

## Xerostomia, Salty Taste and Burning Mouth as Oral Manifestations of COVID-19

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From the onset of the viral outbreak in Wuhan City (China) in December 2019 and, declared as a pandemic in March 2020 by the World Health Organization (WHO), COVID-19 brought many losses and misfortunes [1-3].

Several diseases and conditions associated with and resulting from coronavirus infection were constantly observed. Various signs and symptoms such as headache, impaired consciousness, confusion, dizziness, sore throat, congestion, coryza, nausea or vomiting, diarrhoea were and still are quite frequent [1-3].

Stomatological and otorhinolaryngological alterations have been also described, particularly those related to smell (hyposmia and anosmia) and taste (hypogeusia and ageusia) [1-3]. Salty taste has been reported in 19 patients contaminated by coronavirus, independently of diet and consumption of salty foods, as well as the use of toothpaste or mouth rinses or habits such as smoking [2].

Additionally, other oral manifestations such as aphthous ulcerations; stomatitis; herpetiform lesions; mucositis; candidiasis; geographic, fissured or depapillated tongue; erythema multiform lesions; Kawasaki type lesions; necrotizing periodontal diseases; angular cheilitis; atypical Sweet syndrome lesions; and Melkersson-Rosenthal syndrome have been described [4-6]. Neuralgias have also been latent, such as mononeuropathy of the branches of the maxillary nerve associated with COVID-19 [1].

We report a case of a 44-years-old male patient, xanthoderma, who presented with flu-like symptoms on the second day of manifestation, fever at 37.8°C (100.04°F), sore throat, cough and noisy breathing. In the oral cavity, the presence of lingual flaking was observed on the lateral border of the tongue on the side, dryness of the oral mucous membranes and mouth burning (Figures 1 and 2). The patient reported xerostomia and salty taste in the mouth.

Drugs were prescribed to control fever and pain (dipyron sodium 500mg and nimesulide 100mg, respectively).

An RT-PCR test for COVID-19 was performed, confirming the diagnosis after 2 days.

Dexamethasone elixir 0.1mg/ml was prescribed for 3 days. There was remission of the symptoms after 3 days. The patient showed improvement of the signs presented. He is in clinical follow-up for 4 months, although he still reports some discomfort due to dry mouth. We recommended that the patient increase their water intake to assist with the discomfort of the salty taste.



**Figure 1:** Clinical aspects of tongue scaling (frontal view).



**Figure 2:** Slightly flaking area on the lateral border of the tongue on the left side.

It is important to emphasize that opportunistic infections, poor oral hygiene, immunosuppression, stress, vasculitis and hyper inflammatory response secondary to COVID-19 may be the most important predisposing factors for the appearance of oral lesions in patients with COVID-19 [6]. In this perspective, preventive oral care may favor and reduce the morbidity of oral changes arising from COVID-19.

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