



Long COVID (SARS-CoV-2/COVID-19) Infection Related Self-Inflicted Oral Trauma to Right-Side of Tongue due to Jaw-Cheek-Tongue Dynamic Motor in Coordination with Recurrent Right-Sided Anterior Bleeding Tongue-Bite Crush Lesions and Right-Sided Lower-Lip Bruising Only During Chewing Food

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Keywords

Fifth cranial nerve; Mandibular division motor fibres; Facial nerve; Hypoglossal nerve; Bleeding tongue-bite; Lip-bruising; Chewing; MRI

Clinical Image

I report a prolonged case of SARS-CoV-2 (COVID-19) infection, now known as long COVID, in a 65 years old man. This patient had recurrent tongue bites leading to bleeding crush-lesions with ulcers that would spontaneously heal in 4 to 6 weeks. He has also bruised his lower lip frequently on the same side. His family members have noted recurrent but transient (30-60 seconds) deviation of angle of mouth to the left, indicating intermittent short-lasting right-sided facial nerve paresis with subclinical weakening of cheek muscles of right side of the face. He has now to take great care while chewing food, to eat with greater care and more slowly, and restrain himself from talking during meals. All cranial nerves are otherwise normal on clinical examination as well as on MRI. Such self-inflicted events did not occur prior to the COVID-19 infection that has been established in this patient. This is the first report of intermittent subclinical trigeminal nerve (motor component of anterior division of right mandibular nerve, V3), transient subclinical paresis of right-sided VII cranial (facial) nerve, and recurrent traumatic involvement of right side of anterior tongue as a sequela in COVID-19, expanding the clinical picture and the immuno-pathological profile of the disorder (Figure 1) [1-5].

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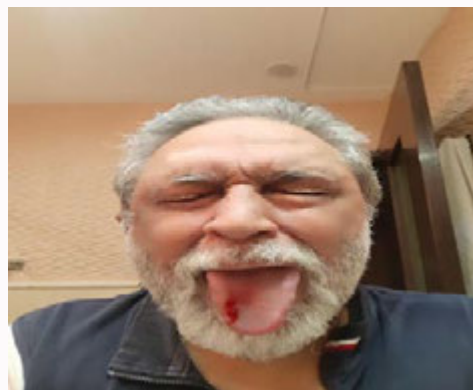


Figure 1: Recurrent painful and bleeding tongue-bite crush lesions trapped between jaws and cheek during chewing of food following SARS-CoV-2 (COVID-19) infection 12 months previously (Long COVID) with current SARS-CoV-2 SPIKE IGG quantitative antibody titer 15545.8 (Negative <50.0 AU/mL; CD+4 (T-helper cells) % and absolute counts high being 53.8 (range 24-48) and 1738 (range 387-1256) respectively, p-ANCA weak positive; ANA titer, c-ANCA, D-Dimer, antiphospholipid IgM and IgG, and Interleukin-6 (IL-6) in normal range.

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