European Review for Medical and Pharmacological Sciences 2020; 24: 9151-9153

Short report – Herpes simplex lesion in the lip semimucosa in a COVID-19 patient

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Abstract. – OBJECTIVE: The present case report aims to make a discussion concerning oral manifestations in a patient with a confirmed diagnosis of COVID-19. Female patient, 20 years old, nursing technician, showed severe sore throat and headache without presence of fever. She tested positive for COVID-19 RT-PCR test in 2 episodes. She also showed lesions in the median lower lip semimucosa and severe pruritus, with a clinical course of 14 days, in which we performed a clinical diagnosis of herpes simplex infection. We need to be precise in terms of clinical appearance and possible relation with the disease, as the clinicians have access to the patients.

Key Words:
Herpes simplex, COVID-19, Oral pathology.

Introduction

SARS-CoV-2 was first described on Wuhan, at the end of 2019, and ended up, in 2020, spreading all over the world, becoming a pandemic disease. Most of the infected people do not show intense signs or symptoms. Only 20% of the infected people evolve to the most severe form of the disease, which may develop signs and symptoms like fever, sore throat, loss of taste and dry cough, that may progress to respiratory failure[1]

Our research found only one article, from Martín Carreras-Presas et al[2], with a report of 3 patients with a possible relationship between SARS-CoV-2 and oral lesions. The present case report aims to make a discussion concerning oral manifestation in patient with a confirmed diagnosis of COVID-19.

Case Report

Female patient, 20 years old, nursing technician, showed severe sore throat and headache, with no fever. She tested positive for COVID-19 RT-PCR test in 2 episodes: the first on April 24th, 2020 and in a second test, that was performed on April 30th, 2020, with samples collected from oropharyngeal secretion. Azithromycin and dipyrone were administered to the condition showed by the patient during 1 week, with good clinical evolution of the symptoms. Besides, in the same period, she showed lesions in the median lower lip semimucosa and severe pruritus, with a clinical course of 14 days. These lesions were treated with nebacetin ointment for 2 days, also showing good resolution. The final diagnosis regarding the perilabial lesions was not defined at the moment she presented them. It only happened after a photographic examination, when the differential diagnosis of recurrent herpes was defined. It was observed in the photography that the lesions were in full healing. According to the patient, she never showed previous herpes perilabial lesions (Figure 1).

Discussion

The presented case report revealed recurrent herpes manifestation in the lip semimucosa at the same time that the patient tested positive for COVID-19 infection. For sure we need to deal with the fact that it could be a coincidence; however, in her history, the patient has never showed any episode of herpes infection.

Martín Carreras-Presas et al[2] presented 3 cases with oral vesico-bullous lesions associated with SARS-Cov-2 infection, with very interesting findings. It was the first case report associated with oral manifestations of COVID-19. The first two cases presented were not confirmed for COVID-19 laboratorial tests but the authors reported that these patients showed signs and

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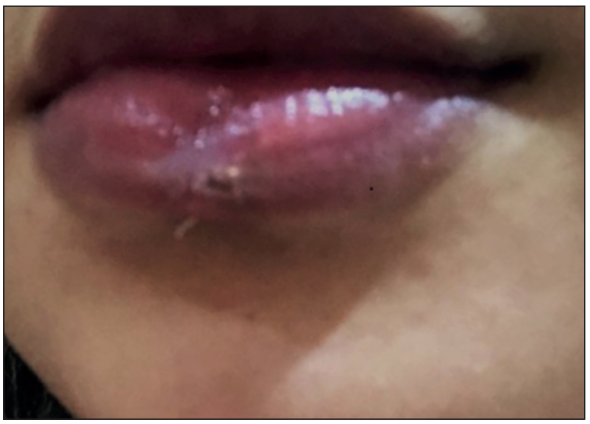

Figure 1. Crusted lesions in the region of the median lower lip that are full healing.

symptoms compatible with the infection. They presented oral lesions with differential diagnosis of recurrent herpetic stomatitis; however, according to our point of view, taking into consideration that they presented unilateral and painful lesions on the palate (keratinized mucosa), we suggest that the best differential diagnosis is herpes zoster. Besides, they were patients who had never showed these lesions before and who were in the 6th decade of life.

Our patient, unlike the first 2 cases, in which intraoral lesions were reported, developed perilabial lesions, a very typical characteristic of recurrent herpetic stomatitis and showed a very similar course compared to patients with no SARS-CoV-2 diagnosis. It must be highlighted that our patient did not show more severe signs or symptoms, such as respiratory failure. The most important symptoms related were sore throat and very severe headache.

Varicella-like skin lesions are findings reported by Tang et al[3] as well, which may indicate a correlation between some viral infections with skin and oral mucosa manifestations, such as herpes zoster[4], herpes simplex, and the SARS-CoV-2. Another interesting fact about this pandemic is that the cases were attended by means of online professional consultation, as in our case, with the use of photography (teledentistry). Our patient presented good general and oral health conditions and did not develop respiratory complications or fever, as well as the first two cases reported by Martín Carreras-Presas et al[2]

The clinical manifestations of COVID-19 may vary from asymptomatic cases (most of the cases) to cases with fast and severe evolution, resulting important disorders, mainly in the respiratory system. Many times, simple and common manifestations may be unnoticed by the patient and also by the physician. Furthermore, in this time of pandemic, patients have not sought for oral care or even for dentists, especially with all the current guidelines for social isolation in the state of São Paulo, Brazil. Hence, we must highlight the importance of teledentistry, which may allow health professionals to assist the diagnosis of these lesions in order to understand if there is a correlation between these manifestations of viral infections in the oral mucosa and SARS-CoV-2.

The foregoing discussion left some questions as we have previously discussed in our Letter to the Editor, which has been recently published[5]. Firstly: could the clinical manifestation of lesions, compatible with some viral infections such as recurrent herpes, be truly associated with COVID-19? Secondly: are the manifestations related to the stress or immune suppression or the pandemic situation itself?

Conclusions

We concluded that most of these cases could occur in patients who have experienced COVID-19 infection. However, we need to be precise in terms of clinical appearance. Insofar the health professionals have access to these patients, new studies may confirm our findings or discuss new oral manifestations. Only with more studies and case reports we will be able to establish what are real oral manifestations COVID-19-related and what is coincidence, bringing improvement for our treatment guidelines and patient welfare.

Conflict of Interest

The Authors declare that they have no conflict of interests.

Funding Sources
Luis Felipe CS Carvalho is funded by Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes)-PNPD Odontologia/UNITAU, and Centro Universitário Braz Cubas – Research Program.

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