

Dental Disorder in Zika Virus Infection

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The Zika virus is an arbovirus that has been well-known for few years after its big epidemic in America causing many cases of congenital Zika virus disease. In America, the disease already attacks thousands of local people before it spread worldwide at present. The disease is accepted as the global public health issue and it is still required proper counteracting management against the Zika virus infection. The Zika virus infection is usually asymptomatic [1] but it can cause neurological problem and the vertical transmission in pregnant subjects is confirmed. In general, Zika virus infection can cause acute febrile illness that makes it difficult to clinical differentiate from common tropical infections such as dengue [2]. The emergence of microcephaly due to vertical transmission from pregnant mothers in infants with congenital Zika virus disease draws attention worldwide to this newly emerging arbovirus infection [3]. As an arbovirus infection, mosquito control is usually recommended as a combating preventive measure against Zika virus infection. Nevertheless, the new emerging identified modes of Zika virus transmissions such as sexual transmission make the control more difficult [4].

In clinical, there are many problems on diagnosis and treatment of Zika virus infection. The clinical diagnosis is very difficult and it usually requires laboratory tool for confirmation on diagnosis [5]. For treatment, there is still no drug and vaccine against the disease. In clinical, the practitioner also has limited clinical information on this new emerging disease. The clinical presentation of the Zika virus infection is an interesting issue to be mentioned. The atypical clinical presentation due to Zika virus infection can be expected and this might result in missed diagnosis. Focusing on dental presentation, there are very few reports on this issue. As noted by Gupta et al., "All health care professionals should have adequate knowledge of the virus and be conversant with necessary precautionary measures to be taken making it imperative that dental practitioners strive to continually update their knowledge from time to time [6]."

There has never been any report on the tooth problem as a result of Zika virus infection. However, since the Zika virus is highly similar to the dengue virus. The problem of thrombocytopenia can be seen and the clinical presentation of bleeding including to gingival bleeding is possible and might be the primary clinical presentation to the practitioner. Also, it should mention for the contamination of the Zika virus in the oral cavity. The important concern is on the contamination in saliva [7,8]. Leão et al. concluded that the virus "is present in body

fluids and has also been demonstrated in the saliva, but there is as yet no reliable evidence to support Zika virus transmission via this pathway [7]". Nevertheless, Leão et al. suggested that "Transmission in oral health care should be effectively prevented using standard infection control measures [7]." As a practitioner in dentistry, seeking for an update knowledge regarding Zika virus infection is needed. In addition, since the primary clinical presentation of Zika virus infection can be oral presentation, the awareness on the problem and universal standard precautions against the virus during clinical practice is required. Finally, the practitioner also poses the same risk as general people. Prevention of mosquito, safe sex and avoidance of travel to the endemic area is still the basic concept that can be applied for dental practitioners.

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Received: August 21 2017; Accepted: August 23 2017; Published: August 30 2017

Citation: Wiwanitkit V. Dental Disorder in Zika Virus Infection. *Ann Dentist Oral Disord* 2017; 1:102.