



## Oral Cancer Management in COVID 19 Times

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The World Health Organization declared the novel coronavirus (COVID 19) as a pandemic in March 2020. This global emergency has caused international devastation in various sectors including public health and global economy.

Health care services worldwide are struggling to get into grips with the unprecedented challenges the pandemic keeps throwing its way [1]. Social distancing guidelines, complete lockdowns and intensive quarantine of suspected and infected patients have been adopted world-wide as an effort to curb community spread of COVID 19. Dental practice involves proximity to patients and possible exposure to blood and tissue fluids which inherently exposes the dentist and assistants to high cross-infection risks. Thus, there has been a largescale interruption and postponement of elective dental care services. Only emergency cases are being treated in both private clinics and dental universities [2,3]. Oral medicine and Oral surgery clinics of dental universities serve as primary diagnostic centers for oral cancers in many areas. Suspension of services in these institutions can result in missed diagnosis and failure of early detection of oral cancer (OC) in patients. This in turn can result in unnecessary increase in morbidity and mortality.

Oral and oro-pharyngeal cancer represents a key public health worry. In 2018 a total of 354,900 cases of OC was diagnosed in which 177,400 deaths were recorded. The high death rate was noted the underdeveloped and developing countries [1]. Indian subcontinent accounts for 30% of worldwide number of OC. It is

the most common cancer that occurs in Indian males [2]. This is due to the high incidence of oral cancer promoting habits which include smoking, use of smokeless tobacco, betel leaf, and areca nut chewing [4].

The social distancing and quarantines have made life like solitary confinement for the general public. This has in turn contributed to increased usage of cigarettes and alcohol. 'Alcohol Change' a charity group based in UK reported that 28% of respondents to a survey stated they consumed more alcohol than usual during lockdown. Reduced availability of fresh food, loss of jobs and increased stress levels have also resulted in consumption of poor diet.

The consensus is that smoking and drinking alcohol can lead to systemic diseases and cancers. However, OC is usually not linked to this. Thus, it is imperative to raise awareness that smoking, drinking alcohol to excess, poor diet and HPV are linked to and can cause oral cancer. It is time for the dental fraternity to unite and spread awareness about signs and symptoms of the disease [5].

Oral Potentially Malignant Disorders (OPMDs) are visible oral lesions that usually occur prior to OC which can be detected by clinical examination or by self-exam by the patient itself. If detected these lesions are closely monitored with regular follow up and evaluations by oral medicine specialists. Both visual and clinical inspection exams remain the best methods for detecting OPMDs and Oral Cancers. Disruption of dental services has blocked the regular

checkup appointments for the review of these serious conditions putting the patients at high risk of advanced cancerous lesions and increased morbidity. Novel methods need to be adopted for maintaining care for these special groups of patients end up being neglected during emergency closure of clinics [6].

Patient consultation and examination can be undertaken with the help of telemedicine wherever feasible. Thus, can be done by means of applications or social media platforms like Zoom, WhatsApp or Facebook. Moreover, oral surgeons can conduct online consultations for oral habits cessation counseling for their patients. Patients can contribute by taking photographs of the mouth and sending it to the doctors for their reference at regular intervals. Patients must also be made aware of accurate and current online information sources regarding all aspects of OC as a disease and its prevention [7]. Googling symptoms and self-diagnosing have become rampant and ends up causing more anxiety than relief to general public. It remains a fact that one cannot just treat their way casually out of cancer always. It is a serious condition which can end up with highly invasive and often debilitating consequences post treatment. This is makes it extremely important to focus on prevention and risk reduction of OC.

To conclude it is the ethical responsibility of dental professionals to make sure that early diagnosis and timely treatment is being done for patients suffering from oropharyngeal cancers taking into consideration the new normal that the pandemic has established. Navigating through this situation might be tricky but not impossible as our focus should be on providing highest standard of care to the patients.

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