

COVID-19 raises threatening scenario for otorhinolaryngology and rehabilitation

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COVID-19 Pandemic has the potential to test the mettle, resilience and strength of each and every facet and aspect of health care system worldwide.¹ The contours, parameters and extent of this mutable pandemic are still hazy and what is more alarming is that the treatment protocols are not universally standardized nor defined. Health professionals are improvising constantly and the advice of the World Health Organization is a generalist approach which is suggestive of the notion that this organization lacks expertise or is unable to coordinate efforts to contain COVID-19 globally. So does this imply “each to his own”.

The healthcare system has never faced such an unprecedented and blunt challenge due to the pandemic with health care professionals in developing countries like Pakistan facing threat of contracting Covid-19 by them and their families due to lack of provision of proper personal protective equipment (PPE)s.² Knowledge gaps related to infection control measures, procedures with high risk including aerosol generating procedures, compromised training as well as professional and administrative support not being complemented by research and educational interventions.³ Maunder RG et al. supports the postulate that such category of health and allied health care professionals were directly and routinely exposed to substantially higher risk of chronic stress or traumatic spinoffs.⁴

Otolaryngology symptoms like a simple cough, a sore throat, breathing difficulty, even anosmia or hyposmia, may be a precursor of severe COVID-19 disease.⁵ The

ear, nose and throat (ENT) profession is in high risk strata as regards COVID-19 spread due to the fact that it entails hovering near the mucous membrane of upper airway, sections, drops and aerosols generated from the airway during procedures as well as surgical interventions. It is essential that in order to prevent infection and keep ENT's safe improved screening, suspension of non-emergent consultations and clinical examination and elective procedures be resorted to.⁶

This specialty is susceptible for contracting disease from asymptomatic cases in their clinics during routine ENT – patient encounters. A local study revealed 90% cases in isolation centers as being asymptomatic and positive for Corona SARS-2 RNA on PCR testing. Functioning of certain specialties, unavoidably involving close proximity with patients, has been severely affected including dentistry.⁷ Even medical students are disheartened and their work performance has badly affected⁸ besides disrupting their academic progress and acquiring of clinical proficiency. In addition to ENT surgical procedures, routine examination procedures prevalent in otolaryngology including fiberoptic laryngoscopy and naso-endoscopy are all aerosol generating procedures (AGP's). Compulsory usage of N95 respirators, PPE's, elastomeric respirators usually reusable and hermetically sealed give superior protection than N95.⁹

A semblance of hope is returning to normal dental practice as being witnessed in China,⁷ which has claimed containment of the virus perhaps on account of adopting

safety features. For an otorhinolaryngologist PPE's including gowns and gloves being water resistant, glasses and FFP3/N95 mask are recommended for examining patients, however elective surgeries at the same time should be postponed.⁵ Lavinsky J et al. in a Brazilian study, have recommended PPE's use in a routine clinical environment, deferring of clinical appointments, examinations and shifting more towards elective procedures on priority so as to reduce spread. Simultaneously it is advisable to alter clinical setting routines in vogue in diverse areas of ENT complemented by extensive adoption of tele--medicine, tele-practice and tele-rehabilitation prevalent as a manifestation of this pandemic as evidenced.¹⁰ For otolaryngology practice meticulous screening may serve to improve personal awareness regarding protection and dissemination of training on appropriate quality of PPE's during high risk procedures.⁶ The same approach should be the underlying theme when rehabilitation professionals including speech and language pathologist render short and long term rehabilitation to patients undergoing or past COVID-19.

COVID-19 demands from otolaryngologists an incredible moral and professional forte in reducing exposure as well as extending of adequate care for the patient.¹ As highlighted by Moti & Goon private and public partnership necessarily complement each other's healthcare systems in recovery of both healthcare needs & economy specific to each individual country. Correspondingly a partnership is established, by choice or compulsion, in healthcare between countries as well as globally.¹¹

COVID-19 is taking a toll on the global health care systems and established treatment and clinical protocols and processes. The shock and awe engendered by this pandemic is now giving way to a stampede to develop vaccines even if shortening clinical trials. It is difficult to decipher if the developed economies are petrified or the developing nations despite a display of bravado on both sides. Research will entail extensive and sustained financing as the COVID-19 manifestation, its treatment protocols, prognosis and spread over demographically and geographically diverse regions has to be factored in to enable a comprehensive understanding of the seemingly changing and morphing virus.¹²

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