

Comprehensive oral cancer care protocols during COVID-19 in an institutional setting

The presence of COVID-19 pandemic has brought about an unprecedented trail of health-related and economic challenges. The disease spreads mainly by droplet and contact transmission (Kissler et al., 2020). The challenge becomes a bigger endeavor when done in an institution treating oral cancer cases.

Ajman University in Ajman, United Arab Emirates (UAE) caters to diverse nationalities. The expatriate population from Southern Asia namely India, Pakistan, & Bangladesh, form the bulk of this expatriate diaspora. The prevalence of oral cancerous lesions such as oral squamous cell carcinoma (OSCC), leukoplakia, and oral submucous fibrosis (OSMF) among the expatriate population of these countries is high. This can be attributed to the use of tobacco and smokeless tobacco products such as quid, betel nut, and naswar. The policy of our university in advocating emergency guidelines for treatment of head and neck cancer patients during COVID-19 is in agreement with (Chaves et al., 2020).

Though during COVID-19, proposals to restrict staff involvement and patients are triaged by general practitioners before being sent to the respective units for treatment, the risk outweighs the benefits. The Pre-COVID footfall in our oral surgery clinic was about 70 patients per day, out of which 1 to 2 patients present oral precancerous

lesions or are follow-up cases for previous treatment. This number has reduced postlockdown due to patient apprehension.

In the interest of Institutional safety and being part of a consortium of colleges that promotes clinical good governance in the UAE, we would like to highlight our protocols by first, prioritizing oral cancer patients in terms of being either COVID-19 positive or asymptomatic and second, implementing infection control measures that provides safety to both the operator and the patient (Table 1).

During examination, as a norm, a detailed history along with clinical features and temperature is checked. For those without symptoms, triage will be carried out taking into account factors such as type of treatment, invasive or routine, urgency and age.

Our Institute treats most of the patients from a low socio-economic background, though the treatment delivered is free of cost, challenges arise when treating patients presenting oral cancer lesions in a locally advanced stage. Keeping in mind the government guidelines, elective surgeries are reduced significantly, use of metronomic therapy such as prescribing methotrexate along with periodic blood count and imaging, in tandem with an oncologist is done (Sultania et al., 2020). Combating aerosol production by use of N95 masks, HEPA (High-efficiency particulate air) filters in designated

TABLE 1 Infection control protocols advocated for oral cancer patients

Dental equipment	COVID-19		Examination	Procedure	Follow-up
	Asymptomatic	Positive			
Goggles	✓	✓	✓	✓	✓
Head cover	✓	✓	✓	✓	✓
N95 Masks		✓	✓	✓	✓
Shoe cover	✓	✓	✓	✓	✓
Tyvek suits		✓	✓	✓	✓
Face shields	✓	✓	✓	✓	✓
In-built loupes		✓			
Examination gloves	✓	✓	✓		
Surgical gloves		✓		✓	✓
High suction	✓	✓		✓	✓
HEPA filters	✓	✓	✓	✓	✓
Disposable Instruments		✓	✓	✓	✓

operating units, and incorporating a designated aerosol clinic are some of the modalities that has been implemented. The use of ultrasonic blade such as piezo to combat surgical smoke is one of the transition made from conventional high speed hand piece (Zeng et al., 2020). Instituting a fallow period to combat spread is a viable option (Clarkson et al., 2020). The UAE fallow out time for a non-COVID-19 patient is 20 minutes, and no data exist for a COVID-19 patient. The median fallow out time for a COVID-19 patient advocated in some countries is 20 minutes (Heffernan, 2020; FGDP, 2020). At our clinics, we have kept the fallow out period at 20 mins for a COVID-19 positive patient.

Patients recovering after maxillofacial surgeries such as biopsy, partial resection, or treated for advanced maxillofacial procedures such as tracheostomy are provided with the utmost care and strict guidelines are followed.

CONFLICT OF INTEREST

None Declared.

AUTHOR CONTRIBUTIONS

Sudhir Rama Varma: Conceptualization; Investigation; Writing-original draft; Writing-review & editing. **Mohamed Jaber:** Conceptualization; Investigation; Writing-original draft; Writing-review & editing. **Mohammed Amjad:** Conceptualization; Investigation; Writing-original draft; Writing-review & editing.

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