



CONSULTATIONS AND MEDICAL TREATMENTS IN RHINOLOGY IN THE CONTEXT OF THE COVID-19 EPIDEMIC

Guideline of clinical practice of the French Association of Rhinology (AFR) and of the French Society of Otorhinolaryngology (SFORL).

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What patients should we see at the outpatient clinic?

- Patients should be seen at the outpatient clinic only if they need non-elective care. Teleconsultation must be used whenever possible.
- Nasal endoscopy should be performed only in very selected cases as it entails a significant risk of viral spread.
- Advices about the personal protective equipment that is required in the ENT outpatient clinic are summarized here:
http://www.yoifos.com/sites/default/files/role_du_specialiste_ifos_0.pdf. In particular, the regime for PPE for nasal endoscopy would be a fluid resistant (FFP2/N95) surgical mask, single-use impermeable disposable gown, gloves, cap and eye protection.

Loss of smell

- A significant part of the COVID-19 patients (20-60%) appear to have loss of smell without any nasal obstruction, or ageusia. Loss of smell can be the presenting symptom before other symptoms like coughing/fever occur. Patients with sudden onset of loss of smell should be considered to be COVID-19 positive.
- The management of loss of smell in this situation has been discussed in the following document published by the CNP ORL on March 29th, 2020: <https://www.sforl.org/wpcontent/uploads/2020/03/Alerte-anosmie-COVID-19.pdf> . We advise NOT to prescribe nasal or systemic corticosteroids in patients with sudden loss of smell.

What medications should be stopped ?

- Patients are advised to keep using their regular medication, especially nasal corticosteroids. Coronavirus binds to the ACE-2 receptor (and TMPRSS2). Although there is limited data that systemic corticosteroids may be increasing ARDS in patients with SARS and MERS, there is no data indicating that the use of local corticosteroids will increase the susceptibility to corona virus. One could even argue that stopping nasal corticosteroids in patients needing them will result in more symptoms of allergic rhinitis/rhinosinusitis that may blur symptoms of COVID-19 and even increase the risk of viral spread.
- Intranasal treatment delivery by nebulization should be stopped, to limit the risk of viral spread.

What new treatments can we prescribe?

The prescription of new treatments in rhinology should take into account the risks related to the potential presence of coronavirus in the sinonasal cavities.

- As the impact of systemic corticosteroids is still unclear, we advise not to prescribe oral steroids (for example for nasal polyposis or acute bacterial rhinosinusitis). Of note, the French Otolologic and Neurootologic Society (AFON) stated that a short course of oral steroids could be prescribed in severe cases of Bell's palsy or sudden sensorineural hearing loss (<https://www.sforl.org/wp-content/uploads/2020/03/CORTICOTHERAPIEEN-ORL-1.pdf>). Prescription of systemic antibiotics remains possible.
- Prescription of nasal steroids is possible if there is no alternative (such as Ipratropium bromide nasal spray, oral or intranasal antihistamine)

Should nasal irrigation be stopped ?

There is a debate about nasal irrigation: there is a theoretical risk to spread the virus in the lower airways. Since there is no published data on this topic, and reasoning by analogy with other viral infections (influenza, acute bronchiolitis) it seems that nasal irrigation remain possible, with extra precautions (see below).

Are special precautions warranted during nasal irrigation and nasal spray?

There is a high viral load in the nasal cavity in patients infected with the coronavirus. Nasal irrigation and nasal spray carry a risk of viral spread to the patient's family. Special precautions are therefore warranted:

- Patients should wash hands before and after nasal cares, wash thoroughly the material that has been used with water and soap and disinfect it once a week, clean the rinse water and disinfect the soiled surfaces.
- Nasal care should be performed with no other person in the room
- Once the nasal care is over, the room should remain empty for 10 minutes and be well ventilated if possible.
- Ideally, nasal irrigation should be performed in a room used only by the patient, so as to limit the risk of contagion through contaminated surfaces.

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