Letter to Editor

History taking is still the golden standard in diagnosing and treating a disease in corona virus disease (COVID-19) scenario

Dear Editor,

This letter depicts a case of aphthous-like pattern seen in coronavirus disease (COVID-19) diagnosed by proper history taking. A 32-year-old male patient presented to the dental outpatient department with an ulcerated lesion (aphthous-like pattern) on the left buccal mucosa extending from canine region to the third molar region [Figure 1]. The aphthous pattern had appeared in the oral cavity after 3 days of fever. It was revealed from the patient history that he was tested positive for COVID-19 2 weeks back. The patient presented with only oral presentation of post-COVID-19 with no involvement of other systems. The patient was instructed to apply Kenacort 0.1% paste (triamcinolone oral mucosal paste), proper oral hygiene improvisation, and lesion resolved after 14 days. The patient was also advised to continue vitamin supplementation medication prescribed during COVID-19 positive period. It may be inferred that the associated oral manifestation may be



Figure 1: Ulcerated lesion (aphthous-like pattern) on left buccal mucosa

associated with predisposing factors such as poor oral hygiene, stress, immunosuppression, vasculitis, and hyper-inflammatory response secondary to COVID-19.^[1] This case warrants the importance of history taking and it may be said that history taking is still the golden standard in diagnosing and treating a disease in the COVID-19 scenario.

Informed consent

Informed consent was obtained from the patient.

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Conflicts of interest

There are no conflicts of interest.

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