activities, including those provided by the dental clinics.

From the end of February, a little before the national lockdown imposed by Italian government the 9 March, the activity of our Oral Medicine service at the clinic of the Dental School of the University of Milan decreased significantly. Many nurses were moved to the new COVID clinics of the general hospital to which our dental clinic belongs, and some of our doctors have carried out support actions (i.e., telephone activities for citizens and for patients in quarantine). In addition, since dental health workers are repeatedly exposed to droplets and aerosols from the upper aero-digestive tract, they are among the health care workers at highest risk for 2019-nCoV infection. As a consequence, the clinical training of the dental students was suspended, as in most countries worldwide (Coulthard, 2020), greatly reducing our capability to treat patients.

The few of us who remained have dedicated themselves mainly to services that cannot be deferred: dental emergencies, first consultations and follow-up of subjects suffering from oral mucosal diseases, and treatments for patients undergoing radio-chemo-therapy and bone marrow transplantation.

In particular, 480 oral medicine visits were scheduled from February 24, when the activity was reduced, to May 2. How many patients showed up? Very few: just over 50. Any lessons from this?

Almost all the patients who presented suffered from potentially malignant disorders of the oral cavity (OPMD; Khan et al., 2019), such as leukoplakia, erythroplakia and oral lichen planus. Even though OPMD are not life threatening, all those who deal with oral medicine know that OPMDs induce, in many patients, anxiety associated with their nature and the awareness that there is no definitive cure (Tadakamadla, Kumar, Laloo, Gandhi Babu, & Johnson, 2018; Wiryakijja et al., 2020). Making diagnosis of OPMD, we are challenged to maintain a balance between not frightening patients and not losing them at follow-up, because the problem is too much minimized.

The fact that most of the patients who showed up had OPMDs makes us confident that we conveyed, at the moment of diagnosis, a correct message. As a consequence, and despite the fear associated with pandemic, the patients correctly assessed the importance of their oral disease, maintaining the follow-up visit. No patient showed up for checks of benign conditions (i.e., traumatic lesions, oral pigmentation, xerostomia, candidiasis, ...).

Noteworthy, two patients receiving a new diagnosis of oral squamous cell carcinoma were invited to plan the intervention with maxillo-facial surgeon. Their initial reaction was asking to postpone all the procedure of few months, showing to be more scared of contracting the infection in the hospital, rather than a real neoplastic condition. However, following an exhaustive explanation of their own pathological status, they reconsidered their position.

Lastly, what about burning mouth disorder (Miller et al., 2019)? This is a clinically form of chronic orofacial pain characterized by the absence of any noticeable local and or systemic cause. Several studies suggest to consider BMD as a neuropathic condition (Ariyawardana et al., 2019), probably associated with psychological factors (Galli, Lodi, Sardella, & Vegni, 2017). Anxiety and depression are common among patients with BMD who suffer also from frustration related to the lack of effective medications and of understanding from relatives. In the lockdown period, many of these patients searched a contact by telephone and e-mail, squeezed between the worsening of their condition in such a stressful time, and the fear of the big bad wolf.

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## KEYWORDS

Burning Mouth Disorder, COVID-19, oral potentially malignant disorders, psychological status

## CONFLICT OF INTEREST

None to declare.

## AUTHOR CONTRIBUTIONS

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