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.
Short Communication

Principles of management for patients with oral cancer during the COVID-19 pandemic

Jing Hao, Runzhi Deng *
Nanjing Stomatological Hospital, Medical School of Nanjing University, PR China

ARTICLE INFO

Keywords:
COVID-19 pandemic
Oral cancer
Oral and Maxillofacial surgery

ABSTRACT

The outbreak of coronavirus disease 2019 (COVID-19) affects the world. It is highly contagious and spreads quickly. COVID-19 severely increases the medical burden and interferes with our normal work. This article introduces our experience on treat oral cancer patients during the epidemic. The negative impact can be minimized through reasonable and orderly arrangement.

Introduction

The recent outbreak of coronavirus disease 2019 (COVID-19) is a public health event that has worldwide spread affecting the whole society including the medical system. This article introduces our experiences on how to carry out treatment arrangements of oral cancer patients during the epidemic.

Discussion

The need for COVID-19 prevention and control should be fully considered because the oral surgery itself and the anesthesia intubation may bring more droplet blood spatter as well as aerosol dissemination which are conducive to virus dissemination. Surgery should be designed as reasonably as possible to reduce or avoid postoperative tracheotomy which destroys the natural barrier of the airway. Post-tracheotomy patients are more prone to airway secretions which increases the risk of lung infections and patients are more likely to produce airway droplets and aerosols.

Patients screening are strengthened before admission to avoid the spread of patients in hospital. Firstly, for patients ≥37.3°C, clinicians should pay attention to exclude the possibility of COVID-19 [1]. Secondly, the blood routine test will exhibit normal or reduced white blood cell count, lymphocyte count decreased simultaneously visible. Thirdly, viral nucleic acid testing must be performed [3,5,6]. Finally, the patient's epidemiological history should be investigated in detail to exclude a possible history of exposure to patients with COVID-19.

False negative may exist in every screening method. It must be recognized that COVID-19 may occur at any time during the entire inpatient. Firstly, nursing staff should monitor the temperature of patients and their accompanying family members daily and ask for respiratory symptoms. Central air-conditioning should be reduced using in the ward as far as possible. It is beneficial to open the ward windows regularly every day to maintain ventilation. Secondly, patients should not go out as much as possible during hospitalization, while avoiding unnecessary visits by relatives. Thirdly, the negative pressure operating room is preferred for surgery. When there is no negative pressure operating room, clinicians should avoid using the operating rooms controlled by the same air purification unit as well. Operating rooms should be thoroughly disinfected after operation. These practices are taken to reduce the possibility of mutual infection. Fourthly, personal protection should also be strengthened in daily ward work. The targeted use is more appropriate due to the extreme shortage of protective materials during the epidemic. In general it is sufficient to wear work clothes, medical gloves, medical caps, and medical masks. Medical staff should wear isolation suits, eye masks and N95 respirators during a high-risk operation, such as surgery, tracheotomy, tracheal intubation, collection of airway specimens, sputum suction, oral flushing, and other operations that may cause body fluid splashing and aerosol generation [7].

Blood transfusion is often required, but the safety of blood use must be fully considered. On one hand, we face the problem of insufficient blood supply for the number of voluntary blood donors actually decreased significantly under the influence of activity restriction and public’s anxiety. On the other hand, we should consider whether the

* Corresponding author. No.30 Zhongyang Road, Nanjing, Jiangsu Province, 210008, PR China.
E-mail address: njdrz@nju.edu.cn (R. Deng).

https://doi.org/10.1016/j.adoms.2021.100035
Received 13 January 2021; Accepted 31 January 2021
Available online 13 February 2021
2667-1476/© 2021 The Authors. Published by Elsevier Ltd on behalf of British Association of Oral and Maxillofacial Surgeons. This is an open access article under the
donated blood may be contaminated by the virus. After the virus infects the respiratory tract, it is common to find virus shedding in blood plasma or serum. Previous studies on SARS have shown that viral RNA can be detected in blood of patients infected at different stages after onset [8,9].

Mental health is also an important issue that medical staff should seriously face. During the outbreak of COVID-19, more and more people are suffering from various psychological problems such as depression, anxiety and insomnia, including patients, doctors and the general population. Therefore, clinicians should pay attention to psychological intervention and carry out mental health education which can be done face-to-face or online remotely by social medias. The online communication is preferred because it reduces personnel gathers and provides free service 24 hours a day [10].

Finally, postoperative review and rehabilitation should not be ignored. The online remote form could be used to help patients as a temporary measure. After the epidemic situation, clinicians and patients could still communicate face to face.

Declaration of competing interest

None.

Acknowledgements

This paper was funded by Jiangsu Provincial Medical Youth Talent (QNRC20161222).

References

[1] Yang X, Yu Y, Xu J, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. Lancet Respir Med February 24, 2020. https://doi.org/10.1016/S2213-2600(20)30079-5. Published online.

[2] Xu Y-H, Dong J-H, An W-M, et al. Clinical and computed tomographic imaging features of novel coronavirus pneumonia caused by SARS-CoV-2. J Infect February 25, 2020. https://doi.org/10.1016/j.jinf.2020.02.017. Published online.

[3] Fang Y, Zhang H, Xie J, et al. Sensitivity of chest CT for COVID-19: comparison to RT-PCR. Radiology February 19, 2020;200432. https://doi.org/10.1148/radiol.2020200432. Published online.

[4] Zu Z, Jiang M D, Xu P P, et al. Coronavirus disease 2019 (COVID-19): a perspective from China. Radiology February 21, 2020;200490. https://doi.org/10.1148/radiol.2020200490. Published online.

[5] Al-Tawfiq JA, Memish ZA. Diagnosis of SARS-CoV-2 infection based on CT scan vs. RT-PCR: reflecting on experience from MERS-CoV. J Hosp Infect March 5, 2020. https://doi.org/10.1016/j.jhin.2020.03.001. Published online.

[6] Ai T, Yang Z, Hou H, et al. Correlation of chest CT and RT-PCR testing in coronavirus disease 2019 (COVID-19) in China: a report of 1014 cases. Radiology February 26, 2020;200642. https://doi.org/10.1148/radiol.2020200642. Published online.

[7] Peng X, Xu X, Li Y, Cheng L, Zhou X, Ren B. Transmission routes of 2019-nCoV and controls in dental practice. Int J Oral Sci 2020;12(1):9. https://doi.org/10.1038/s41368-020-0075-9.

[8] Chang L, Yan Y, Wang L. Coronavirus disease 2019: coronaviruses and blood safety. Transfus Med Rev February 21, 2020. https://doi.org/10.1016/j.tmrv.2020.02.003. Published online.

[9] Dodd RY, Stramer SL. COVID-19 and blood safety: help with a dilemma. Transfus Med Rev February 26, 2020. https://doi.org/10.1016/j.tmrv.2020.02.004. Published online.

[10] Liu S, Yang L, Zhang C, et al. Online mental health services in China during the COVID-19 outbreak. Lancet Psychiatr February 18, 2020. https://doi.org/10.1016/S2215-0366(20)30077-8. Published online.