Pregnancy is associated with many physiological and hormonal changes, altered immunity and hormonal changes, altered physiology and immunological activity aggravating response to dental infection leading to serious life threatening conditions. Delay or avoidance by either the patient or clinician may result in severe spreading odontogenic infections. This might be worsen by the coronavirus disease 2019 (Covid-19) pandemic therefore the management of odontogenic infection must be based on medical protocols during the Covid-19 pandemic. The purpose of this case report is to discuss the management of a submental abscess in a pregnant patient with Covid-19.

Case

A 30 years old pregnant woman with 28 weeks of gestation presenting with a complaint of toothache at right lower 48 tooth. About 1 month prior to admission, the patient complained of toothache at right lower teeth but she didn't seek any treatment. About 1 month before admission, the swelling occurred at chin region, then 1 week prior to admission the swelling got bigger and the patient complained of localised pain, listlessness, fever, flu-like symptoms. She was referred to local General hospital with full specialist teams: OMS, O&G, A, Anaesthesia and intensive care (A) for further assessment and management. On referral to a tertiary hospital with full specialist teams: OMS, O&G, A, Anaesthesia and intensive care (A) the patient was admitted to ICU. She complained of listlessness, low grade fever, with localised pain on the chin area. The patient was admitted to General ward and penrose drain placement.

Diagnosis

- Submental abscess due to pulp gangrene of tooth 48
- Transaminitis due to medication
- Malnutrition
- Pregnancy
- Covid-19

Emergency referral to hospital with full specialist teams: OMS, O&G, A, Control airway (A)

Medical assessment

- Direct change on oral antibiotics
- Outpatient review by obstetrician & OMS
- General ward until stable

Admit to ICU

Assessment and monitoring by full specialist teams

Oral and Maxillofacial Surgery (OMS), Obstetrics and Gynaecology (O & G), Anesthesia and Intensive care (A)

Case Report

The definitive management of odontogenic abscesses in exploratory and drainage in need of decompression. In the setting of pregnancy this does not change, and early and aggressive surgical management is likely to be less harmful than prolonged antibiotics, which is commonly associated with progression of disease to sepsis and multi-organ dysfunction syndrome, compromising both the patient and the baby. In basic, there is no absolute contraindication in pregnant women with submental abscess, as in abscess patient surgery intervention is necessary to prevent further infection, how-ever, there are particular consideration needed related to management and drug options.

All known or suspected COVID-19-positive patients requiring surgical intervention must be treated as positive until proven otherwise in order to minimize infection spread. All staff must be specifically segregated of infected patients may help minimize staff shortages related to uncontrolled segregation of infected patients. All known or suspected COVID-19-positive patients requiring surgical intervention must be treated as positive until proven otherwise in order to minimize infection spread. All staff must be specifically segregated of infected patients may help minimize staff shortages related to uncontrolled segregation of infected patients.

The combination of altered hormonal and immune function in pregnancy lead to exceedingly high risk of developing severe odontogenic infections. These infections can be life-threatening for both the mother and her baby. Submental abscess is a very severe clinical condition which requires adequate management according to clinical guidelines for the management of odontogenic infections by a multidisciplinary team to prevent the spread of infection by considering the systemic conditions and medical procedures for patients with Covid-19.

DISCUSSION

The management of odontogenic abscess and its complications in pregnancy is challenging. The pregnancy is associated with many physiological and hormonal changes, altered physiology and immunological activity aggravating response to dental infection leading to serious life threatening conditions. The definitive management of odontogenic abscesses in exploratory and drainage in need of decompression. In the setting of pregnancy this does not change, and early and aggressive surgical management is likely to be less harmful than prolonged antibiotics, which is commonly associated with progression of disease to sepsis and multi-organ dysfunction syndrome, compromising both the patient and the baby. In basic, there is no absolute contraindication in pregnant women with submental abscess, as in abscess patient surgery intervention is necessary to prevent further infection, however, there are particular consideration needed related to management and drug options.

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CONCLUSION