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RESPONSE TO THE ARTICLE: "DOES
CORONAVIRUS DISEASE 2019 INFECTION
AFFECT DENTAL IMPLANT INTEGRATION?"



To the Editor:— I read with interest the article, "Does coronavirus disease 2019 (COVID-19) infection affect dental implant integration?" I would like to commend the author on investigating a possible link between COVID-19 infection and dental implant failure. First, I am unclear why this publication is necessary if it merely represents a communication that is "preliminary to a manuscript being submitted." Has this "communication" gone through the normal Journal of Oral and Maxillofacial Surgery peer review process? Regarding the content, to suggest at this stage that "A patient who has had recent positive testing for COVID-19 should be counseled as to possible risks that can adversely affect implant treatment, until systemic effects of COVID-19 have passed,"¹ is perhaps a premature recommendation. Does this indicate that COVID-19 infection is a relative or absolute contraindication for dental implant placement? Are specific informed consent documents required, similar to those for patients who have undergone bisphosphonate therapy? Are we not to place implants on patients with COVID-19 with long-term symptoms? How about those patients with subclinical myocarditis secondary to COVID-19? If we are making such suggestions for COVID-19, how about the other respiratory viruses that may also trigger similar inflammatory and cytokine responses? With paranoia and misinformation still present regarding many aspects of COVID-19, I do not believe we need to add an additional component of concern for patients or practitioners. All the author's concerns may be proven true, but should we not encourage the development of some multicenter randomized clinical trials to determine whether the results of a study are clinically significant? Clinical observations can serve as an excellent starting point to establish future research. It is in the best interest of the specialty to encourage the publication of well-researched and evidence-based studies to determine conclusions to best influence our clinical practice guidelines.

Thank you and be safe.

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Reference

1. Block MS: Coronavirus Disease 2019 may affect dental implant integration. *J Oral Maxillofac Surg* 79:1196, 2021

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RESPONSE TO LETTER TO THE EDITOR: DOES
CORONAVIRUS DISEASE 2019 INFECTION
AFFECT DENTAL IMPLANT INTEGRATION?



Dear Dr. Hussain,—Thank you for your enthusiastic and appropriate response to my opinion published in this journal.¹ The use of the perspective article before manuscript submission has been used previously to introduce an observation that may be important for clinicians to consider. It does undergo a review process similar to other perspectives/letters to the editor. The questions you ask are exactly those we need to evaluate. Each of your questions requires a prospective evaluation which will take an extended time period or a retrospective evaluation which will most likely have less than excellent data available to test hypotheses you request.

The recommendation to counsel our patients is based on the early observations compared with a group of patients with naïve coronavirus disease (COVID). You are absolutely correct that before a definitive conclusion, more data are necessary, but the early observation may benefit several patients. A multicenter prospective or retrospective evaluation is a great idea; however, the time it takes to create the protocol, gather the researchers, provide evidence that they actually have specific documentation on their patients with follow-up, and achieve the IRB approval for this type of multicenter study may result in an extended time before bringing this early observation to our colleagues. If these observations prove to be correct, then it is prudent to bring this to the attention of those treating patients.

Experimental problems in any retrospective evaluation are the sample size and established documentation. In my practice, my electronic medical record does have the necessary documentation. I have asked 2 others and either their sample size is small or the records at 1 institution were not very detailed as per COVID status in March/April/May 2020 and so on. I hope that the perspective article may have resulted in you examining in detail every implant you placed in patients since March 2020 and the documented results of the implant placement. To be included in this type of retrospective study, you must have excellent evidence including

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