

EDITORIAL

Otorhinolaryngology during the COVID-19 pandemic

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The year 2019 was a turning point in the history of the world. The outbreak that started in December 2019 was declared pandemic on the 12th of March 2020. The sudden appearance of a virus that spread all around the globe modified all our life and the way healthcare systems had to face not only the COVID-19 patients but also all the other pathologies.

The otorhinolaryngologists had to face different challenges. They had to take care of COVID-19 patients, to take care of patients with other ENT diseases and, at the same time, to protect themselves and try to avoid the infection¹.

COVID-19 is a disease with airborne transmission. Otorhinolaryngology has a special position between the other medical specialties concerning the risk of infection, taking into account the fact that the specificity of the examination necessitates a close distance between the doctor and the patient². We should not forget that the first doctor who died in the COVID pandemic was a Chinese ENT doctor (Liang Wudong, 16 January 2020, China daily).

The danger of the aerosols loaded with SARS-CoV-2 virus is always present in our professional life. Otorhinolaryngologists are at high risk of contracting the disease. Other medical specialties had to meet the same challenges from the point of view of physical approach to their patients, but the patient can wear the mask throughout the whole examination and the specific manoeuvres do not elicit cough as do the special investigation manoeuvres in our specialty. There are many otorhinolaryngological manoeuvres generating aerosols. The viral load of the air in the upper aerodigestive tract of infected patients is very high. Normal breathing produces aerosols, but different diagnostic

and therapeutic procedures trigger coughing, increasing the risk of infection. In China, the otorhinolaryngologists who performed a tracheotomy during SARS-CoV-2 pandemic had 4.15 times greater risk of contracting the virus compared to physicians who did not perform this surgical procedure³.

We had to learn how to protect ourselves, how to wear personal protective equipment.

The main symptoms of COVID-19 disease are common symptoms in other respiratory viral diseases. Otorhinolaryngologists are frequently the first physicians to examine such a patient. Even though COVID-19 spares no major organ of the body, the pharynx and the nose are the first organs affected in the COVID-19 disease, so the otorhinolaryngologists are often the first doctors to examine such patients. Although fever and cough are the most important manifestations of the disease, ENT manifestations of COVID-19 are frequent: sore throat, nasal congestion, rhinorrhoea, sneezing, headache, smell and taste dysfunction. These manifestations appear early in the evolution of the disease, so detecting the symptoms might help the precocious diagnosis and treatment, subsequently stopping the spread of the virus^{4,5}.

A special attention is required for the anosmia associated to the COVID-19, which might be considered a pathognomonic sign. Sudden smell loss is nevertheless a common symptom of COVID-19, and it may appear in the absence of any other manifestation. Most of the patients presenting with this symptom do not have nasal congestion. The olfactory dysfunction seems to be caused by the injury of the sustentacular cells produced by the SARS-CoV-2 virus. In many patients, the recovery of the smell after the onset of the anosmia is quite fast, usually one week, consistent with

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the fact that the olfactory neurons are not affected⁶.

Many professional organizations are producing guidelines based on the best available evidence, however limited that may be. These guidelines can be found at <https://ent.cochrane.org/news/covid-19-coronavirus-disease-ent-hearing-balance>. The Committee for ENT of the Romanian Ministry of Health also provided a guideline for the Romanian professionals.

Another direction for the medicine nowadays is telemedicine. It provides remote care for the patients in the COVID-19 era. Unfortunately, our specialty is not entirely suitable for this kind of doctor-patient interaction. The examination of the organs involved in our specialty is not always feasible from distance. The use of telemedicine in otolaryngology depends on the possibility of transmitting clinical images of adequate quality for remote diagnosis. Nevertheless, telemedicine in ENT expands day by day in the context of the SARS-CoV-2 pandemic⁷.

In conclusion, there are many challenges for the otorhinolaryngologists in this period. SARS-CoV-2 virus is changing the world and is also changing the way we interact with our patients, the way we are conducting our professional lives. The information about the disease is accumulating rapidly and this affects the way we treat our patients. In addition to patient man-

agement, the safety of the health professionals should be a main goal.

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