

# Distance is what unites us

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Some people, even today, mistake science for opinion. Even though the right to freedom of thought and expression is guaranteed by article 13 of the Federal Constitution, caution must be exercised in delicate moments such as the one we are experiencing. The old popular rite used to say: “Against facts, there are no arguments, even though you can argue with the facts”. Science is science. Period.

Some researches point to dentists as one of the main professions that are prone to contract COVID-19. This is deadly serious. The level of contagion is high - following, in Brazil, in Geometric Progression - and there is still no medicine or vaccine that has been scientifically proven and that can be used safely.

The argument of many is that, in Brazil, the situation is completely different from other countries, such as Italy. The climate, the demographic density, the elderly population, among many other pseudo-convicions. However, it is noteworthy that the virus does not only affect the elderly and, in Norway, the contagion among young people is evident. Brazil has a wide demographic desert in the Amazon region and basic sanitation is not a reality in most of the population.

This is a moment of empathy. Refrain from profiting and opening practices to protect professionals and patients. Abstain from teaching: protect teachers, students and employees. These are difficult times, which demand sacrifices. But that is what science does: a skeptical light that ignores the popular outcry, in favor of the whole. In times like these, the importance of science and research is increasingly emphasized. That is our mission.

Now, although many people do, opinions about COVID-19 do not fit. The skepticism and rigor of the scientific method are due. For health professionals, who are on the front line, one word suffices: responsi-

bility. Is the service provided, at the moment, essential? What can be done to mitigate the proliferation of the virus and optimize treatments? Is it fulfilling the ethical duty inherent in this area of activity?

Stay home. Stay secure. Together although distant, we are stronger. And everything will pass. What separates us is what unites us.

See the recommendations of the Brazilian Society of Endodontics (SBEndo):

## *Endodontic emergency care during the COVID-19 Pandemic:*

According to the guidance of the Ministry of Health, all elective care in the health area must be suspended. However, our specialty is subject to the need for emergency treatments. Urgent care in Endodontics would be cases of severe toothache, abscesses with lymphadenopathy and fever associated with dentalinfection<sup>1</sup>. Whenever possible, drug prescriptions are preferable, but sometimes endodontic intervention is necessary. Therefore, some guidelines are important:

### *» Before the service:*

Through a telephone call, the patient should be asked whether:

- had a fever, dry cough or difficulty breathing in the last 14 days;
- was in contact with someone diagnosed with COVID-19; and / or
- has a fever of 37.8°C or over.

This patient has a high risk of presenting the disease and the benefit of his care must be carefully evaluated against the risk to which the professional is exposed.

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» *Caring for the patient:*

Before the appointment, both the professional and the patient must wear a surgical mask and maintain a distance of at least 2 meters.

The greatest chance of contamination occurs with the production of aerosols. Thus, during the appointment, the professional must wear a mask of type N95, PFF2 or similar, goggles, gloves, cap and a waterproof apron.<sup>1</sup> On physical examination, in addition to blood pressure and oxygen saturation, the dentist should measure the patient's temperature, preferably with a thermometer without contact with the patient.

Prior to the intraoral examination, the patient must rinse with 1% hydrogen peroxide or 0.2% povidone. To decrease the patient's chance of coughing or nausea, extra-oral radiographs are preferable whenever possible. If necessary, a periapical radiography to protect the film/sensor must be double.

If the need for endodontic access is confirmed, absolute isolation must be installed before the access.<sup>2</sup> This should cover the patient's entire oral cavity and protect the nostrils. The surgical field and the tooth to be accessed must be disinfected with sodium hypochlorite in a concentration of at least 1% for 1 minute.<sup>3</sup> To decrease the amount of aerosol, a high-

powered suction pump must be positioned close to the high-speed pen. Endodontic access without absolute isolation is contraindicated.

Abscess drainages should be done with care not to cause nausea or cough, which would generate aerosol. If a drain is sutured at the incision site, the suture must be performed with absorbable thread.<sup>5</sup> Routine postoperative medication, including pain killers or antibiotics, can be used. Additional care should be taken if NSAIDs are prescribed.<sup>4</sup>

The completion of treatment should be carried out at a future time, when the pandemic does not prevent elective treatments. It is recommended that the endodontist be attentive to the changes in protocols determined by the Ministry of Health and the Department of Sanitary Surveillance in your area. Care must be doubled regarding disinfection of the operative area, waiting room and material used with the patient.

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