
Letter to the Editor

In Reference to *COVID-19 and the Otolaryngologist: Preliminary Evidence-based Review*

Dear Editor:

We read with interest the review “COVID-19 and the Otolaryngologist: Preliminary Evidence-Based Review” by Vukkadala et al.¹


In December 2019, the outbreak of coronavirus disease 2019 (COVID-19) infection, which is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus, was reported in Wuhan, China.² During the COVID-19 pandemic, while the treatment for patients with non-urgent diseases is recommended to be postponed, diagnosis and treatment for the head and neck cancers (HNCs) must be continued as the same as before the pandemic, because the progress of HNCs is rapid and delay to the diagnosis and treatment can cause tumor progression and may negatively impact survival outcomes. Flexible fiberoptic endoscopy examination is considered to be a gold standard for workup of HNCs. However, during the COVID-19 pandemic, the examination is a high-risk procedure for HN surgical oncologists and otolaryngologists because of the high nasal viral loads in COVID-19 patients. Therefore, we think that Vukkadala et al. mentioned “Our institution has developed guidelines based on best available evidence including deferring all endoscopies unless considered necessary to reduce morbidity in the next 30 days (e.g., malignancy, airway risk).”¹ Indeed, in our institution endoscopy is performed only for initial diagnostic or staging purposes of symptomatic patients with hemoptysis, odynophagia limiting hydration and nutrition, or airway compromise and not for the follow-up of asymptomatic patients without those. Thus, we have concerns about overlooking asymptomatic HNC during the COVID-19 pandemic, because asymptomatic patients might sometimes develop HNC during the follow-up, and early HNCs cannot be detected by alternatives to endoscopy such as positron emission tomography/computed tomography (PET/CT) and ultrasound. Here, we propose the use of salivary biological markers in the early diagnosis of HNCs for follow-up of asymptomatic patients. Ideal biomarkers have high sensitivity and specificity,

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reversibility following proper treatment, and detectability before patients develop obvious clinical complaints of HNCs. Although various promising salivary biological markers were suggested,³ a gain of both *PMAIP1* and *PTPN1* gene has been particularly hopeful, because the cohort-study accurately distinguishes HNCs individuals from non-HNCs individuals (100%).⁴ Furthermore, reverse transcription-polymerase chain reaction (RT-PCR) for detection of SARS-CoV-2 in saliva is a reliable diagnostic tool.⁵ Thus, we hope that endoscopy will be performed for the patients with both negative COVID-19 and gain of *PMAP1* and *PTPN1* gene using saliva during the COVID-19 pandemic. Although clinical application of salivary diagnosis for HNCs needs further research, it will prevent overlooking asymptomatic patients with HNCs.

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