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LETTER TO EDITOR

Applicability of Teledentistry/e-Dentistry in the New Infection Context of Monkeypox

Aplicabilidad de la Teleodontología/E-Odontología en el Nuevo Contexto de Infección de la Viruela del Mono

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Dear Editor,

Monkeypox (MP) is a zoonotic disease belonging to the same viral genus as smallpox, whose clinical presentation is similar and the severity of the disease depends on the patient's comorbidities and age and may lead to the patient's death (Eltvedt *et al*., 2020; Sallam *et al*., 2022).

Healthcare staff should adopt biosafety measures recommended during the Covid-19 pandemic in suspected and confirmed cases of MP. In confirmed cases of MP, the patient should remain in isolation, and transmission-based precautions should be continued until the resolution of symptoms, including any rash and scabs (WHO, 2022; UHS, 2022).

The clinical manifestations of developing MP are acute febrile illness, skin lesions, and lymphadenopathy (Adler *et al*., 2022; Sookaromdee *et al*., 2022). Rare complications of MP may include pneumonitis, encephalitis, sight-threatening keratitis, and secondary bacterial infections (Sookaromdee *et al*., 2022). The virus has an incubation period, from infection to first symptoms, ranging from 5 to 21 days. The patient develops a rash within the first three days after the onset of fever, which usually starts on the face and spreads to other regions of the body, such as the buccal, genital, cornea, and conjunctiva, in a typically centripetal fashion and which after a few days or weeks forms crusts followed by desquamation (Adler *et al*., 2022).

The lesions that affect the oral mucosa can be expressively observed in patients infected with MP as the first clinical sign of the disease. Initially, they appeared to have a midline distribution along the anterior surface of the tongue, manifested as vesicles, or blisters, ulcers, and papules followed by the appearance of lesions on the face and extremities of the body (Sookaromdee *et al*., 2022; Peters *et al*., 2022).

Considering the context experienced as a result of the recent Covid-19 pandemic and the mechanisms involved in MP that are still unclear, strategies to reduce transmission must be devised. In this sense, teleconsultation may be a convenient way to reduce the number of visits to the dental clinic while maintaining the highest possible levels of oral health care, as described by Aboalshamat *et al*. (2022) and Correia-Neto *et al*. (2021). Teleconsultation enables the exchange of information between professionals,

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assisting in the diagnosis and therapy to be instituted to the patient with greater agility and precision, always following privacy and data protection laws (Telles-Araujo *et al*., 2020). Although there are advantages regarding the use of teledentistry, certain limitations can generate resistance on the part of some professionals, such as the need for physical examination and internet access, which for some patients becomes restricted (Correia-Neto *et al*., 2022).

In this way, the guidelines should not serve as a basis to exclude in-person consultations but to strengthen the e-Dentistry tools as a good strategy to reduce the costs of the public health system, decreasing the chances of transmission, besides the possibility of monitoring the progression of oral lesions identified in patients in isolation. Education actions and campaigns in healthcare centers, including teledentistry assistance, may contribute to the public welfare and reduce stigmatized prejudices that delay an early diagnosis, leading to the detection of disease in the advanced stages.

CONSENT TO PUBLISH. Informed consent had been appropriately obtained and documented for clinical photographs used for demonstration in this manuscript. Identifiers of patient identity had been hidden before review.

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