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Answer to the Letter to the Editor: Smartphone, Vestibular Hypofunction, Teleconsultation, and COVID-19 Pandemic

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We would like to thank the editor for the opportunity to respond to the issues raised by a reader related to our paper.[1]

To apply any procedure or tool in any specialty, it is necessary to master the technique by prior training, and this is no different with teleservice. Each professional must always seek to improve their skills to perform procedures optimally. Our article does not diverge from this idea.

As observed by Janet C. Rucker & David S. Zee, somewhat paradoxically, telemedicine and new technologies are forcing us to become better old-school physicians as we again rely on a careful history and resume making old-fashioned "house calls"[2] .

When presenting the guidelines for teleconsultation, it is up to the professional, together with the guidelines of the organization of their professional council, to judge whether they are fit for professional practice, prioritizing patient safety.[3] Regarding the patients' educational and socioeconomic level, based on our clinical experience, poverty does not necessarily mean that they do not know how to handle a smartphone and its applications. Furthermore, in the published study, we recommended the presence of a companion whenever possible, including situations related to the patients' physical conditions as well as situations in which the patients might require help with other skills. Other studies have also shown the indication of telemedicine in neurology. Thus, I see this comment as relevant, but not directly applicable. With regard to the privacy and security of teleservice, it is necessary to rely on the recommendations of each local regulation that guides virtual tools and applications and evaluates data security, privacy, and quality according to the needs of each clinical case.[3–9]

The reader mentioned a potential relationship between telemedicine and seizures and cited a study.[10] The cited study was focused on patients already known to have epilepsy, including pediatric and refractory epilepsy. These patient groups generally do not overlap with the population of vestibular patients. Moreover, other studies did not report such an occurrence during the management of epileptic

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patients with telemedicine. The idea is not to replace face-to-face encounters, but to assist individuals who, for whatever reason, may not have adequate access to face-to-face encounters. I greatly appreciate the comments, and I believe that further research will provide evidence to guide the appropriate expansion of this encounter modality.

References

1 Barreto RG, Yacovino DA, Cherchi M, et al. The Role of the Smartphone in the Diagnosis of Vestibular Hypofunction: A Clinical Strategy for Teleconsultation during the COVID-19 Pandemic and Beyond. Int Arch Otorhinolaryngol 2021;25(04): e602–e609. Doi: 10.1055/s-0041-1736340

2 Rucker JC, Zee DS. Cerebellum-Editorial Regarding Consensus Paper Consensus on Virtual Management of Vestibular Disorders: Urgent Versus Expedited Care. The Return of the House Call: Evaluating Acutely Ill Patients with Vertigo in the Era of Virtual Health Care. Cerebellum 2021;20(01):1–3

3 Conselho Regional de Fisioterapia e Terapia Ocupacional 2 (CREFITO 2). Telehealth: online consultation. Accessed May 12, 2020 at: http://www.crefito2.gov.br/clientes/crefito2/fotos// Cartilha-TELESSAUDE.pdf

4 Arriaga MA, Nuss D, Scrantz K, et al. Telemedicine-assisted neurotology in post-Katrina Southeast Louisiana. Otol Neurotol 2010;31(03):524–527. Doi: 10.1097/MAO.0b013e3181cdd69d

5 Viirre E, Warner D, Balch D, Nelson JR. Remote medical consultation for vestibular disorders: technological solutions and case report. Telemed J 1997;3(01):53–58. Doi: 10.1089/tmj.1.1997.3.53

6 Shah MU, Lotterman S, Roberts D, Eisen M. Smartphone telemedical emergency department consults for screening of non-acute dizziness. Laryngoscope 2019;129(02):466–469. Doi: 10.1002/lary.27424

7 Seim NB, Philips RHW, Matrka LA, et al. Developing a synchronous otolaryngology telemedicine Clinic: Prospective study to assess fidelity and diagnostic concordance. Laryngoscope 2018;128(05): 1068–1074. Doi: 10.1002/lary.26929

8 Kıroğlu M, Dağkıran M. The Role of Mobile Phone Camera Recordings in the Diagnosis of Meniere's Disease and Pathophysiological Implications. J Int Adv Otol 2020;16(01):18–23. Doi: 10.5152/iao.2019.6605

9 Bertholon P, Thai-Van H, Bouccara D, Esteve-Fraysse MJ, Wiener-Vacher SR, Ionescu E. Guidelines of the French Society of Otorhinolaryngology (SFORL) for teleconsultation in patients with vertigo during the COVID-19 pandemic. Eur Ann Otorhinolaryngol Head Neck Dis 2021;138(06):459–465. Doi: 10.1016/j.anorl.2020.11.011

10 Kubota T, Kuroda N. Association between telemedicine and incidence of status epilepticus during the COVID-19 pandemic. Epilepsy Behav 2021;124:108303. Doi: 10.1016/j.yebeh.2021.108303 Online ahead of print.

