

# Long-term olfactory dysfunction following coronavirus disease 2019 infection, routine neck dissection at salvage laryngectomy, parotid incidentalomas, and prescribing intranasal steroids in HIV infection

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## Editorial

**Cite this article:** Fishman J, Fisher EW. Long-term olfactory dysfunction following coronavirus disease 2019 infection, routine neck dissection at salvage laryngectomy, parotid incidentalomas, and prescribing intranasal steroids in HIV infection. *J Laryngol Otol* 2021;**135**:753–754. <https://doi.org/10.1017/S0022215121002218>

A key theme throughout the coronavirus disease 2019 (Covid-19) pandemic has been olfactory and taste dysfunction as a cardinal symptom of infection.<sup>1–4</sup> It is also becoming increasingly apparent that, in a small proportion of individuals, the olfactory disturbance becomes chronic and likely permanent, and evidence is accumulating to support this.<sup>5–8</sup> In a study by Leedman *et al.* in this month's issue of *The Journal*, 7 per cent of individuals in a study population of 56 individuals went on to develop chronic, severe olfactory dysfunction six months following diagnosis.<sup>9</sup> These results are comparable with the findings of previous studies published in both this journal and elsewhere.<sup>5–8</sup> While this finding is not unexpected given that other respiratory and common cold viruses can cause olfactory neuritis and permanent olfactory dysfunction, it does serve to illustrate that even though the proportion of individuals affected by chronic olfactory dysfunction is relatively small, the absolute number of individuals affected has the potential to be large given the considerable number of patients affected by Covid-19.<sup>10</sup> Further research is required in this area to identify the exact pathogenic mechanisms responsible, and determine why some patients exhibit temporary disturbance whereas others go on to develop chronic, debilitating olfactory dysfunction, with the accompanying detrimental effect on quality of life that ensues as a result.<sup>11</sup>

Neck dissection at the time of salvage laryngectomy for the node-negative neck is controversial.<sup>12</sup> Proponents argue that it leads to better local disease control with more accurate pathological staging. However, this comes at the price of potentially increased surgical morbidity and a potentially low yield of positive nodes. Sharma *et al.*, in this month's issue, serve to address this question further by studying the role of simultaneous neck dissection at salvage laryngectomy in 171 patients who underwent salvage laryngectomy between 2000 and 2015.<sup>13</sup> The occult nodal metastasis rate was 10.5 per cent. In addition, initial node-positive disease prior to commencing radiotherapy was a predictor of occult metastasis, and the authors argue that this group should be offered elective neck dissection.

In a systematic review in this month's issue, Seymour *et al.* study the effects of prescribing intranasal steroids in human immunodeficiency virus (HIV)-positive patients; this is a nicely written review which publicises a little known interaction.<sup>14</sup> Beclomethasone does not interact, as the authors agree in their conclusions; therefore, it would seem more sensible to consider using Betnesol® drops for induction treatment for nasal polyps, despite its high systemic bioavailability, rather than to change HIV medication in the first instance.

Finally, Thompson *et al.* systematically review parotid incidentalomas on positron emission tomography (PET) imaging.<sup>15</sup> Their review revealed that the commonest aetiologies were Warthin's tumours (30.8 per cent), pleomorphic adenomas (14.1 per cent) and metastases (15.1 per cent), with an overall malignancy rate of 30.4 per cent. Parotid incidentalomas, like thyroid incidentalomas, identified through fluorodeoxyglucose F18 (18-FDG) PET therefore require further investigation.

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