

# MANAGEMENT OF PATIENT WITH ORAL CANCER DURING THE COVID-19 PANDEMIC

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## INTRODUCTION

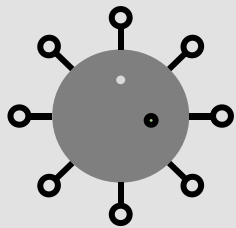
The influence of the COVID-19 pandemic on healthcare to the public is severe. There is a high viral load in the nasal and oral cavities of infected patients, especially endangering those specialties focused around this region. Within the field of action of oral and maxillofacial surgeons. During the peak of the COVID-19 pandemic, outpatient visits should be reduced to a minimum. Only urgent problems should prompt a patient to come to an outpatient unit or private practice.

## OBJECTIVE

Collect and discuss aspects of the management of inpatients and outpatients with oral cancer during the COVID-19 pandemic.

## PROCEDURES ON PATIENTS WITH ORAL CANCER: CLINICAL EXAMINATION, SURGERIES, AND URGENCIES

### ONLY URGENT PROBLEMS



**ORAL CANCER** → Clinical examination must be carried out with personal protective equipment and should be limited to low risk cases or those patients where there is a low clinical suspicion of malignancy. Zimmermann *et al.* typified benign slowly growing tumors with an intermediate care priority, proposing the deferral of surgery for this type of cases until COVID-19 pandemic situation has settled as long as risks are under control. In the case of malignant disorders like oral cancer that need urgent surgical procedures, performing surgery in otherwise healthy patients is proposed. In the case of oncologic patients infected with COVID-19, surgery can be performed in the same way, reinforcing biosecurity measures and thorough monitoring during the recovery period.

**BIOPSIES** → are indicated in the case of suspected malignancy due to the fact that this is considered an emergency procedure.

**ABSORBABLE SUTURES** → Should be used to minimize a second postoperative contact. Cleaning and disinfecting the exterior of the container after taking the sample should be performed as well 2.

The National Comprehensive Cancer Network implicitly supports the delaying oncologic surgery during this crisis 3.

## SURGICAL INTERVENTION IS WARRANTED IN THE FOLLOWING SCENARIOS:

- Cases in which a worse outcome is expected if surgery is delayed more than 6 weeks (squamous cell carcinoma of the oral cavity, oropharynx, larynx, hypopharynx).
- Cancers with impending airway compromise.
- High grade or progressive salivary gland malignancy.
- T3/T4 melanoma.
- Salvage surgery for recurrent/persistent disease.
- High grade sino-nasal malignancy where non-surgical options will not be equally efficacious.4

All follow up appointments should be minimized in order to reduce patient-surgeon contact: 6–9 months for patients beyond the period of highest risk for recurrence (e.g. 18–24 months post-treatment).

## CONCLUSION

The influence of the COVID-19 pandemic on healthcare to the public is severe. The reduction of elective surgery is necessary; nevertheless, urgent oncologic and emergency surgery still has to be performed. The adequate approach of the COVID-19 challenge merits significant changes in the infrastructure of outpatient units, inpatient units, and operating rooms. Protecting patients as well as the medical staff is crucial. The care of the patient affected with oral cancer is imperative. Following strict biosecurity protocols, procedures such as clinical examinations for cancer patients and biopsies (to clarify diagnosis when malignancy is suspected) can be performed. In the case of benign slowly growing tumors, deferral of surgery until the COVID-19 pandemic situation has settled is recommended, as long as risks of deferral are under control. In the case of malignant tumors, surgery must be performed using appropriate biosecurity measures. Bleeding and tumors that interfere with the airway of the patient should also be approached surgically when possible. During the COVID-19 pandemic, performing surgical procedures that expose health personnel should be avoided as much as possible. If non-surgical methods (e.g., radiation) can achieve similar results as a surgical approach. The objective is to minimize the risk of infection, safeguarding what matters most: the lives of the patients.

## REFERENCES

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