

Publication of COVID-19 case reports: Are we hurrying?

The global situation that has been established is worrying due to the pandemic of COVID-19. In this context, the great majority of government entities have turned their attention even more to the importance of scientific research in solving health issues since public policies must be strongly based on science to perform their function efficiently. We are on the right track when choosing to survive. And surviving means sparing no effort to find a cure. Such a process involves investments and acceleration of steps (Van Norman, 2016). One example is the creation of the CTAP (Coronavirus Treatment Acceleration Program) by the FDA (U.S. Food and Drug Administration) to support clinical trials.

In parallel, medical specialties that are not directly related to the cure are concerned, at the very least, in investigating the health conditions associated with COVID-19 and improving the quality of life of patients. Therefore, a precedent is set for working in a two-way street: one in which COVID-19 predisposes to the development of diseases and the other, in the opposite way, in which a given disease may predispose the individual to contagion or worsen the clinical picture of COVID-19.

Recently, *Oral Diseases* published a series of cases regarding oral manifestations of SARS-CoV-2 (Martín Carreras-Presas, Amaro Sánchez, López-Sánchez, Jané-Salas, & Somacarreras Pérez, 2020) which made us reflect on the tendency to accelerate the process of building scientific papers. Evidence-based medicine considers that clinical case reports are the types of study classified with the lowest level of evidence given their methodological composition (Burns, Rohrich, & Chong, 2011). In the other hand, from a practical point of view, clinical case reports have their importance based on the academic scope and, mainly, within the scope of public policies. Within a health education institution, the elaboration of a case report guides the learning of the formulation of the clinical question, the search for the best evidence and the consistent therapeutic application based on it. In the scope of public policies, it is an embryo of the first line of evidence for building more robust studies (Albrecht, Werth, & Bigby, 2009; Florek & Dellavalle, 2016).

In the series of cases on the oral manifestations of SARS-CoV-2, some of the patients were not actually diagnosed with COVID-19, which goes against the title. The case description has clear gaps regarding the standardization of anamnesis, clinical evaluation, diagnosis, treatment and follow-up (Gagnier et al., 2013). The validity of the work is only to inform about the possibility of COVID-19 promoting the development of non-specific ulcerative viral lesions.

The “new disease” accelerated the creation of papers that sin in fundamental terms. The appearance of the keyword “COVID-19” became a ticket for a possible easy publication. The accuracy

and methodological criteria of researchers and editorial boards that evaluate the incipient work must take precedence over academic ambition. For the quality of the articles and for the accuracy of the knowledge to be shared, let us not hurry!

AUTHOR CONTRIBUTION

Eduardo Lombardo: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Supervision; Validation; Visualization; Writing-original draft; Writing-review & editing. **Rogério Pagnoncelli:** Conceptualization.

Eduardo Lombardo 

Rogério Miranda Pagnoncelli

Department of Oral and Maxillofacial surgery, School of Health and Life Sciences, Pontifical Catholic University of Rio Grande do Sul (PUCRS), Porto Alegre, Brazil

Correspondence Eduardo Lombardo, Av. Ipiranga, 6681, 90619-900 - Porto Alegre RS, Brazil.

Email: eduardomlombardo@gmail.com

ORCID

Eduardo Lombardo  <https://orcid.org/0000-0003-1219-364X>

REFERENCES

- Albrecht, J., Werth, V. P., & Bigby, M. (2009). The role of case reports in evidence-based practice, with suggestions for improving their reporting. *Journal of the American Academy of Dermatology*, 60(3), 412–418. <https://doi.org/10.1016/j.jaad.2008.10.023>
- Burns, P., Rohrich, R., & Chong, K. (2011). The levels of evidence and their role in evidence-based medicine. *Plastic and Reconstructive Surgery*, 128(1), 305–310. <https://doi.org/10.1097/PRS.0b013e318219c171>
- Florek, A. G., & Dellavalle, R. P. (2016). Case reports in medical education: A platform for training medical students, residents, and fellows in scientific writing and critical thinking. *Journal of Medical Case Reports*, 10(1), 1–3. <https://doi.org/10.1186/s13256-016-0851-5>
- Gagnier, J. J., Riley, D., Altman, D., Moher, D., Sox, H., & Kienle, G. (2013). The CARE Guidelines. *Deutsches Arzteblatt Online*, 110(37), 603–608. <https://doi.org/10.3238/arztebl.2013.0603>
- Martín Carreras-Presas, C., Amaro Sánchez, J., López-Sánchez, A. F., Jané-Salas, E., & Somacarreras Pérez, M. L. (2020). Oral vesiculobullous lesions associated with SARS-CoV-2 infection. *Oral Diseases*, 1–3. <https://doi.org/10.1111/odi.13382>
- Van Norman, G. A. (2016). Drugs, devices, and the FDA: Part 1: An overview of approval processes for drugs. *JACC: Basic to Translational Science*, 1(3), 170–179. <https://doi.org/10.1016/j.jacbs.2016.03.002>