

Letter to Editor

Zika Virus Outbreak-What Dentist Need to Know

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Zika virus (ZIKV), a mosquito-borne flavivirus closely related to yellow fever virus and dengue virus, is currently causing a large outbreak in the Americas [1].

ZIKV manifestations in oral cavity of infected patient have described in few studies such as local hyperemia and petechiae on the hard palate of an infected patient.

Studies have shown that ZIKV can enter the mouth by 3 possible routes which are-firstly, by invading the gingival/mucosal connective tissues, where the virus would infect and propagate in fibroblasts before reaching the epithelial keratinocytes [2]. This route may explain the local hyperemia and petechiae observed by Brasil, et al [3]. Secondly, by infecting the major and hundreds of minor salivary glands, including those in the hard palate, with subsequent release of viral particles in saliva as CMV, which is transmitted via saliva after infecting salivary glands [2]. Third possible way via gingival crevicular fluid from the gingival crevice surrounding the teeth.

ZIKV RNA has been detected in saliva and persists for 29 days. So, saliva may play a critical role in human-to-human transmission of ZIKV and salivary diagnostics may provide a convenient point-of-care test for ZIKV infection [4].

Transmission in oral health care should be effectively prevented using standard infection control measures. No specific antiviral treatment is available thus, if needed, care is supportive [1]. Acetaminophen can be used to reduce fever and pain. It is important not to take aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) until dengue can be ruled out to reduce the risk of bleeding [5].

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