



COVID-19 and its effect on hearing

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We have read the study by Dusan et al. with interest [1]. This article, which was written on the question of increasing the incidence of hearing loss, which is one of the problems that developed during the pandemic process and is a controversial issue, is extremely important. We thank the authors for presenting the study's results and discussing the issue. We would like to comment on this article based on our experience and literature review.

There are many studies in the literature on whether the Sars-CoV-2 virus, which is known to be neurotropic, has a negative effect on hearing [2–4]. According to these articles, Sars-CoV-2 has varying degrees of adverse effects on hearing. However, some others have reported results that do not support this. One of the studies, we performed in our clinic was carried out on healthcare professionals working in our hospital who had COVID-19. General health screening, including hearing evaluation of individuals working in our hospital, is carried out every year. In this study, pre-COVID-19 audiological data of healthcare workers who had COVID-19 were compared with the results of hearing evaluations performed during the illness and after healing [5]. According to the results, it was determined that the hearing of patients with COVID-19 was adversely affected only at the 1000 Hz frequency, and there was no significant difference at other frequencies. Dusan et al. [1] have done a similar study but the pre-COVID-19 hearing status of the patients was evaluated only by asking patients. Such evaluations are important, but they provide only subjective data. In addition, the authors reported that they performed the hearing tests during the period when Sars-CoV-2 PCR tests were positive, that they found a high rate of unilateral or bilateral

hearing loss at 40.5%, and that all frequencies were affected in the patients [1]. This quite high rate may be because the evaluation was made by asking questions to the patients, not based on an objective test of the pre-COVID-19. The subjective answers of these patients, who are very stressed during the disease, to the questions of the pre-COVID-19 period may not be true. In addition, in this study, there were no data which how many days after the patients were diagnosed with COVID-19, hearing assessments were made. We think that the answer to this question may also be important. In addition, permanent hearing loss can significantly reduce patients' quality of life. Therefore, evaluation of hearing loss in a period after the disease is important in terms of whether the hearing loss is permanent or not. It could be useful to clarify this question, by repeating the hearing tests of all these patients in the post-disease period.

Once again, I would like to thank Dusan et al. for keeping this important issue in mind by studying on it.

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