

Palato-pharyngeal enanthem in the genetic variants of the COVID-19 and its sensitivity

Enantema palatofaríngeo en las variantes genéticas de la COVID-19 y su sensibilidad

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To the editors,

In reference to the work published by Domínguez-Rodas et al.¹ on palato-pharyngeal enanthem as an early finding of COVID-19, it is important to point out that it can be present on the pre-pathogenic phase, it continues spreading, and it disappears when the viremia is negative; therefore, it is useful as a diagnostic and evolution marker. In a cohort of 174 family member of patients with COVID-19, who were asymptomatic but RT-qPCR positive (chain reaction of the quantitative polymerase in real time), this enanthema was present. In another cohort of 145 family members of patients with COVID-19 who took a rapid detection antigen test at home with negative results, with positive palato-pharyngeal enanthema, were all RT-qPCR positive for SARS-CoV-2. These findings suggest that enanthema is a clinical marker present from the pre-pathogenic viral period (Fig. 1). On the other hand, it has higher sensitivity than a rapid antigen test, which is positive until the viremia is significant, and this could happen within a period of 1 to 7 days, valuable time for early treatment. In this sense, the enanthema is a marker that is 100% correlated to RT-qPCR², which is more sensitive than serum tests and the rapid antigen test.

Finally, we have detected the exanthema in COVID-19 cases infected with the original Wuhan strain, in the

Alpha Q variant, Beta B.1.1351 variant, and Gamma P.1 and Epsilon variants (B.1.43 and B.1.43). However, it is not present in cases with the British alpha, B.1.1.7 variant, GR clade. In the cases with the delta B.1.617.2 variant, there is presence of enanthema racemosa. With these considerations, the palato-pharyngeal enanthema can help us clinically determine the genetic variant of SARS-CoV-2 and initiate a personalized treatment. This knowledge should be considered by primary care or primary contact physicians, and is very useful to reduce COVID-19 mortality in Mexico and the rest of the world, by making an early diagnosis with detection of palato-pharyngeal enanthema.

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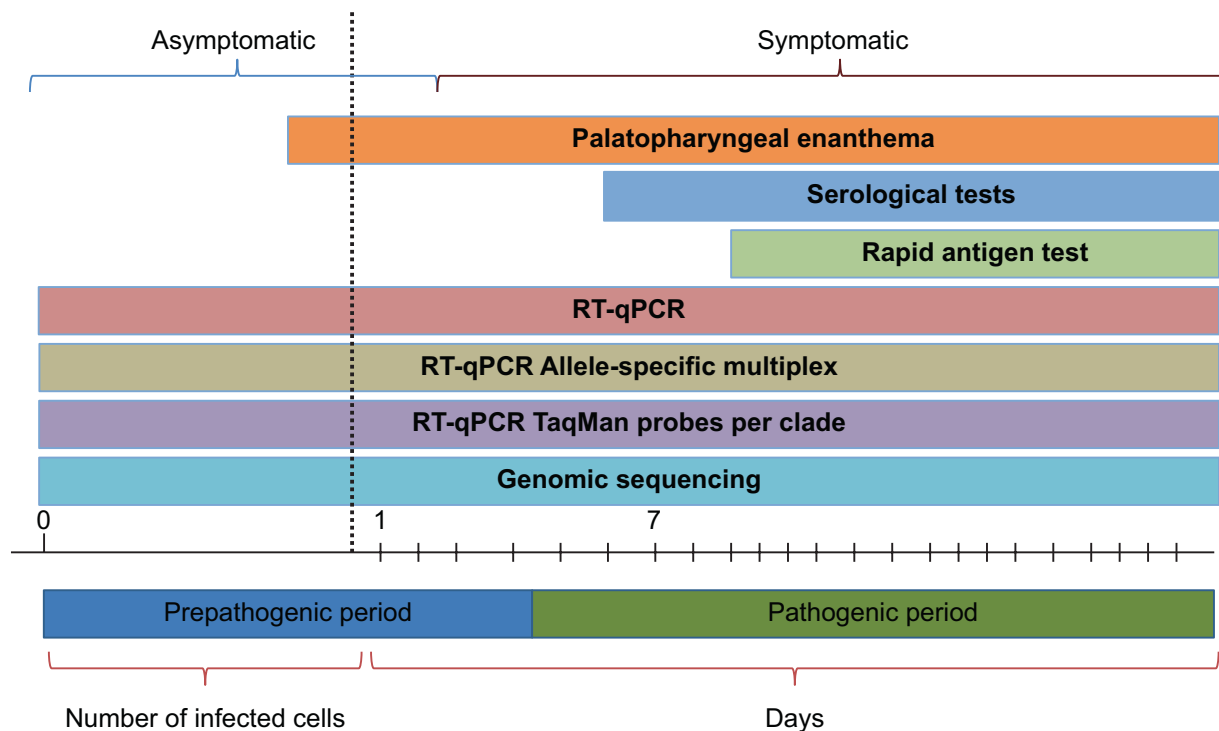


Figure 1. Comparison of palato-pharyngeal enanthema as clinical marker in COVID-19.

Conflicts of interest

The author declares that there are no conflicts of interest.

Ethical disclosures

Protection of people and animals. The authors declare that the procedures followed were in accordance with the ethical standards of the responsible human experimentation committee and with the World Medical Association and the Declaration of Helsinki.

Data confidentiality. The authors declare that they have followed the protocols of their work center regarding the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appears in this article.

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