Received: 10 May 2020 | Accepted: 31 May 2020

DOI: 10.1111/odi.13477

ORAL DISEASES Leading in Oral, Maxillofacial, Head & Neck Medicine WILEY

LETTER TO THE EDITOR

Oral manifestations in COVID-19 patients

In a recent short communication "Oral vesiculobullous lesions associated with SARS-CoV-2 infection" with a running title "Oral manifestations in COVID-19 patients," Martín Carreras-Presas, Amaro Sánchez, López -Sánchez, Jané -Salas, and Somacarrera Pérez (2020) described three patients who developed oral ulcerative lesions during the COVID-19 lock-down period: a 56-year-old healthy man, a 58-year-old-man with diabetes and hypertension, and a 65-year-old woman with hypertension. These comorbidities are strongly associated with a poor prognosis in patients with SARS-CoV-2; thus, it is more likely that fear and emotional stress were the underlying cause that triggered herpetic lesions on the palate of two of these patients. Furthermore, it is unlikely that the third patient's lesions (desquamative gingivitis and lip blisters) can be considered to be oral manifestations of COVID-19, simply because they appeared approximately one month after the patient was diagnosed with COVID-19 and after more than one week after she had been discharged from the hospital. In agreement with the authors, further studies are needed to investigate the oral manifestations of COVID-19, although the literature from other countries (Hjelmesæth & Skaare, 2020) and the anecdotal evidence collected from COVID-19 patients sharing their experience do not fit the narrative that COVID-19 is associated with oral vesiculobullous lesions (Sarker et al., 2020).Governments have been exhausting all possible measures to detect, test, treat, isolate, and trace all possible patients to combat the COVID-19 pandemic; thus, it is very unlikely that public health officials in all the pandemic epicenters, frontline first responders, and healthcare workers have not identified such oral manifestations of COVID-19. Had there been any association between oral ulcers and infection with SARS-CoV-2, it would have been reported by the thousands of symptomatic patients who have been affected by the disease because oral ulcers are very painful and interfere with chewing, swallowing, and speaking (Scheme I-Suárez, López-López, & Chimenos-Küstner, 2015). The current literature supports the evidence that dysgeusia is the only oral symptom of COVID-19. In a cross-sectional study by Giacomelli et al. (2020), the authors verbally interviewed 59 hospitalized patients with COVID-19, and their primary objective was to evaluate the prevalence of olfactory and taste disturbances, in particular the presence or absence and the characteristics of these disturbances at or before the patients were hospitalized, none of the interviewed patients reported oral ulcerations or vesiculobullous lesions. Ulcerations and blisters of the oral cavity are more likely to be reported, noted, and documented by any researcher interested in evaluating dysgeusia. Furthermore, undocumented and documented numbers of nurses, physicians, and other healthcare workers who fell ill with COVID-19 (Udale-Smith, 2020) would have reported similar oral manifestations to increase awareness and to allow for early detection of infection with SARS-CoV-2.In conclusion, the current body of knowledge supports the evidence that oral ulcerations and vesiculobullous lesions are not manifestations of COVID-19 or infection with SARS-CoV-2. It is important to share this information so as to avoid anxiety among patients and to educate dentists whose treatment decisions may be impacted under the erroneous assumption that oral ulcerations or blisters are manifestations of COVID-19.

CONFLICT OF INTEREST

The author declares no conflict of interests.

AUTHOR CONTRIBUTIONS

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