

The impact of COVID-19 on oral health: a narrative review with emphasis on the learned lesson from the pandemic

Andrea Palermo^{1*}
Gerardo Cazzato^{2*}
Irma Trilli²
Francesco Sabatelli²
Ioana Roxana Bordea^{3*}
Gustavo Vincentis Oliveira Fernandes⁴
Ahmed Abdelwahed Shaaban⁵
Edit Xhajanka⁶
Lwai Almasri⁷
Marwa Alkassab⁸
Islam Amer⁹
Maher Almasri⁸
Francesco Sampalmieri¹⁰
Fabrizio Bambini¹⁰
Lucia Memè^{11**}

¹ Department of Medicine, University of Salento, Lecce, Italy

² Department of Interdisciplinary Medicine, University of Bari "Aldo Moro" Bari, Italy

³ Department of Oral Rehabilitation, Faculty of Dentistry, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

⁴ Missouri School of Dentistry & Oral Health, A. T. Still University, St. Louis, MO, United States

⁵ Prosthodontics Faculty of Oral and Dental Medicine, Future University, New Cairo, Egypt

⁶ Department of Dental Medicine, Medical University of Tirana, Rruga E Dibrës, Albania

⁷ King's College London, U.K.

⁸ The University of Buckingham, U.K.

⁹ Faculty of Medicine, Sohag University, Sohag, Egypt

¹⁰ D.I.S.C.O. School of Dentistry, Polytechnic University of Marche, Ancona, Italy

¹¹ Dipartimento di Scienze della Vita, della Salute e delle Professioni Sanitarie, Perugia, Italy

Corresponding author: Ioana Roxana Bordea
e-mail: roxana.bordea@gmail.com

*These authors contributed equally as first authors.

**These authors contributed equally as the last authors

Abstract

The outbreak of SARS-CoV-2 has redefined healthcare practices globally, revealing intricate connections between systemic and oral health. This review explores the impact of COVID-19 on the oral cavity (O.C.), focusing on viral transmission, oral manifestations, pathophysiological mechanisms, and clinical implications. By examining the molecular processes of SARS-CoV-2 infection in oral tissues and the potential for therapeutic interventions, this review underscores the importance of oral hygiene and the role of dental professionals in mitigating viral spread and complications.

Keywords: COVID-19; SARS-CoV-2 diagnosis; SARS-CoV-2 detection, Oral cavity, Oral health, Pandemic, Oral manifestations, Oral microbiome, Oral mucosal lesions

Introduction

About 6 years have passed since the first description of a case of coronavirus disease

Authors

Andrea Palermo - Department of Medicine, University of Salento, Lecce, Italy

Gerardo Cazzato - Irma Trilli - Francesco Sabatelli - Department of Interdisciplinary Medicine, University of Bari "Aldo Moro" Bari, Italy

Ioana Roxana Bordea - Department of Oral Rehabilitation, Faculty of Dentistry, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

Gustavo Vincentis Oliveira Fernandes - Missouri School of Dentistry & Oral Health, A. T. Still University, St. Louis, MO, United States

Ahmed Abdelwahed Shaaban - Prosthodontics Faculty of Oral and Dental Medicine, Future University, New Cairo, Egypt

Edit Xhajanka - Department of Dental Medicine, Medical University of Tirana, Rruga E Dibrës, Albania

Lwai Almasri - King's College London, U.K

Marwa Alkassab - Maher Almasri - The University of Buckingham, U.K.

Islam Amer - Faculty of Medicine, Sohag University, Sohag, Egypt

Francesco Sampalmieri - Fabrizio Bambini - D.I.S.C.O. School of Dentistry, Polytechnic University of Marche, Ancona, Italy

Lucia Memè - Dipartimento di Scienze della Vita, della Salute e delle Professioni Sanitarie, Perugia, Italy



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2019 (Covid-19) in December 2019, in Wuhan, Hubei province, China (1) and a lot of different knowledges were obtained about the multiple effect of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on the human organism (2). COVID-19 was declared a pandemic in March 2020 by World Health Organization (WHO) and although it was initially considered a purely respiratory disease, it soon became clear that SARS-CoV-2 had a widespread tropism for different body areas, mainly represented by the areas of greater density of angiotensin converting enzyme 2 (ACE2) receptors and transmembrane protease serine 2 (TMPRSS2) (3,4). According to data updated as of 01/18/2025, 777,126,421 million worldwide cases have been reported with 103 million in United States (USA), 99.4 million in China and 28.4 million in Italy. Among the other organs involved, primarily represented by the respiratory tract, lungs, heart, skin and so on, the oral cavity was also the object of interest in the scientific community, since it was soon established and confirmed that the epithelial cells of the oral mucosa are rich in ACE2 receptors and TMPRSS2, potentially and effectively constituting a gateway for SARS-CoV-2 (5). Furthermore, also the salivary glands are potential tissue for the infection by SARS-CoV-2 with the possibility of systemic complications. For these reasons, the pandemic has prompted a paradigm shift in healthcare, emphasizing the importance of oral health in systemic disease management (6–18). As dental practices adapted to new infection control protocols, the role of dental professionals expanded to include early detection of COVID-19 through oral examinations and saliva-based diagnostics and this intersection of oral health and infectious disease control highlights the need for a multidisciplinary approach in managing the pandemic (19–30). Furthermore, the oral cavity's role in SARS-CoV-2 transmission underscores the importance of public health initiatives focused on improving oral hygiene. For example, saliva, a key medium for viral particles, has been identified as a significant factor in spreading the virus (31,32). This discovery has led to increased research on the use of antiseptics and other oral care products to reduce viral load and transmission risk. Public health campaigns promoting regular oral hygiene practices could play a pivotal role in controlling the pandemic's spread (33–38).

The impact of COVID-19 on oral health extends beyond acute infection. Emerging evidence suggests that systemic inflammation caused by the virus may exacerbate existing oral conditions, such as periodontitis, and contribute to the development of new oral pathologies. These findings highlight the bidirectional relationship between systemic health and oral health, emphasizing the need for integrated care models (39–48).

This review aims to provide a comprehensive overview of the current knowledge on the impact of COVID-19 on the oral cavity. By exploring the molecular mechanisms of viral infection, clinical manifestations, and potential therapeutic interventions, this review seeks to inform healthcare professionals and guide future research. The oral cavity's unique immunological environment offers both challenges and opportunities for managing

COVID-19, making it a critical area of study in the ongoing fight against the pandemic (49–59).

SARS-CoV-2 Transmission via the Oral Cavity

Saliva as a Viral Reservoir

Saliva plays a critical role in the transmission and pathophysiology of SARS-CoV-2, serving as both a diagnostic tool and a reservoir for the virus. Studies have demonstrated that saliva contains high viral loads, particularly during the early stages of infection. This viral presence is primarily due to the abundant expression of ACE2 and TMPRSS2 in salivary gland epithelial cells, which facilitate active viral replication. Consequently, saliva becomes a medium through which viral particles are expelled and transmitted, even in asymptomatic individuals.

Research has shown that SARS-CoV-2 can persist in saliva for extended periods, contributing to prolonged infectivity. The detection of viral RNA in saliva offers a non-invasive diagnostic alternative to nasopharyngeal swabs, with comparable sensitivity and specificity. This has proven particularly valuable in large-scale screening and monitoring programs, as saliva collection is less invasive, requires minimal training, and poses a lower risk of discomfort for patients (60–64).

The role of saliva as a viral reservoir also highlights the importance of aerosol and droplet transmission. Salivary droplets expelled during speech, coughing, or sneezing can carry infectious viral particles, facilitating the rapid spread of COVID-19 in community and healthcare settings (65–67). Dental practices, where aerosol-generating procedures are common, face heightened risks of exposure. Measures such as pre-procedural mouth rinses, the use of rubber dams, and high-volume evacuators have been implemented to reduce salivary viral loads and minimize transmission risks (68–77).

Moreover, saliva's role in viral transmission has prompted investigations into potential therapeutic interventions (78–82). Oral antiseptics containing agents like povidone-iodine and hydrogen peroxide have shown efficacy in reducing salivary viral loads temporarily. Such interventions could serve as adjunctive measures in infection control protocols, particularly in high-risk environments like dental clinics and hospitals (83–92).

Aerosol Generation and Dental Practice Risks

Dental procedures, which often involve aerosol generation, pose a heightened risk for SARS-CoV-2 transmission (93–95). Saliva droplets expelled during procedures can contain infectious viral particles, necessitating stringent infection control measures in dental settings (96,97).

Aerosol-generating procedures (AGPs), such as ultrasonic scaling and high-speed drilling, can produce airborne particles containing pathogens, including SARS-CoV-2 (98–112). These aerosols pose significant infection risks for dental healthcare workers and patients, as they can remain suspended in the air for extended periods (113–116). Studies have demonstrated that

the use of high-volume suction, pre-procedural mouth rinses with antimicrobial agents like povidone-iodine, and rubber dams can significantly reduce aerosol production (117–119). Improved ventilation systems and the use of personal protective equipment (PPE), such as N95 masks and face shields, are also critical in minimizing exposure. Research highlights the urgent need for enhanced infection control protocols to ensure safe dental care during and beyond the pandemic (120–129, 446).

Oral Manifestations of COVID-19

Mucosal Lesions- Dysgeusia and Ageusia- Xerostomia

COVID-19-related oral mucosal lesions have become a topic of increasing interest in the scientific literature, as they represent unexpected but common clinical manifestations in SARS-CoV-2 patients. These lesions include a variety of changes ranging from oral ulcers to erythematous or rash-like manifestations, and can be considered as a clinical sign associated with infection or as a side effect of drug treatments (130,131).

The most common oral manifestations among patients with COVID-19 are aphthous ulcers, oral candidiasis, and petechiae-like lesions (132–139). Aphthous ulcers are small painful lesions that form on the oral mucosa and are often surrounded by an erythematous area. These lesions have been observed in a significant percentage of patients, especially those with more severe forms of COVID-19 (140–144, 447). In some cases, the tongue may appear edematous or altered, presenting an appearance called “geographic tongue,” characterized by areas of scaling and inflammation (145–155).

In addition, SARS-CoV-2 infection may lead to the appearance of petechiae-like or bruise-like lesions on the oral mucosa, which may be indicative of vascular involvement, associated with the systemic inflammation caused by the infection (156–167). Oral dryness, or xerostomia, is another frequent symptom, which can be aggravated either by the direct effect of the virus on salivation or by the side effects of administered medications, such as antiviral drugs or corticosteroids (168–182).

Oral mucosal lesions could result from a virus-induced systemic inflammatory response that alters the normal architecture of the oral mucosa (183–199). Indeed, SARS-CoV-2 binds to the ACE2 receptor, which is also present in oral mucosal cells, facilitating its penetration into cells and causing local inflammation (200–205). In addition, virus-induced immunoactivation may predispose patients to secondary infections, such as oral candidiasis, a common complication in immunocompromised patients or those treated with immunosuppressive drugs (206–211).

Another suggested mechanism is the role of “cytokine storm,” which could damage blood vessels and contribute to petechial lesion formation or oral vasculitis (212–233). Hypoxia, induced by severe respiratory compromise in severe patients, could further aggravate the situation by promoting the formation of mucosal lesions (234–246).

Oral mucosal lesions are not only a significant clinical sign for monitoring patients with COVID-19, but can also provide indications of the severity of the infection (247–265). For example, the presence of aphthous ulcers or other signs of oral tissue damage could be associated with a more pronounced inflammatory response or disease progression (266–279). In addition, because many of these lesions are painful, they can impair the patient’s quality of life by affecting feeding, swallowing, and communication (280–296).

In conclusion, oral mucosal lesions in patients with COVID-19 are an important phenomenon that deserves attention both for its diagnostic relevance and clinical implications (297–306). Although their presence is not specific for SARS-CoV-2, there is evidence that infection can induce a number of oral changes that require appropriate management. Further studies are needed to better understand the pathogenesis of these lesions and their role in COVID-19 disease evolution (307–316).

Periodontal Health and COVID-19

Exacerbation of Periodontal Diseases

The systemic inflammatory response induced by COVID-19 may worsen pre-existing periodontal conditions. Elevated levels of pro-inflammatory cytokines, such as IL-6 and TNF- α , contribute to periodontal tissue breakdown. Additionally, periodontal inflammation may serve as a source of systemic cytokine release, potentially exacerbating the severity of COVID-19.

Impact on the Oral Microbiome

The prolonged use of antibiotics and other medications during COVID-19 treatment can disrupt the oral microbiome, leading to dysbiosis (317–322). This imbalance may increase susceptibility to periodontal disease and other oral infections, further complicating patient outcomes (323–337).

In fact emerging research indicates a significant correlation between COVID-19 and alterations in the oral microbiome. Studies have observed that COVID-19 patients often exhibit reduced microbial diversity in the oral cavity, which is associated with more severe disease outcomes (338–347).

This dysbiosis may compromise the oral cavity’s defense mechanisms, potentially facilitating secondary infections. Additionally, the presence of specific oral pathogens has been linked to co-infections in the lungs of COVID-19 patients, underscoring the importance of maintaining oral health to mitigate respiratory complications (348–360).

Furthermore, the composition of the oral microbiome has been found to predict COVID-19 severity, suggesting its potential as a non-invasive biomarker for assessing disease progression (361–366).

These findings highlight the intricate relationship between systemic infections like COVID-19 and oral microbial communities, emphasizing the need for integrated healthcare approaches that consider oral health as a component of overall disease management (367–370).

Diagnostic and Therapeutic Implications

Saliva-Based Diagnostics

Saliva-based diagnostics have emerged as a pivotal tool in the detection of SARS-CoV-2, offering a non-invasive, cost-effective, and scalable alternative to nasopharyngeal swabs (371–381). Saliva contains viral RNA, which can be detected using molecular techniques such as reverse transcription polymerase chain reaction (RT-PCR). This method enhances patient compliance, particularly in pediatric and elderly populations, due to its ease of sample collection and reduced discomfort (382–391). Additionally, saliva testing minimizes the risk of aerosol generation during sample collection, thereby enhancing safety for healthcare workers. Recent studies demonstrate comparable sensitivity and specificity to traditional swab-based methods, underscoring its potential for widespread application in both clinical and community-based surveillance of COVID-19 (392–401).

Oral Hygiene and Preventive Care

Maintaining optimal oral hygiene is crucial in reducing the risk of SARS-CoV-2 transmission. Regular brushing, flossing, and the use of antiseptic mouthwashes can lower salivary viral loads. Public health campaigns emphasizing the importance of oral care during the pandemic are essential for mitigating viral spread (402–418).

Potential Therapeutics

Oral antiseptics containing povidone-iodine, hydrogen peroxide, or cetylpyridinium chloride have shown promise in reducing salivary viral loads (419–428). These agents disrupt the viral envelope, impairing its infectivity (429–444). Additionally, the development of oral vaccines targeting mucosal immunity could offer a novel approach to preventing SARS-CoV-2 infection (445).

Conclusion

The interconnection between COVID-19 and oral health underscores the importance of a multidisciplinary approach in managing the pandemic. The oral cavity's role as a site for viral entry, transmission, and clinical manifestation highlights the need for targeted interventions in dental practice and public health strategies. Future research should focus on developing localized therapies and exploring the potential of oral-based vaccines to combat SARS-CoV-2. By integrating oral health into the broader COVID-19 response, healthcare systems can enhance patient outcomes and curb the pandemic's impact.

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