Dear editor,

The world’s situation with the COVID-19 requires scientific studies that provide timely information to improve the understanding of this disease, so it is important to research to resolve multiple doubts and provide better care to the patients.

It is important to emphasize the ear, nose, and throat manifestations since it allows a timely and early diagnosis of the disease. An investigation carried out in 237 patients with COVID-19 observed that 73% of patients presented anosmia before the diagnosis, and in 26.6%, it was the initial symptom (1). A European multicenter study obtained similar results, reporting alterations in smell (85.6%) and taste (88%) among the positive cases (2). The Freni et al. study (3) consisted of 50 patients with a confirmed diagnosis, who presented similar clinical manifestations such as alterations of the sense of taste and smell, dry eyes, hearing discomfort, anosmia, xerostomia, and dysgeusia. Based on the previous research, anosmia is an initial symptom of this disease. Therefore, it is recommended to ask the patient whether there is any alteration in their smelling during the consult. On the other hand, the El-Anwar et al. (2) study with 1773 patients with COVID-19 reported that the most common otorhinolaryngological manifestation was sore throat (11.3%), followed by headache (10.7%).

According to the evidence reviewed, it is fundamental to consider the sensory alterations of smell and taste as initial indicators of the disease since the evidence of this symptomology has increased considerably (5,6). Also, it should be taken into consideration that the most frequent otorhinolaryngological manifestation, according to the study by El-Anwar et al. (4) is sore throat. For this reason, analyzing the epidemiological context, it is recommended that all patients with sore throat undergo a complete anamnesis and a correct physical examination to rule out COVID-19.

The presence of sore throat with taste or olfactory disorders in patients with COVID-19 will positively influence the clinical suspicion that guides an early diagnosis by health personnel, especially those undergoing triage.

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