## Letter to the Editor

## In Reference to "SARS-CoV-2 presence in the saliva, tears and cerumen of COVID-19 patients"

Dear Editor:

We read with interest the study by Hanege et al.<sup>1</sup> that identified SARS-CoV-2 by polymerase chain reaction (PCR) in the cerumen samples of 15 (39.5%) out of 38 patients with a laboratory-confirmed diagnosis of COVID-19. We found it surprising that a subsequent study<sup>2</sup> identified SARS-CoV-2 by PCR in swab samples from the external auditory canal in none (0%) of 60 patients with a laboratory-confirmed diagnosis of COVID-19. Perhaps this discrepancy is the result of different methods of sample collection; one commentary<sup>3</sup> proposed that the apparent discrepancy could be reconciled by, "the hypothesis that SARS-CoV-2 was present in the secretions of the ceruminous glands at the time of secretion."

Since otologic procedures such as a myringotomy have been shown to generate aerosol,<sup>4</sup> and since SARS-CoV-2 is known to be transmissible by aerosol,<sup>5</sup> we agree with the position that special caution is warranted when performing otologic procedures<sup>6</sup> in patients diagnosed with COVID-19, or in whom there are reasonable grounds to suspect SARS-CoV-2 infection.

We suggest that this extra caution should extend to vestibular evaluations where one may be considering caloric testing, whether with air or water caloric stimulation, as available studies on this topic<sup>7</sup> are too small to provide any reassurance regarding its safety relevant to SARS-CoV-2.

Until better safety data are available, instead of performing caloric testing we favor video head impulse testing (vHIT) when medically feasible and absent any contraindications. We recognize that this is an imperfect substitution as vHIT and caloric testing assess different frequencies of the vestibular tuning spectrum<sup>8–10</sup>; nevertheless, in comparison to caloric testing, vHIT is less burdensome to the patient,<sup>11</sup> evaluates not only the horizontal canal but also the posterior and superior canals, and is probably less likely to induce aerosolization that would increase the risk of transmission of SARS-CoV-2.

## AUTHOR CONTRIBUTIONS

D.A.Y. conceived the idea and reviewed the manuscript for content. M.C. drafted the manuscript.

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