Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Figure 2. The CT scan demonstrates subcutaneous collection formation and acute frontal sinusitis complicated by erosion of the anterior wall of the frontal sinus, in keeping with osteomyelitis. The CT scan also shows osteitis of the right frontal sinus and bilateral maxillary and sphenoid sinus walls, which is consistent with chronic sinus disease. There is no evidence of intracranial or orbital involvement.

Poster 23
Oral and Maxillofacial Surgery Externship Experience during the Pandemic
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Abstract: Statement of the problem: Oral and maxillofacial surgery (OMS) externships aim to increase the exposure of predoctoral dental students to the specialty and assist programs and applicants during resident and training program selection. The COVID-19 pandemic adversely impacted academic OMS departments in a varied manner. This study was conducted to assess the impact of this pandemic on externship programs.

Materials and methods: An 11-question survey was sent electronically via Google Forms to 40 randomly selected, CODA-accredited OMS training programs in the United States that routinely offered 1-4 week externships. Survey content was aimed to assess the impact of the pandemic on their externship programs and to evaluate their response strategy in the midst of the restrictions posed by the pandemic.

Methods of data analysis: Using standard spreadsheet compatible with Google Forms, data were analyzed to produce bar graphs, pie charts, and histograms.

Results: In total, 13 of the 40 programs (32.5%) responded to the survey; 67% of the responses were from programs along the East Coast, while 33% responded from other regions. Two-thirds of the programs responding had affiliation to a dental school. All programs self-classified themselves as moderately or severely affected and put their externships on hold; 75% of respondents made major changes to their program content, including reducing number of externs. In addition, 20% started virtual externships to give enrolled students an insight into their training programs. Almost half of the programs were comfortable using only email correspondence as their preferred method while selecting interns without the use of virtual interviews.

Conclusion: The COVID-19 pandemic has adversely affected teaching and learning exposure to the young generation. Externship opportunities in OMS programs across the country had to devise different ways to ensure sanctity of this training and learning process. Students and faculty both had to get accustomed to the “new normal.” As seen in this study, the virtual format to conduct externship certainly has a place in the future curriculum design. It is noteworthy that adaptability and perseverance are keys to keep this unique specialty together even in a drastic time such as the COVID-19 pandemic.

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Poster 24
Odontogenic Infections are More Frequent and More Severe during COVID-19 Pandemic
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Abstract: The COVID-19 pandemic has created a global decrease in access to routine healthcare. This public health crisis has led to limited access to healthcare during the COVID-19 pandemic due to public perception of quarantine regulations, loss of jobs and health insurance, and fear of contracting the virus from visiting healthcare providers (Anderson et al, 2021). Thus, a delay in treatment occurs for a multitude of medical and dental problems, leading to a challenge to the medical community due to emergent situations. This includes an increase in the number of people developing more severe deep space infections of the head and neck. A 2018 systematic review found that of all deep neck space infections, there was a 36% incidence of a dental-related source (Pardal-Pelaez et al, 2018), placing the burden of management often on those in the oral and maxillofacial community.

When a patient with these severe infections needs treatment, they utilize the already-strained resources of the hospital, including operating room time and ICU beds. Although several vaccines are now available to some populations, epidemiologists agree there is a long way from the end of the acute impact of COVID-19 on the healthcare system.

The authors’ service had perceived an increase of admissions for severe head and neck infections over the past year since the pandemic began. This retrospective study reviews the admissions and treatment of severe head and neck infections during the time period of January 2020 to January 2021 compared to the past 2 years to verify this increase and examine the specific causes of this potentially life-threatening problem.

Data were gathered via general chart review of patient admitted for deep space infections from January 2018 to January 2021 at Emory University and Grady Memorial in Atlanta, GA. The surgical patient population was identified through the use of ICP and CPT codes.

This study looks at variables including demographics and medical comorbidities, severity of infection, COVID-19 status, cultures, length of stay, and necessity for ICU care, as well as outcomes and complications and need for reoperation. Early analysis of this preliminary data shows an 8% increase in deep neck space infections treated from 2018 to 2019, and a 19.8% increase from 2019 to 2020. This clear upward trend of admissions for deep neck space infections over the past year indicate more needs to be done to try to keep patients out of the hospital and safe.

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Poster 25
Do Adult Medicaid Benefits for Oral Health Reduce ED Visits?
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Abstract: The previous ChristianaCare Health System (CCHS) study that examined the financial burden of dental-related Emergency Department (ED) visits within the ChristianaCare Health System between June 1, 2013, and June 22, 2018, provided evidence to support the claim that a large percentage of patients utilizing the ED for dental-related disease were uninsured, as well as the fact that the treatment the patients received was more costly and less effective than definitive dental care in a dental/oral surgery office. On October 1, 2020, adults (19-65) living in Delaware who were eligible for medical Medicaid coverage were enrolled in dental Medicaid coverage as part of their plans. This study aims to compare the previous study’s results to the same population between the dates of October 1, 2020, and March 1, 2021, following the approval of adult Medicaid dental coverage and to determine if there was an increased utilization of dental benefits and a subsequent reduction in ED-related dental visits, as patients opted to seek care at dental/oral surgery offices.

Data were retrospectively collected on all non-traumatic, dental-related problems presenting to the Wilmington and Christiana Emergency Departments between October 1, 2020, and March 1, 2021. Patients were categorized by the diagnostic code (ICD-10) used during their ED visits. Patient demographics and insurance coverage were obtained. The data were analyzed, and the treatment provided was