








Teledentistry in Brazil: a viable alternative during COVID-19 pandemic

Teleodontologia no Brasil: uma alternativa viável durante a pandemia de COVID-19

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Dear editor,

Commonly, dental care is characterized by contact with patients, especially their upper airways. Due to the advances of COVID-19, the routine of dental offices was enormously affected and elective services were temporarily suspended, being performed only emergency and urgency procedures. As saliva is a potential transmission vehicle for SARS-CoV-2^{1,2}, dentists have resorted to alternative solutions to avoid aerosol production by high-rotating equipment and to minimize the impact caused by the pandemic.

For that reason, teledentistry, which is an information and communication resource with the potential to improve the quality of dental health care, has gained space for both dental professionals and patients. It enables oral care and health attention in remote areas, in addition to allowing professionals to identify the high-risk groups and provide prompt service when necessary, consequently reducing the waiting lists³.

In emerging countries like Brazil, teledentistry represents an alternative to offer good quality telemonitoring, especially for people most in need at an affordable cost. This tool has been imminently used in public health services, with good experiences of telemedicine programs in primary care around the world, including Brazil with Telehealth, an initiative of the Ministry of Health of Brazil that provides Teleducation actions. In this scenario, specific services were created to support the study of oral lesions⁴.

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This year, the Brazilian Federal Council of Dentistry published Resolution No. 226, which addresses the remote dental practice. Considering the Law 5,081/66, which regulates the exercise of dentistry, the resolution determines the prohibition of technology-mediated dental consultations for diagnosis, prescription, and treatment plan elaboration⁵. Regarding the dentist-patient relationship, remote care and telemonitoring of patients are only admitted when patients undergoing treatment are unable to return to the office, or a teleorientation carried out by the clinician to decide the best time to perform face-to-face assistance⁶.

During the pandemic, with distance measures ruling, and imminent risk of contamination by SARS-CoV-2, patients have shown constant apprehension regarding their safety and the quality of dental service. Additionally, most of our patients depend exclusively on public health services, such as oral oncologic attention, periodontal care, oral hygiene, and routine appointments. For this group of patients, continuous appointments are vital. Therefore, some measures such as the inclusion of voice and video calls, in the interval between face-to-face consultations, may represent an ideal temporary solution to avoid aggravations and decompensations of the patients' health status, ensuring frequent remote monitorization³.

Carrard et al.⁷ highlight that the use of WhatsApp mobile application by oral medicine patients has shown expressive success rates. In Greece, Georgakopoulou⁵ achieved good results with telehealth in her private dental clinic, even bringing in new patients. Machado et al.⁸ reinforce the usefulness of mobile applications for telemonitoring patients.

In conclusion, telecommunications strategies are suitable for scenarios such as the one we are currently facing. Furthermore, it is believed that the telemonitoring tool for dentists and patients will become popular over time, and advances in this area will likely consolidate this resource, taking it to the daily routine of dental professionals.

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