

Diagnostic Conundrum and Treatment Dilemma of Pericoronitis or COVID-19

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As any clinician or doctor will say, the most pivotal step toward healing is having the right diagnosis. If the disease is scrupulously identified, a good resolution is far more likely. On the other side, a wrong diagnosis usually means a bad outcome, no matter how skilled the doctor or clinician is. Here we present a case of diagnostic conundrum and treatment dilemma of pericoronitis or COVID-19.

Keywords: Conundrum; Dilemma; Pericoronitis; COVID-19**Introduction**

Common things are common and Uncommon things are uncommon.

This statement puts clinicians in dilemma especially when world is going through a pandemic like the Coronavirus disease (COVID-19) pandemic.

The fear and frenzy that the pandemic has created is so much that we tend to miss out or look out for an alternative diagnosis.

Pericoronitis is most prevalent in young adults, although patients of any age group may present with pericoronal inflammation. It is defined as an inflammation of the overlying gingiva associated with infection in the soft tissues surrounding a partially erupted tooth. Usually the most commonly affected tooth is the Mandibular third molars [1].

This condition is substantial in the period between 16 and 30 years of age, with a maximum incidence in 21 - 25 years old during the most common period for a third molar eruption [1].

The infection associated with impacted third molars predominantly spread towards the facial space of the neck and thoracic region, which could lead to trismus, airway obstruction, mandibular nerve injuries, and life-threatening diseases like Ludwig's angina and sepsis [2-6]. The problem of pericoronitis goes far beyond pain of the oral cavity and may affect the individual's productivity and quality of life.

Case Report

33year old female patient came to our centre with chief complaint of swelling on the left side of face and reduced mouth opening since 1 week. Swelling slowly progressed into the present size which caused facial asymmetry and the reduction in mouth opening hindered the masticatory functions. On general examination, the patient was moderately built and nourished and the vital signs were normal. Past one week she had history of evening rise of temperature and generalised body pain, she had malaise and was feeling lethargic. There was no sore throat, cough or anosmia till date.

Before approaching us she had visited multiple clinics, consulted few dentists as well as physicians and fever clinics for the above

symptoms. Multiple antibiotics and analgesics were prescribed which gave temporary relief but symptoms continued to torment her. She was advised from fever clinic to undergo all the routine blood investigations and also to test for Coronavirus (COVID-19) (Figure 1).

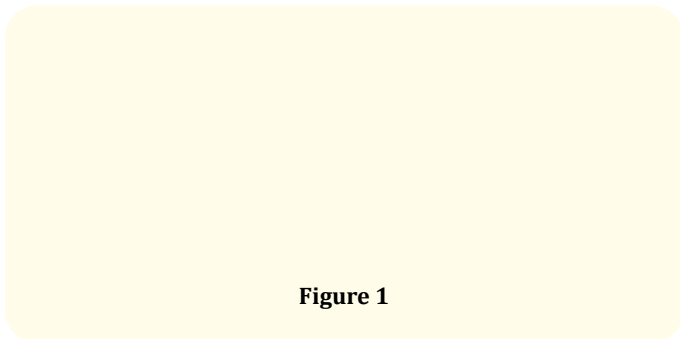
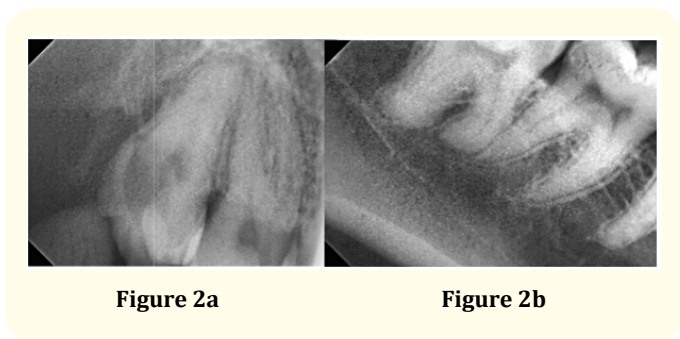


Figure 1

All the tests turned out negative and all other routine investigations were within normal limits. There was no respite from her symptoms which continued to affect her routine day to day works. After one week of agony on a Sunday morning she decided to have one more dental consultation hoping for a definite cure , this time she came to our center.

Apart from above findings, the Intra oral examination revealed impacted and buccally placed left lower third molar 38 and decayed buccally tilted left upper third molar 28. Adjacent tissues were inflamed so also tender and ulcerated at an area where the third molars occluded which was giving her all the troubles.



Iopar 28 (Figure 2a) showed distal caries 28 and Iopar 38 (Figure 2b) shows Distoangular impacted 38 as well as narrowing of the canal: An abrupt decrease in the width of the canal while it crosses the distal root apices (Figure 2b).

After explaining all the pros and cons of the procedure with informed consent, under universal precautions surgical extraction of 28 and 38 was performed under local anaesthesia.

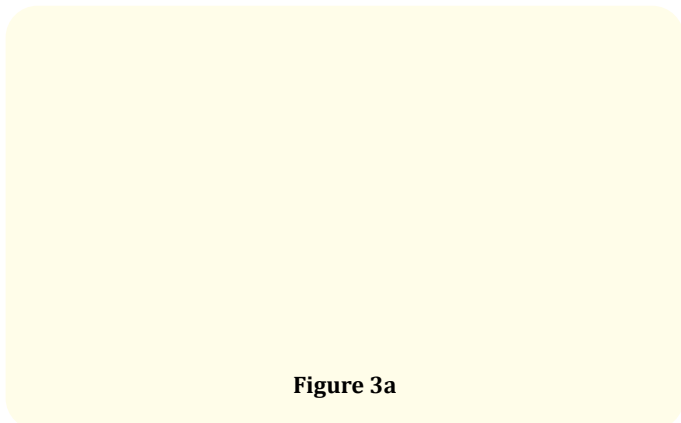


Figure 3a

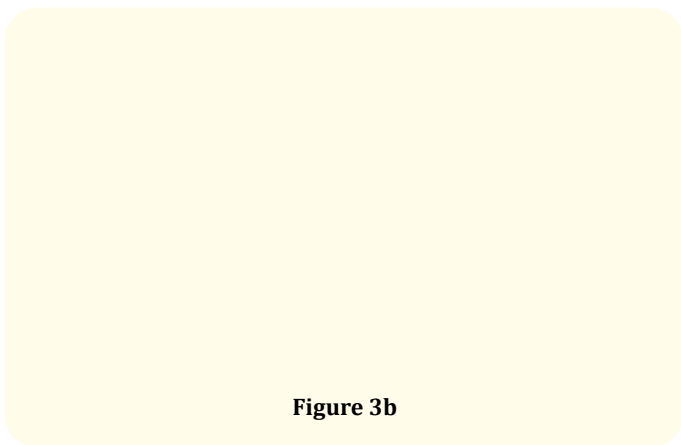


Figure 3b

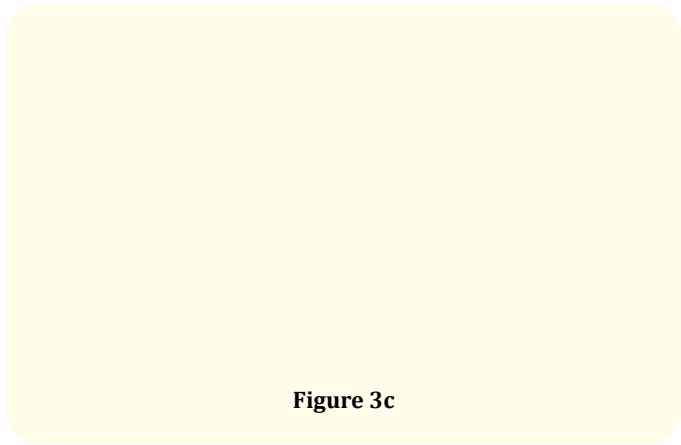


Figure 3c

It was a Three rooted dilacerated lower third molar with two distal roots and one mesial root (Figure 3a-3c).

Surgical site was sutured and postoperative instructions were given. She was put on Antibiotics and Analgesics. Suture was removed after one week.

Patient went back to her routine life once the above causative factors were removed.

Discussion

Third molars are the most commonly impacted teeth, and their surgical removal is one of the most common surgical procedures performed by oral and maxillofacial surgeons [1]. Impacted wisdom teeth can cause the swelling and ulceration of the gingiva around them, damage to the roots of second molars, the decay of adjacent second molars, gum and bone disease around second molars, and the development of life-threatening diseases such as Ludwig's angina and sepsis [4-6]. General agreement exists that the removal of non-restorable third molars is appropriate if signs or symptoms of disease related to these teeth are present [1,4,6].

In diagnosis think of the easy first.

Especially when patient is having high grades of fever, body pain in current world wide pandemic and amidst the fear and frenzy the COVID-19 takes over the top spot in diagnosis and intraoral examination or to look for other alternative diagnosis has taken a back seat.

The cardinal rule that still need to be upheld even in midst of the fear and frenzy created by the pandemic is proper diagnosis.

As Mahatma Gandhi says: A correct diagnosis is three-fourths the remedy.

The art of clinical diagnosis lies in the ability to ask the right questions: Harriet B. Braiker.

And as William Osler says: Listen to your patient, he or she is telling you the diagnosis.

As any doctor can tell you, the most crucial step toward healing is having the right diagnosis. If the disease is precisely identified, a good resolution is far more likely. Conversely, a bad diagnosis usually means a bad outcome, no matter how skilled the physician is: Andrew Weil.

Conclusion

"Common things are common". So, when a physician "hears" about symptoms that can be explained by a common diagnosis, the common diagnosis is usually the correct one - not the rare diagnosis.

But in a worldwide pandemic mirrored with fear and frenzy we tend to miss out on alternatives as well as our priorities tend to change as part of safety measure.

Ultimately as clinicians lets join hands and work around this pandemic and provide a better care for our patients.

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