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## Re: The preventive effect of hydrocolloid dressing to prevent facial pressure and facial marks during use of medical protective equipment in COVID-19 pandemic

Sir,

This letter is in reference to the technical note by de Vera et al.<sup>1</sup> The technical note is an important contribution to dental and oral surgery as it documents the need of the hour, which is the safety of the dental professionals. I commend the authors for their meticulous work and well-written note.

The emphasis on “most publications related to the prevention of facial injuries caused by medical equipment are described in patients but not amongst healthcare professionals”<sup>2</sup> was an eye-opener on one of the most unaddressed topics. It shows the intricate efforts by the author and also gives us a solution to the one of the most ignored, yet a disruptive issue, by the healthcare professionals.

The use of hydrocolloid dressing is an outstanding choice based on its excellent healing properties by 40% on superficial trauma, cost-efficiency and availability.<sup>3</sup> The use of many adjunct measures like facial massage and cold application are also implemented by some professionals.

This technical note motivates us to try it out for professionals in our hospital too. I would once again like to compliment the authors for their insightful work.

### Conflict of interest

We have no conflicts of interest.

### Ethics statement/confirmation of patients' permission

Not required.

### Reference

1. de Vera JD, Alcalde SR, Carretero JC, et al. The preventive effect of hydrocolloid dressing to prevent facial pressure and facial marks during use of medical protective equipment in Covid-19 pandemic. *Br J Oral Maxillofac Surg* 2020 (epub ahead of print).
2. Thomas S. Hydrocolloid dressings in the management of acute wounds: a review of the literature. *Int Wound J* 2008;5:602–13.
3. Schwartz D, Magen YK, Levy A, et al. Effects of humidity on skin friction against medical textiles as related to prevention of pressure injuries. *Int Wound J* 2018;15:866–74.

## Oral ulceration as presenting feature of paediatric inflammatory multisystem syndrome associated with COVID-19

Sir,

We would like to bring attention to a recent case which was seen in the Paediatric Dentistry Department in St Thomas' Hospital, London.

The mother of a 9-year-old boy contacted our telephone triage service with concerns about oral ulceration. It was the second episode of lip swelling and ulceration in two weeks, each followed by fever, malaise and gastro-intestinal upset. Swollen lips and ulceration were followed 24 hours later by fever and the presence of altered blood in his jejunostomy drainage bag (Fig. 1).

He had a complex medical background including severe dystonia and epilepsy.

We decided it was unwise to bring the patient in to hospital due to coronavirus concerns, so liaised with his GMP to prescribe topical hydrocortisone 2.5 mg oromucosal tablets. Telephone review 3 days later reported an improvement in lip swelling and resolving ulcers. Despite an improvement in oral symptoms, he was later admitted to paediatric intensive care with a diagnosis of paediatric multisystem inflammatory syndrome associated with COVID-19 (PIMS-TS).

We are now aware of 8 children who were admitted to the same unit with oral ulceration as an early feature of PIMS-TS.

COVID-19 usually causes a mild infection in children and is often asymptomatic. Recently, an alert was published highlighting a multi-system inflammatory syndrome sharing common features with other inflammatory conditions such as Kawasaki disease.<sup>1</sup> The Royal College of Paediatrics and Child Health recently published guidance on the presenting features and management of this condition.<sup>2</sup> Aside from the main feature of persistent fever, other symptoms include abdominal pain, cough, conjunctivitis and rash.

We believe oral ulceration to be an early feature of this condition in some children, followed by inflammatory changes elsewhere in the intestinal tract. Although the UK is now past the first spike in COVID-19 cases, and PIMS-TS is a rare complication, we feel that dentists should be vigilant of children presenting with oral ulceration, lip swelling and malaise. Other viral illnesses of childhood have similar features, so careful follow-up should be provided.



Fig. 1. Photograph of lower lip ulceration. Published with the parent's consent.

### Ethics statement/confirmation of patient's permission

Ethics approval not required. Parental consent was gained for publication of photograph.

### Conflict of interest

We have no conflicts of interest.

### Reference

1. Riphagen S, Gomez X, Gonzalez-Martinez C, et al. Hyperinflammatory shock in children during COVID-19 pandemic. *Lancet* 2020 [Internet]; Available from: <https://doi.org/10.1016/j.bjoms.2020.06.037>.
2. RCPCH. *Guidance: Paediatric multisystem inflammatory syndrome temporally associated with COVID-19*; 2020.

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## Small lessons during COVID having a large impact on surgical management

Sir,

In the past, in the Oral and Maxillofacial (OMFS) department in Ninewells hospital Dundee, we have placed a tracheostomy in patients undergoing free flap surgery as the standard protocol. During the COVID pandemic this has changed. The patients now receive an extended intubation period the night of their surgery. Could this be a positive and a permanent change?

The OMFS department and anaesthetic department in Ninewells have previously had many discussions in relation to this new development. There was hesitation in relation to airway safety that has delayed this becoming the new standard care.

A tracheostomy is classified as a high risk during COVID due to the aerosol generating procedure. It is noted that those patients who receive a tracheostomy have a higher incidence of airway-related postoperative complications compared to those patients who do not receive a tracheostomy (27.6% vs. 6.8%, respectively,  $p < 0.011$ ). (Kuhar HN, Heilingoetter A, Al-Khudari S, et al. Abstract B36: Avoidance of “prophylactic” tracheostomy in free-flap reconstruction surgery of the head and neck: Implications for postoperative outcomes and patient quality of life.)

The benefit of extended intubation has reduced the length of stay for patients, which has been important during COVID. When compared with tracheostomy, overnight intubation resulted in a shorter mean stay in the intensive therapy unit (ITU) (1.4 compared with 3.7 days), a shorter overall hospital stay (12.9 compared with 18.0 days), and less time to first oral intake (8.9 compared with 12.8 days).<sup>1</sup>

We are aware that case selection is vital and if swelling postoperatively would compromise the airway then we would recommend a tracheostomy. After this pandemic, we would encourage this to be the new protocol within Ninewells OMFS department alongside the anaesthetic department.

### Conflict of interest

We have no conflicts of interest.

### Ethics statement/confirmation of patients' permission

Not applicable.

### Reference

1. Coyle M, Tyrrell R, Godden A, et al. Replacing tracheostomy with overnight intubation to manage the airway in head and neck oncology