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ORAL CANDIDIASIS IN A PAEDIATRIC FEMALE PATIENT DURING COVID-19 OMICRON PANDEMIC ERA - AN ORAL AND MAXILLOFACIAL PATHOLOGIST AND PAEDIATRICIAN PERSPECTIVE

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ABSTRACT

Acute pseudomembranous candidiasis is an opportunistic infection. Etiology might include chemotherapy, xerostomia, radiotherapy, nutritional deficiencies, antibiotic therapy, steroids, immunocompromised conditions, etc. The main causative organism targets Candida albicans. Increased dominance of this organism leads to dysguesia and dysphagia. Hereby we present a case of oral candidiasis in a paediatric patient during the SARS COVID-19 OMICRON pandemic era.

KEYWORDS: *Thrush, Paediatrics, Immunocompromised, Candidiasis*

Article History

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INTRODUCTION

Sometimes infection might be opportunistic such as acute pseudomembranous candidiasis. Etiology includes radiotherapy, chemotherapy, immunocompromised conditions, antibiotic usage, steroid usage andxerostomia. Themain organism involved is Candida albicans. Increased growth of this organism might lead to dysguesia and dysphagia. On clinical examination, it may appear as white curd-like plaques, involving buccal mucosa, tongue, gingiva, palate and oropharyngeal region, which result in pain or haemorrhagic areas on scrapping. In the case of the paediatric population, the infection might arise from the birth canal, contaminated pacifier or infected mother's nipple. During 1980-1989 there was an increased incidence rate of oropharyngeal candidiasis of about 4.7 times as per Fisher-Hoch and Hutwagner. Deaths secondary to oropharyngeal candidiasis increased 5-fold during this period.

CASE REPORT

A female patient of 10 years old attended the department with a complaint of curdy white deposits inside the oral cavity. Historyin relation to dental, medical and family were unrelated. The patient was conscious, oriented and afebrile. Vital signs were normal. Intraoral clinical examination revealed curd whitish plaques or patches on the right and left buccal mucosa, tongue and palatal region. The plaques were scrapable. On scraping, erythematous areas were seen. On clinical diagnosis, pseudomembranous candidiasis was confirmed. Management of pseudomembranous candidiasis included topical application of clotrimazole (1%) three to four times per day in conjunction with good oral hygiene maintenance. After three days of treatment, the patient responded well and clearance of white plaques was observed.

DISCUSSION

Pseudomembranous candidiasis is usually seen in 5-7% of the paediatric population. Etiology targets to history of thrush, infection of nipple skin, prolonged antibiotic therapy, impaired immune response, infectionin birth canal passage and mastitis. Management includes antifungal agents as of nystatin of 1ml 100,000 units equally divided in 2 drops, 4 times daily for up to10-14days. Drug interactions are reported nil due to impaired systemic absorption of nystatin. In the case of patients who are intolerant or refractory to topical treatment and those atahigher risk of developing systemic infections. The dose and duration of systemic therapy can be reduced ny topical therapy. Amphotericin B, clotrimazole, flucanozole and keoconazole are a few antifungal agents in the management sector. Oral suspension of Clotrimazole 10 mg/ml to be used four times per day for 2 weeks. Ketaconazole is not recommended due to the risk of liver toxicity. If initial therapy fails, then culture and sensitivity testing should be done.

CONCLUSIONS

Dental professionals and paediatricians' rapport should go hand in hand in case of the occurrence of oral candidiasis in the paediatric population. Untreated cases might result in a fatal outcome. Antifungal agents play an important role in the management sector.

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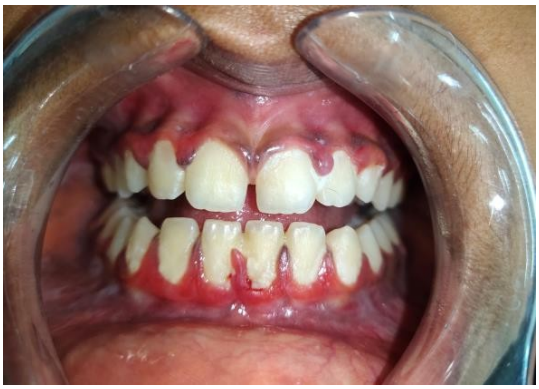

Figure 1