

Otolaryngologists Have a Major Role to Play in Treating COVID-19 Long-Haulers

by Jennifer Fink • January 15, 2021

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One year into the coronavirus pandemic, it's clear that COVID-19 can cause lingering health problems.

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Although the U.S. Centers for Disease Control and Prevention and other health agencies initially cast COVID-19 as an acute illness, we now know that some patients continue to suffer disturbing symptoms months after their initial infection. Persistent loss of taste and smell, continued shortness of breath, cough, fatigue, headaches, chest pain, mental foginess, joint pain ... the list of possible long-haul COVID-19 symptoms is nearly as long and diverse as the official list of acute COVID-19 symptoms.

According to an August 2020 article published in *The Journal of Infection*, approximately 30% of previously employed patients who were hospitalized in France with COVID-19 weren't back to work after three months because their continuing symptoms interfered with their ability to function in daily life (*J Infect.* 2020;81:E4-E6).

Otolaryngologists may play an important role in helping COVID-19 long haulers regain function and quality of life. As medical professionals with extensive experience in managing conditions

affecting the nose, mouth, and throat, otolaryngologists are uniquely positioned to help patients heal after COVID-19 infection.

Long-Haul COVID-19 Basics

At present, it seems that people with persistent symptoms post-COVID-19 infection can be roughly classified into two separate groups: those who have readily apparent organ damage and those who do not. Patients who experienced COVID-19-related heart damage, for instance, may develop cardiomyopathy, cardiac sarcoidosis, or heart failure. Exercise intolerance after an acute COVID-19 infection may be due to scarring of the lungs and damage to the alveoli.



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Some patients with continuing symptoms don't show any evidence of organ damage, however. They may feel short of breath, but their lung scans are normal. These patients are often "extremely frustrated" because their medical team can't find any physical evidence of dysfunction and don't know how to address or ease the patient's symptoms, said Jonathan Aviv, MD, clinical director of the Voice and Swallowing Center, a division of ENT and Allergy Associates, Tarrytown, N.Y. Many of these patients can't definitively prove a history of COVID-19 infection, as testing wasn't widely available at the beginning of the pandemic.

It's imperative that physicians listen to patients and take their complaints seriously. "We don't know everything about this disease," said Andrew Tassler, MD, assistant professor of otolaryngology-head and neck surgery at Weill Cornell Medical College in New York City. "So, if people report symptoms that aren't known issues with COVID-19, I think you have to respect it and look into it."

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