



Editorial

SPECIAL ARTICLE COVID-19

Coronavirus (COVID-19): Yesterday, Today, and Always.

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In December 2019, Wuhan city, the capital of the Hubei province in China, became the center of a pneumonia outbreak of unknown cause. By Jan 7, 2020, Chinese scientists had isolated a novel coronavirus, also known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; previously known as 2019-nCoV), from these patients with the virus-infected pneumonia.^{1,2}

In 2020, the coronavirus disease 2019 (COVID-19) pandemic brought changes that improved life habits and the way in which individuals took care of themselves. In addition, the understanding of the disease and its complications has significantly increased.

However, there are still questions about the different multisystemic disorders it causes, especially concerning the possible sequelae in patients affected by the virus, such as olfactory, pulmonary, and hematological changes, and its clinical presentations and management.

Practices that were until then scarcely performed in doctors' offices began to be implemented, such as tests and preoperative procedures. New vaccines with promising results began to be administered in December 2020, despite the genetic mutations of the virus that had already been identified.

In this edition, we highlight 4 COVID-19 articles reporting the impact of the disease on health professionals, the presence of symptoms that are less often explored and/or considered common in viral conditions, how patients with COVID-19 are treated, and, finally, the impact of percutaneous tracheostomy

to minimize complications in the management of the patient's airway.

With the COVID-19 pandemic, the clinical practice of physicians who work in the head and neck field in Brazil dropped dramatically. The objective of the study by Imamura et al. was to evaluate the current impact of the pandemic in our field, to compare the current results with those at the beginning of the outbreak, and to identify difficulties in the resumption of elective care. They concluded that COVID-19 is still impacting the head and neck field and that safety concerns may impair the prompt resumption of elective care.³

The number of positive cases and deaths from COVID-19 is still increasing. Therefore, the early detection of the disease is very important. Olfactory dysfunction has been reported as the main symptom in some of the patients. The objective of the study by Hariyanto et al. was to analyze the potential usefulness of anosmia or hyposmia in the detection of COVID-19 infection. The authors concluded that the presence of anosmia or hyposmia is a good predictor of COVID-19 infection. Patients with an onset of anosmia or hyposmia should take the test or undergo screening for a possible COVID-19 infection.⁴

Telehealth consists of the application of technology to provide remote health services. This resource is considered to be safe and effective and has shown exponential interest in the context of the COVID-19 pandemic. The aim of the study by Barreto et al. was to propose a teleconsultation and tele-treatment protocol to manage patients with benign paroxysmal positional vertigo (BPPV) during the COVID-19 pandemic.

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They concluded that despite the limited evidence, teleconsultation and tele-treatment are both a reasonable and feasible strategy for managing patients with BPPV in situations that are not favorable for face-to-face consultation.⁵

Percutaneous tracheostomy in the intensive care unit (ICU) is a well-established practice that shows a reduced risk of wound infection compared with surgical tracheostomy, thus facilitating mechanical ventilation, nursing procedures, reduction in sedation, and early mobilization. The study by Bertini et al. is an observational case-control study that compares the results of percutaneous tracheostomy in ICU patients with COVID-19 who were prospectively enrolled into a group of similar subjects with those of retrospectively recruited controls without COVID-19. The authors demonstrated that percutaneous tracheostomy in COVID-19 patients showed a higher rate of complications compared with the controls, even though the same precautions and the same expertise were applied. Larger studies are needed to understand whether the coronavirus disease itself carries an increased risk of tracheal damage.⁶

With the increase in the COVID-19 pandemic in Brazil and worldwide, its transmission characteristics, clinical development, and epidemiological data are still poorly understood. There is no criterion about susceptibility to the disease and no guarantee of being protected from it, but there are comorbidities that increase the susceptibility of people who come into contact with the virus

The World Health Organization advises the use of face masks as part of a comprehensive package of prevention and control measures to limit the spread of SARS-CoV-2, the virus that causes COVID-19. A face mask alone, even when it is

used correctly, is insufficient to provide adequate protection or source control. Other infection prevention and control measures include hand hygiene, physical distancing of at least 1 m, avoidance of touching one's face, respiratory etiquettes, adequate ventilation in indoor settings, testing, contact tracing, quarantine, and isolation. Together, these measures are critical to prevent the human-to-human transmission of SARS-CoV-2.

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