

LETTER TO THE EDITOR

Tricks of Coronavirus: Oral Manifestations As One of The Earlier Symptoms of The Disease

Dear Editor!

I feel great urge to write this letter to you about the Coronavirus Disease (COVID-19) signs and symptoms faced by myself recently. I am 32 years married female (dental surgeon) living with my family including a four-year-old son. I am now in a recovery phase of the disease hence, gathering my energy to write down my personal experience.

Soon after developing early symptoms of COVID-19, I reported at my hospital about my condition. Later, the samples of my family members were arranged and sent to National Institute of Health (NIH). Mean while, the whole family isolated themselves at home. We started treatment regimen prescribed by the medical specialist of my workplace hospital. The idea behind sharing my own experience with COVID-19 is to produce awareness among community related to early diagnosis via signs and symptoms, getting early isolation and recommended treatment after consultation from the concerned doctor.

As it is well known that this disease is non-specific from asymptomatic to typical signs and symptoms like fever, dry cough, fatigue, sputum production, shortness of breath, sore throat, headache, myalgia or arthralgia, chills, nausea or vomiting, nasal congestion, diarrhea, hemoptysis, conjunctival congestion and even severe pneumonia and death¹. On the other hand, few cases of acute myocardial injury and chronic cardiovascular damage has also been reported². Among these symptoms, I suffered from fever (mild), dry cough, fatigue, shortness of breath, myalgia, arthralgia, nausea, nasal congestion, and diarrhea (5-6 episodes/day). Whereas, there was no sputum production, sore throat, headache, chills, vomiting, hemoptysis, and conjunctival congestion.

Though it is evident from the literature that the oral cavity has high susceptibility to COVID-19 infection², no oral symptom was reported in the literature until April 2020 when irregular ulcer on dorsum of tongue³ and oral vesiculobullous lesions⁴ (multiple ulcers with an erythematous halo and symmetric distribution and multiple pinpoint ulcers with an erythematous halo on hard palate of the patients and blisters on the inner lip mucosa) were reported. Among oral symptoms, I had dry lips and dry mouth due to hyposalivation, thick and stringy saliva that was due to the reported fact that SARS-CoV attacks initially at the salivary glands². Besides me, four other family members also suffered from hyposalivation and associated dry lips, dry oral cavity, and thick and stringy saliva. It is now evident from the cases reported in the literature there is a possibility of positive salivary samples whereas pharyngeal or bronchoalveolar swabs could be negative at the same time⁵.

Moreover, changes in olfactory (altered smell) and gustatory (altered taste) sensations have also been reported⁶. I had only altered taste, loss of appetite and while there was no anosmia.

Sequence of findings were such that I had mild dry cough and mild body aches on day one while on day two, I started mild fever, extreme body ache, dry mouth, dry lips due hyposalivation. Moreover, saliva became thick and stringy. From day two till day nine, symptoms such as dry cough, fever, body aches and dry mouth with thick and stringy saliva remained there. Day four till day eight marked the critical phase of the infection when diarrhea, loss of taste and appetite, weakness, and shortness of breath on even routine work made the condition worse. Improvement started from day nine though till day fourteen, I had mild cough, weakness, loss of taste and appetite.

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Correspondence Author: Dr Fatima Iqbal, Dental Surgeon, THQ Hospital, Gujjar Khan Pakistan
Email: fatima_iqbal36@yahoo.com