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CASE REPORT

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Manifestation of Necrotic Palatal Ulceration in COVID-19 Infection: a Case Report

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ABSTRACT

Background: The global pandemic caused by the COVID-19 virus is a serious disease that has significantly affected the lives of millions of people. Objective: The objective of this case study is to describe the development of a necrotic ulcer on the palate in a COVID-19 patient. Case presentation: This is the clinical case of a 35-year-old male patient with a 20-year history of two pack-a-day smoking who contracted COVID-19. He was admitted to the Department of Oral and Maxillofacial Surgery at the "Mother Teresa" University Hospital Center in Tirana, Albania, presenting with oral pain, facial swelling, and necrosis in the palatal region and the lower lip. Conclusion: This case report from Albania is significant as it presents an ulcer with necrotic tissue located in the hard palate region of a patient infected with SARS-CoV-2.

Keywords: acute brain injuries, case report, cerebral hemorrhage, COVID-19, necrotic palatal ulcer.

1. INTRODUCTION

The COVID-19 pandemic has caused the deaths of about 7 million people worldwide (1). On March 9, 2020, the Ministry of Health and Social Affairs officially announced the introduction of COVID-19 in Albania with the confirmation of the first case (2). Many studies have reported a significant association between COVID-19 and the risk of acute ischemic stroke (3-5). Individuals affected by COVID-19 are also at a higher risk for oral diseases (6). Poor oral hygiene and smoking have been linked to deteriorating oral health and increased complications in COVID-19 patients (7-11). This clinical case highlights

the connection between COVID-19 infection and palatal ulcers.

2. OBJECTIVE

The objective of this case study is to describe the development of a necrotic ulcer on the palate in a COVID-19 patient.case presentation

The patient, a 35-year-old man infected with COVID-19, was admitted to the Department of Oral and Maxillofacial Surgery at the Mother Teresa University Hospital Center in Tirana, Albania, at the end of November 2022. He had an increased body temperature (39.5°C), tachycardia, fatigue, and a severe cough. In addition to muscle soreness and a decreased sense of taste and smell, there was evident inflammation and pain in the palate, especially near the teeth. The patient was conscious during hospitalization and had a 20-year history of smoking two packs a day. The palatal area showed mucosal necrosis, gingival overgrowth, and tooth movement. During the oral examination, necrosis was also found in the lower lip, and the lesions were painful to touch (Figure 1).

According to the patient, he had never experienced palatal necrosis before. The results of a medical check-up revealed a blood pressure reading of 174/90 mmHg. The glucose level in the serum was 188 mg/dL, the creatinine level was 0.94 mg/dL, and the hemoglobin level was 9.1 g/dL. A computed tomography scan revealed cavernous sinus thrombosis and hyperdense areas in both lungs. The patient was treated with ORO-Clense (0.12% chlorhexidine gluconate oral rinse) and paracetamol 1.0 g/100 mL injec-



Figure 1. Necrosis of palatal region and the lower lip

tion. The treatment plan also included magnesium sulfate (4 g/100 mL), prednisolone sodium phosphate (15 mg/5 mL daily), Pantoprazole (40 mg once a day), Flagyl (500 mg twice daily), azithromycin (500 mg daily), and ceftriaxone (1 gram every 12 hours).

However, despite these treatments, the patient's condition did not improve. The patient was eventually transferred from the Department of Oral and Maxillofacial Surgery to the Infectious Diseases Clinic at Mother Teresa Hospital in Tirana, Albania. Two doctors from the Medical University visited the patient daily at the Hospital of Infectious Diseases and reported that he had acute brain damage and brain hemorrhage. Smoking was identified as a significant risk factor that contributed to central nervous system damage, severe respiratory issues, and damage to the oral mucosa. Albanian medicine, like the rest of the world, was caught off guard by the COVID-19 pandemic. The hospital wards were swamped with patients, causing scheduled surgeries, including oral treatments, to be delayed. The patient was closely monitored and treated to the best of the Albanian medical service's abilities.

3. DISCUSSION

This case report describes a necrotizing palatal ulcer that developed during the patient's COVID-19 infection. The patient's compromised immune system due to COVID-19 and his long history of smoking two packs a day contributed to his deteriorating oral health. The Albanian doctors prioritized the patient's urgent needs. They anticipated that following the resolution of central nervous system issues and breathing complications in the next phase, the patient would be treated for oral cavity problems.

This case supports previous research findings that COVID-19 can lead to necrosis of the palate mucosa and facial inflammation (12) and is consistent with other studies (13–15). COVID-19 is mainly linked to acute respiratory and neurological consequences, but as this clinical case shows, it can also cause oral health issues, such as a necrotic ulcer in the hard palate.

4. CONCLUSION

This case study highlights the presence of necrotic palatal ulceration and lower lip necrosis caused by COVID-19 infection.

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REFERENCES

- 1. Vosko I, Zirlik A, Bugger H. Impact of COVID-19 on cardiovascular disease. Viruses. 2023 Feb 11; 15(2): 508.
- Simoni L, Alimehmeti I, Gina M, Ceka A, Tafaj E, Dibra A, et al. Hospitalizations and in-hospital outcomes in patients with ST-elevation myocardial infarction during the coronavirus disease 2019 pandemic: The Albanian experience. Anatolian Journal of Cardiology. 2022; 26(2): 118.
- 3. Luo W, Liu X, Bao K, Huang C. Ischemic stroke associated with COVID-19: a systematic review and meta-analysis. Journal of Neurology. 2022; 1: 1-0.
- Amiri HA, Razavi AS, Tabrizi N, Cheraghmakani H, Baghbanian SM, Sedaghat-Chaijan M, et al. The effects of COVID-19 on patients with acute ischemic and hemorrhagic stroke. Journal of Stroke and Cerebrovascular Diseases. 2022 Jul 1; 31(7): 106512.
- Filatov A, Sharma P, Hindi F, Espinosa PS. Neurological complications of coronavirus disease (COVID-19): encephalopathy. Cureus. 2020 Mar; 12(3).
- Nijakowski K, Wyzga S, Singh N, Podgorski F, Surdacka A. Oral manifestations in SARS-CoV-2 positive patients: a systematic review. Journal of Clinical Medicine. 2022 Apr 14; 11(8): 2202.
- Stennett M, Tsakos G. The impact of the COVID-19 pandemic on oral health inequalities and access to oral healthcare in England. British dental journal. 2022 Jan 28; 232(2): 109-114.
- Alade O, Folayan MO, Adeniyi A, Adeyemo YI, Oyapero A, Olatosi OO, et al. Differences in oral lesions associated with tobacco smoking, E-cigarette use and COVID-19 infection among adolescents and young people in Nigeria. International Journal of Environmental Research and Public Health. 2022 Aug 24; 19(17): 10509.
- Rusu LC, Ardelean LC, Tigmeanu CV, Matichescu A, Sauciur I, Bratu EA. COVID-19 and its repercussions on

- oral health: a review. Medicina. 2021 Nov 1; 57(11): 1189.
- Coke CJ, Davison B, Fields N, Fletcher J, Rollings J, Roberson L, et al. SARS-CoV-2 infection and oral health: therapeutic opportunities and challenges. Journal of Clinical Medicine. 2021 Jan 5; 10(1): 156.
- 11. Westgarth D. COVID-19 and community dental services: the challenges ahead. BDJ In Practice. 2020 Jun; 33(6): 14-19.
- 12. Soares CD, de Carvalho RA, de Carvalho KA, de Carvalho MG, de Almeida OP. Letter to Editor: Oral lesions in a
- patient with Covid-19. Medicina oral, patologia oral y cirugia bucal. 2020 Jul; 25(4): e563.
- 13. López-Sánchez AF, Jané-Salas E, MLSP. Oral vesiculobullous lesions associated with SARS-CoV-2 infection. Oral Diseases. 2020 May 29; 27: 710-712.
- 14. Vieira AR. Oral manifestations in coronavirus disease 2019 (COVID-19). Oral diseases. 2021 Apr 2; 27.
- 15. Chaux-Bodard AG, Deneuve S, Desoutter A. Oral manifestation of Covid-19 as an inaugural symptom? Journal of Oral Medicine and Oral Surgery. 2020; 26(2):18.