



PALLIATIVE DENTAL CARE PROVISION TO A COVID-19 POSITIVE GERIATRIC PATIENT: A CASE REPORT.

Dental Science

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ABSTRACT

SARS-CoV-2 has been declared a pandemic which has led to widespread mass loss of life and long term complications for patients affected with it. The infected individuals face both pulmonary and extrapulmonary complications. This case report aims to present the dental problems and its management in a covid-19 positive geriatric case.

KEYWORDS

COVID-19, Geriatric Management

INTRODUCTION

SARS-CoV-2 originated in Wuhan, China in December 2019 first as a group of unknown cases of pneumonia. It spread fast throughout the globe and symptomatic cases and death toll kept increasing until World Health Organisation officially declared it as a global pandemic and named it as "COVID-19" on 11 february,2020.¹

SARS-CoV-2 is a type of beta coronavirus, which bears resemblance to a crown like structure with presence of spike protein protrusion on its surface.^{1,2} The mode of transmission is mainly from person to person through aerosols, droplets, or fomites.³ Infected individuals may either remain asymptomatic or develop vivid range of symptoms including fever, dry cough, dyspnoea, malaise, headache, dizziness, anosmia, hypoxia with occasional acute respiratory distress and certain extrapulmonary manifestations.^{4,5} Amongst the paediatric population, COVID-19 usually has been seen to remain asymptomatic or manifest mild symptoms with better prognosis in comparison to adults since the risk of severity increases with age or associated comorbidities.^{6,7,8} This case report aims to present the palliative care provision to a geriatric patient in a designated COVID-19 care centre for resolution of oral complications which arose while he were actively positive for COVID-19.

CASE REPORT :

A COVID-19 positive 76 year old male geriatric patient reported to the hospital emergency with difficulty in breathing, dry cough, high fever and malaise symptoms. He had reported with 102°F fever and his oxygen saturation was reported to be below 92 mmHg hence he was immediately admitted in the hospital as a COVID-19 suspected case and provided with positive pressure ventilation and palliative care. Later his RT-PCR report for COVID-19 came positive.

However, he was having difficulty in swallowing, pain and dry mouth as chief complaints for which the Department of Dentistry was consulted. At first, a video consultation was provided to him to address his chief complaint. Although no relevant medical history was reported by him but on enquiring about his habit history, he revealed history of smoking 1-2 bundles of beedi every day over the past 15 years. Later a visit was provided to him for intra-oral examination in the main ICU with proper precautions and donning of personal protective equipment as safety measures. His oral health was examined at a safe distance and it was observed that the patient had poor oral hygiene with poor gingival health. Stains and calculus were present visibly on his teeth. A coated tongue with raised uneven yellowish-white hypertrophic non scrapable adherent patches intermixed with erythematous areas were noted on the dorsal surface of tongue. (Figure 1) No similar lesions were observed in any other area of the oral cavity. Consent was sought from the patient for uptaking of intra-oral photograph. Based on history and clinical examination a provisional diagnosis of chronic hyperplastic candidiasis was assumed. However a biopsy was avoided in the present circumstances.

Subsequently as palliative care, the patient was advised to take a semisolid diet which may aid him in swallowing. He was advised for maintaining good oral hygiene for which oral hygiene instructions along with brushing technique were demonstrated to him. He was also

advised to clean his tongue with a soft bristled tooth brush for debridement of tongue. An intraoral alternate rinsing of mouth with chlorhexidine and betadine mouth rinse was also advised on a twice daily basis to the patient for improvement of oral hygiene. Oral fluconazole, 200mg once daily along with topical clotrimazole application five times a day were empirically advised to patient for a week. Vitamin supplements were also advised for early recovery and improvement of his oral health condition.

The patient was kept on follow up for a week and reassessed on daily basis through of teleconsultation and by the third day his conditions had started to improve as he could eat and swallow his food and the associated level of pain had also decreased. The patient was followed up for a week until he reported of resolution of pain and dryness while swallowing.

However, any definitive interventional treatment and biopsy were abstained till the full recovery of patient from COVID-19.

DISCUSSION:

The present report describes the dental findings and palliative care provision to a geriatric SARS CoV-2 positive patient who reported with dental complications which needed immediate attention. The focus of treatment was kept on emergency care only as the patient was actively SARS-CoV2 positive as per ADA recommendations.⁹

The examination and management were done in compliance with CDC recommendations for providing care to confirmed SARSCoV-2 patients with tele dentistry, designated health care providers for admitted patients, and avoidance of any dental intervention particularly aerosol generating procedures.¹⁰ The HCP's who went for examination of patient diligently followed the standard precautions with personal protective equipment.

Palliative care was provided for resolution of his pain until a definitive treatment can be planned at later stage post his recovery.



Figure1: Intra-oral photograph of the patient

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