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Commentary
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Need to Revisit the ENT Practice Guidelines in COVID-19

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Commentary

Corona pandemic is in its 3rd month at least in this part of the world. The life has come to a standstill with the majority confined to homes. Very little has evolved ever since this virus has infected 1st human being. Social distancing, use of Masks and hand sanitization are so far, only three proven measures to fight this pandemic. Though researchers has focused on many trials ranging from Hydroxychloroquine to Azithromycin to Ivermectin to Remdesivir, only to be closed later. Even some researchers had to apologize for their suggestions and observations. Patient management in hospitals in such scenario has been limited to supportive measures with the bulk of measures outside hospitals focused on administrative Quarantine.

Otolaryngology head and neck surgery along with maxillofacial surgery has been rated as specialties with high degree of susceptibility to COVID-19 in view of high aerosol generation in this area. From out patient management to surgical treatment the specialty doctors and paramedics are living in a tremendous fear of acquiring the disease which jeopardizes the patient care.

From the beginning various guidelines from government and ENT organization have focused on utmost precautions with focus on FFP3 and level II PPE for both outpatient consultation and theatre management. Procedures like nasal endoscopy, laryngoscopy, or oral cavity examinations are such aerosol generating that most guidelines recommend deferring them as much possible. Even in epitasis treatment ENT UK has recommended insertion of bioresorbable dressing instead of silver nitrate cauterization. Telephonic calls, zoom, video calling has been recommended in general for ENT patients. Follow up is to be avoided or minimized even in emergencies. One of the guidelines mentioned all procedures in ENT as aerosol generating with recommendations to avoid as much as possible. Even went to extent of avoiding direct laryngoscopy just for the sake of obtaining biopsy when FNAC from neck node can be considered. These guidelines recommend considering head and neck malignancy as "Semi-emergent procedures". Even recommendations for postponement of surgery for greater than 14 days and after COVID-19 positive test have been suggested for head and neck malignancies (Figure 1).

While these guidelines very aptly focus on safety of the doctors and paramedics they also suggest safety gear in the form of level II the PPE, PARP, FFP3 masks and some recommendations at theatre level, OPD rooms levels and patient level which incurs a huge expenditures on the hospital management or to the state exchequer in our setting. Having been in this pandemic for last 3 months now and dealing with patients at OPD level or surgical treatment levels, this fear of containing virus remains always at top your head.

Every patient you see in OPD gives the impression of COVID-19 positive with the result the reluctance for examination ensues.

Since bronchoscopes and tracheotomies are highest aerosol generating procedures management possess a very high risk. Besides PPE locally taken measure have so far been protective in absence of PARP. Transparent polythene on top of PPE with a hole at the occiput level for avoiding suffocation has been helpful for emergency bronchoscopies and tracheotomies where preoperative COVID-19 status remain unknown. In view of nature of emergency. Fiber optic laryngoscopy and nasal endoscopies when indicated is done with full PPE and with video monitoring. Thyroid carcinoma treatment in full PPE is manageable in semi urgent basis as COVID testing is asked for in pre-operative work up.

Now when more and more guidelines are coming to forefront and with WHO and CDC recommendations reducing the transmission to droplets mainly, with little transmission from surfaces and asymptomatic carriers being less infective, the need of our to revisit these guidelines *via* ENT, where the entire work almost relies on aerosol generating area.

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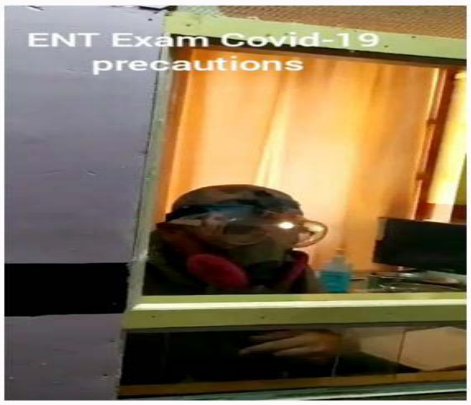

Figure 1: It showing how I do the ENT examination taking full COVID precautions.

If asymptomatic COVID-19 positive are less infective, do patients with ENT problems be switched to OPD consultation from Tele consultation. Can asymptomatic COVID-19 positive be taken for elective surgeries with level 1/2 PPE. Can foreign body retrieval from nose, ear be permitted now, though with PPE.

What about otologic surgeries- can they are categorized as low aerosol like tympanoplasty and high aerosol generating like those involving drill. Though nasal endoscopy, laryngoscopy, bronchoscopy continue to be high risk of procedure video monitoring can minimize risk.

This I feel needs to be looked into at the earliest as experts warn that corona is going to be there for long and we have to live with it, what about patients with ENT and head and neck problems. How long will they bear the deferment and what about doctors and paramedics who are caught in an emergency situation with limited gadgets in view of corona considering the huge burden on exchequer. Early we do better it is as otherwise the specialty has to be put on hold for long considering this pandemic.