

Reduced demand for oral diagnosis during COVID-19: A Brazilian center experience

Dear Editor,

Brazil represents the new epicenter of novel coronavirus disease 2019 (COVID-19), surpassing the mark of more than one million cases and 50,000 deaths. Despite these terrible numbers, experts estimate that the real size of the epidemic may be up to seven times higher (Hallal et al., 2020). Also, Brazilian people with mild symptoms rarely get tested. While the country and world engage in the fight against the pandemic of COVID-19, it remains vital for our health-care system to continue caring for all patients. Since the first official Brazilian case of the disease was reported in February 2020, there was a change in normal life. The pandemic scenario caused Universities around Brazil to close their doors. In our country, public dental schools represent important reference centers for oral medicine diagnosis. With the suspension of clinical activities, the demand for the pathology service decreased considerably. Several groups of different parts of the world have been demonstrated their concern on reduction in oral medicine care (Alves et al., 2020; Arduino, Conrotto, & Broccoletti, 2020; Sardella et al., 2020). In this letter, we share our experience at a South Brazilian center of oral medicine.

The Diagnostic Center for Oral Diseases (DCOD) is a service of Universidade Federal de Pelotas (UFPel). This reference center has been acting without interruption for 61 years and accounts for a total of 26,375 histopathological diagnoses. On March 16, UFPel suspended all physical and classroom activities, although the laboratory routine of this Service did not stop. Biopsy records of specimens submitted to DCOD for microscopic examination were evaluated from mid-March to mid-June 2019 and during the same period in 2020. A total of 216 diagnoses were retrieved during the 2019 months analyzed, and 65 in 2020 (see Table S1). This decrease in oral diagnosis is clearly associated with the pandemic scenario.

The proportion of malignancy in the sample was 9.26% in 2019 and 20% in 2020. Interestingly, despite the reduction in the number of oral diagnoses in our Service, malignant lesions apparently did not fail to be diagnosed. This information justifies the crucial continuity of the DCOD, even with the real risk of contamination by technicians and pathologists. In this respect, efforts are being made to reduce possible damage. DCOD recommends that (a) all personnel who transport specimens are trained in safe-handling practices, (b) place specimens for transport in leak-proof specimen bags, and (c) obligatorily record suspected cases of potential COVID-19 on the

laboratory request forms. In addition, laboratory workers should wear appropriate personal protective equipment and decontaminate work surfaces and equipment after specimens are processed (Henwood, 2020; WHO, 2020).

DCOD represents a reference center for the diagnosis of oral diseases not only for the city of Pelotas, but also for neighboring cities. The choice not to interrupt the laboratory activities has permitted continuous diagnosis and consequently the treatment of malignant conditions, attesting to the relevance of the oral pathology service. There has been evident accumulation of oral diseases during this period, and based on what we see in the DCOD, at the end of the current scenario many benign injuries will be requiring attention. Unfortunately, it is not yet possible to predict the return to normality, especially in Dental Schools, and the postpandemic scenario is uncertain.

AUTHOR CONTRIBUTIONS

Ana Paula Neutzling Gomes: Data curation; Writing-original draft. **Lauren Frenzel Schuch:** Writing-original draft. **Sandra Beatriz Chaves Tarquinio:** Writing-review & editing. **Adriana Etges:** Writing-review & editing. **Ana Carolina Vasconcelos:** Conceptualization; Supervision; Writing-review & editing.

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