Oral manifestations of covid 19: a Review

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ABSTRACT

multiple virus has manifestations, Dysgeusia is the first recognized oral symptom of novel coronavirus disease (COVID-19). In this review article, we described oral lesions of COVID-19 patients. Oral manifestations 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 (38%), labial mucosa (26%), and palate (22%). Suggested diagnoses of the lesions were aphthous stomatitis, herpetiform lesions, candidiasis, vasculitis, Kawasaki-like, EM-like, mucositis, drug eruption, necrotizing periodontal disease, angina bullosalike, angular cheilitis, atypical Sweet syndrome, and Melkerson-Rosenthal syndrome. Oral lesions were symptomatic in 68% of the cases. Oral lesions were nearly equal in both genders (49% female and 51% male). Patients with older age and higher severity of COVID-19 disease had more widespread and sever oral lesions. Lack of oral hygiene, opportunistic infections. stress, immunosuppression, vasculitis, and hyperinflammatory response secondary to COVID-19 are the most important predisposing factors for onset of oral lesions in COVID-19 patients.

Keywords: COVID-19; aphthous; gingivostomatitis; manifestation; oral.

I. INTRODUCTION

Corona virus was first reported in 2019 in Wuhan city of china, as initially symptoms of cough cold and respiratory condition. In India it was reported in January 2020. This review discusses various oralmanifestations of Covid-19 reported in the literature along with possible underlying

mechanisms. The reported manifestations include taste impairment, oral mucosal changes (petechiae, ulcers, plaque-like lesions, reactivation of herpes simplex virus 1(HSV1), geographical tongue and desquamative gingivitis) and dry mouth. ¹

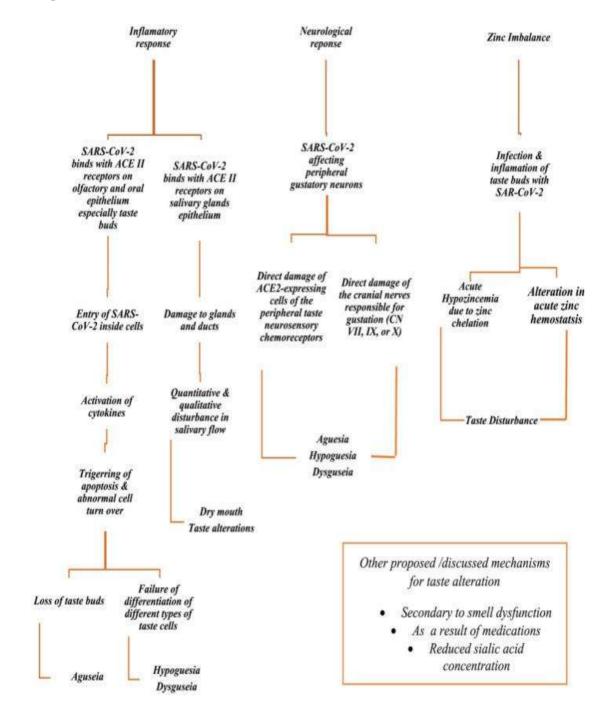
The prominent location for mucosal lesions are tongue, palate and labial mucosa. The exact pathogenesis of these oral symptoms is not known. Angiotensin-converting enzyme 2 (ACE2) cell receptors are expressed in abundance on oral mucosa allowing severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) to infect them. Gustatory impairment along with olfactory changes is now listed as a symptom of Covid-19 by the World Health Organization, but further research is needed to confirm a link between reported additional oral symptoms and Covid-19.

Dental professionals may encounter individuals with Covid-19 and be called upon to identify various oral manifestations of this disease.

Gustatory impairment was the most common oral mantestation with a prevalence of the pooled eligible data for different taste disorders were dysgusia 38% for and 25% hypogusia, while agusia had prevailing of 24% associated with COVID-19. Taste is the main component for saliva formation This may be by olfactory dysfunction or may suggest neurological involvement .common manifestation of covid can beburning sensation , Study leading to that oportunistic fungal infections, on recurrent ulcers decrease saiva flow.gingivitis and gets as red strawberry tongue .

Strawberry tongue are more commonly seen ,candidiasis thrush is among the patients.COVID-19 patients we should consider the accurence of some oral sign and symptoms, including dygeusia petechia, candidiasis, traumatic ulcers, HIV-1 infection geographical tongue others among mights important role in these conditions.²

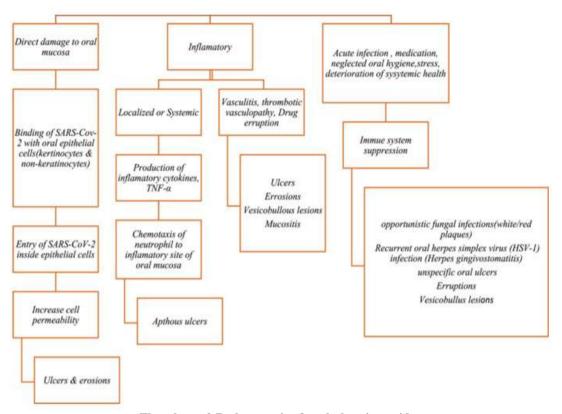
Pathogenesis



Flowchart: 1 Pathogenesis of Dysgeusia in covid

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Flowchart :2 Pathogenesis of oral ulcer in covid

Oral Manifestations Treatment

Topical

Nystatin 100.000) Pas 005 for 7-10 days Micon (24 my) maconul (100) Apply QDS 18 days Fusidic acid cream For angular stomatitis for 7-14days

Systemic

Fluconazole (50mg/day) for 7-10 days Itraconazole (100mg/day for 14 days) Ketoconazole (200mg/day for 7-14 days).³

II. **CONCLUSION**

COVID-19 patients we should consider the accurence of some oral sign and symptoms, including dygeusia petechia, candidiasis, traumatic ulcers, HIV-1 infection geographical tongue others among es mights play important role in the these alconditions.

REFERENCES:

- COVID-19 [1]. Iraqi mnistry of health guidelines.
- [2]. http//.forum.facmedicine.com/threads/ breaking news favilavir-approved experimental -coronavirus-drug 47832.
- [3]. http//.www.medscape.com