



Editorial

Role of dentist in covid -19: Future preparedness for 3rd Wave

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Since the outbreak of COVID-19, worldwide healthcare systems have been severely demanding. The increasing and explosive overflow of positive cases have led to a crucially increase in demand for medical care.¹ On the groundwork front, hospitals have actively scaled up their capacity of basic and critical care beds. Such stressors have been associated with decreased job performance and fatigue-related errors which could harm patients.² In responding to this crisis with a multi-sectorial, impartial and human-rights focused approach, the United Nations entities have called for voluntary support from professionals with medical backgrounds for various job capacities to manage the pandemic.

Dentists can play a role in voluntary medical assistance and future preparedness for a similar pandemic. Both dentists and physicians have different scopes of practice, but their trainings share similarities. Hence, dentist with their knowledge of basic human science and sterile surgical techniques, are an irreplaceable resource in the COVID-19 pandemic response. Overall, it is admirable that many dentists have risen to the challenge in the fight against COVID-19. Robust training of dental practitioners in clinical medicine and basic cardiac life support training can strengthen the candidature of dentists to volunteer services for COVID-19 control and spread. Licensed dentists are eligible to administer COVID-19 diagnostic

tests such as nasopharyngeal and oropharyngeal swabs and can effectively reduce the overburden and increased testing. Dental clinics that are fully equipped with facilities to control aerosol spread of infections, such as negative pressure rooms and high-volume excavators, can offer help to build up the capacity for COVID-19 screening.³

Face of dentistry is changing

The face of dentistry is changing, with COVID-19 presenting an unprecedented challenge to the dental industry. With advent of safety protocols and newer technologies we are trying our level best to tackle this situation but are we able to deal with this deadly wave? COVID-19 will have an inseparable bond with us, but we need to make every possible effort. Several protocols have been set up like screening patients prior to initiation of any dental procedures and triage. The dentists are advised to don personal protective equipment (PPE) kits, facemasks preferably N-95 and face shields. Aerosol generating procedures are minimised, adequately ventilated operatory are used and strict infection control measures and bio-waste management are reinforced. Newer advents like tele dentistry or web/ telephonic consultation are also being encouraged.

The future and sustenance of practicing and emerging dental professionals depend on their adherence to these new norms and protocols and adapting to post-COVID dentistry.

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Post COVID-19 oral complications – A matter of great concern

COVID-19 pandemic has severely affected all spheres of activities of the world. Though few months back in the early phases of the pandemic, the focus was to meet the relentless COVID-19 health emergencies, with the receding first wave providing vaccination assumed priority. At the same time, nowadays some peculiar post-COVID-19 complications are being reported of which oral fungal infections were being the most common.

Of such infections, the most reported were the pathological entities like mucormycosis, aspergillosis and oral commensals like candidiasis. Use of steroids, possibility of altered blood sugar levels, and persistent increased pro-inflammatory markers, such as interleukin(IL)-1, IL-6, and tumor necrosis alpha might be a big reason for spurt of these fungal infections in COVID-19 patients. An add on disadvantage among these patients are lesser number of CD4 interferon-gamma expression with fewer CD8 and CD4 cells. These together owes to a enhanced immune suppression and ease of nosocomial spread of such infection turns severe.

Dental surveillance – The need

A dentist would need to investigate any unexplained swelling, ulcers, or patches especially among post COVID-19 patients who were on steroids for longer duration and whose blood sugar levels are exceptionally high. Adequate case history prior to the treatment should be taken regarding associated clinical signs for high blood sugar, recent loss of weight, polydipsia and polyuria. If needed, the lesion must be investigated with radiology or pathologically at the earliest. Early diagnosis and treatment with antifungal drugs would lead to a better prognosis while chances of morbidity or mortality is higher with delayed treatment. Reconstruction can be effectively done later though being

a challenging scenario.

The effects of hospital outbreaks and emergence of *Candida auris*, especially drug-resistant strains have been reported in COVID-19 treatment units. Thus, if the patient escapes surveillance and the infection spreads, it can lead to a disastrous effect. Thus, dentist these days while treating a post COVID-19 patients, should priorly always do a massive oral screening for any orofacial fungal infections and try to solve this problem on a priority basis.

Conflict of Interest

None.

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