
Letter to the Editor

In Reference to Anosmia and Ageusia: Common Findings in COVID-19 Patients

Dear Editor:

With great interest we read Vaira et al.'s article on smell and taste dysfunction in patients with COVID-19.¹ However, no details regarding associated symptoms, recovery, progression, or treatment were mentioned.

We wish to highlight similar estimates at our tertiary-care center. Seven COVID-19 patients (4.1%) had anosmia and/or ageusia among the first 170 patients for whom we have data. The incidence, as mentioned above, can be underestimated because of the lack of gustatory and olfactory function evaluation. However, a significant observation was that there were no previous or accompanying symptoms such as fever or cough, nor was there any history of other nasal diseases (e.g., rhinosinusitis, allergic or vasomotor rhinitis, or polyposis). The symptoms were self-limited, with complete recovery by day 5 of admission. The patients were stable, not on any specific therapy, and discharged on day 14 with two nasopharyngeal swab samples by polymerase chain reaction reported as negative per national policy.

The mechanisms for the loss of taste and smell foster significant investigation. Routine clinical smell assessment and endoscopy examination are currently not recommended. An assumption is that conductive loss is attributed to mucosal obstruction, and olfactory nerve injury accounts for sensorineural loss. Given the rapid and spontaneous recovery of our cases, conductive loss seems more plausible.¹ Idiopathic anosmia has been treated with steroids,² but using them in COVID-19 patients with lack of evidence is not recommended at present.

The Centers for Disease Control and Prevention (CDC) recently added loss of taste and smell in their updated list of symptoms for COVID-19. However, the World Health Organization still does not endorse it.³ The acuteness of symptom onset, isolated presentation without fever or cough, short duration, nondiagnostic tests, and self-recovery poses a challenge in the current scenario. Nevertheless, constant vigil and a high index of suspicion for anosmia and ageusia can help in an early diagnosis, early social distancing, decreased spread, and help us evaluate potential therapeutic directives. The fact that this minor, uncommon, and nonspecific symptom can be the only indication of the disease cannot be overemphasized.

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