

CORONAVIRUS AND THE OTORHINOLARYNGOLOGIST

The world finds itself in a unique situation at this moment. The 2019 Novel Coronavirus pandemic seems to have pushed the globe into an unprecedented crisis. COVID-2019 was a pandemic which began from Wuhan in China. The World Health Organization declared it a public health emergency on January 20, 2020. As of 27 March 2020, over 24000 deaths have occurred the world over and the numbers seem to be rising exponentially by the day.

As Otorhinolaryngologists, we find ourselves working closely with the patients, as the rapid spread of the disease continues. It is common practice for patients presenting with upper respiratory tract symptoms like those seen in COVID-19, to see an otolaryngologist as their primary care physician. Indeed, the first physician fatality which was documented globally as a consequence of COVID-19, was that of an otorhinolaryngologist in Wuhan on 25 January. It is thus paramount that otolaryngologists globally stay abreast of this outbreak and practice essential precautionary measures, which are crucial in protecting both themselves as well as their patients.

As the crisis seems to worsen, physicians all over the world have been forced to reluctantly reduce their services with regard to elective surgeries. Although essential emergency and oncologic surgeries are still proceeding, but the gravity of the current situation is causing major inconvenience to the patients and their relatives who often rush to hospitals only to be told that admitting patients has been put on hold to make space for prospective COVID-19 patients.

One particular area of concern in our field are aerosol-generating procedures, including tracheostomies and fiberoptic laryngoscopies. There seems to be no clear directive as to what precautions need to be taken in this regard. As for now, those patients clinically triaged as being non urgent are being exempt from undergoing any active procedures.

In many settings, otolaryngologists are being called upon to perform nasopharyngeal and oropharyngeal swabs to aid in the diagnosis of coronavirus suspects. In the Indian Government Hospital framework, even good quality Personal Protective Equipment (PPE) and appropriate masks are in short supply. Young doctors, being asked to look after coronavirus patients in the absence of adequate PPE, cannot help but feel that they are 'martyrs in waiting'.

It is difficult to fathom how a sub microscopic infectious agent has brought the entire world to a standstill. These are the worst of times, indeed. Yet, there is hope. Frantic research is going on globally to come up with a vaccine to tackle COVID-19. Hydroxychloroquine has shown some promise as a prophylactic agent. Ours being a tropical country, stands to benefit from the onset of warmer weather which may curb the spread of the virus. Eventually, our best bet against this contagious virus may be the development of herd immunity. Until then, it is imperative that we, as both doctors and citizens, play our part in combatting this deadly virus.

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