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Coronavirus disease 2019 in otolaryngology: special issue

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Editorial

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The coronavirus disease 2019 (Covid-19) pandemic has sent shock waves throughout the National Health Service and healthcare systems across the world. Although we are still within the midst of the pandemic, and indeed several areas of the UK remain under lockdown restrictions, we are all gradually finding ways to resume ENT services. However, we must remain vigilant and maintain preparations for a possible second wave. The contents of this current issue of *The Journal of Laryngology & Otology* provide much needed guidance and clarification for our specialty at this time. We are grateful to Cambridge University Press who have kindly agreed to make all coronavirus disease related articles Open Access until the end of August 2020, to ensure the widest distribution of the latest research.

As part of a pan-European collaborative effort, the Union of the European Phoniatricians have produced a position statement which includes guidance, as well as an exit strategy, for resuming laryngological services during the Covid-19 pandemic.[1] This guidance is especially pertinent and timely, as many laryngology procedures fall under the umbrella of aerosol-generating procedures (i.e. procedures that have the potential to generate aerosol).

In this issue of *The Journal*, Stephenson *et al.* publish the results of the UK national registry of UK ENT surgeons with suspected or confirmed Covid-19, created with the support of ENT UK.[2] Coronavirus disease 2019 was confirmed in 47.9 per cent of respondents, with symptom onset peaking in March 2020. The study concludes that personal protective equipment (PPE) and tailored clinical guidance are critical for the protection of the UK ENT workforce.

As represented by several articles in this month's issue, Covid-19 has, in many cases, resulted in the restructuring of ENT services, including ENT out-patient departments,[3] head and neck cancer services,[4,5] tracheostomy provision and care,[6] surgical techniques,[7] novel methods for performing flexible nasolaryngoscopy,[8] and PPE use.[9]

Continuing with the anosmia in Covid-19 theme, Avci *et al.*, in their study of 1534 coronavirus disease patients, report that 44.2 per cent of patients presented with anosmia and 43.9 per cent had dysgeusia.[10] They also found that the presence of anosmia was higher in the out-patient compared with the in-patient setting. The authors hypothesise that in-patients may have fewer smell loss complaints because of decreased awareness of olfactory dysfunction associated with the presence of severe symptoms. Reassuringly, a study by Vaira *et al.* in this month's issue revealed that, in the majority of cases, chemosensory function completely returned within 30 days.[11] However, 7.2 per cent of patients still experienced severe dysfunction at 60 days post-onset. The authors of the study recommend instituting specific therapies for moderate to severe olfactory disturbance if still present 20 days after symptom onset.

Finally, a small study by Hussain *et al.* identified a significant association between epistaxis and Covid-19 infection.[12] The authors hypothesise that the increased risk of epistaxis may result from the inflammatory impact of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) on nasal mucosa. Further clinical studies are warranted to demonstrate this association. However, caution and adequate PPE are recommended when dealing with epistaxis patients given the potentially increased risk of SARS-CoV-2 infection.

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