

Q&A: Lost Your Sense of Smell? Suspect COVID-19

October 27 2020, by Lauren Woods



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A resurgence of COVID-19 is striking Connecticut and the nation. UConn Today sat down with the Chief of the Division of ENT at UConn Health, Dr. Denis Lafreniere, to get the latest information about one of the tell-tale symptoms of the virus for people to look out for—the loss of taste and smell. UConn has a dedicated Taste & Smell Clinic treating

patients with lingering symptoms after becoming COVID-19 positive.

Is your specialized Taste & Smell Clinic seeing an uptick since the spring and now?

Yes, we are seeing an uptick in [patients](#). Some of these patients have loss of [taste](#) and smell as the first, and sometimes the only, symptom of COVID infection. We did a study here at UConn Health looking at symptomatic patients who reported to our COVID-19 Call Center and we found that 59% (48 out of 78) COVID-positive patients complained of loss of taste or smell as one of their symptoms. This is consistent with other studies reported in the scientific literature.

How does the virus lead to issues with our taste and smell?

The virus can attach to an ACE2 receptor, which is present in the cells surrounding the smell nerve tissue in the upper part of our nasal cavities. This creates an inflammatory response which can damage the smell nerves. Some individuals with COVID have had some central nervous system symptoms due to COVID, and it is postulated that the virus reached the brain through the smell nerves directly. Many patients who have smell loss report that it was the only symptom they had with COVID, and they usually recover quickly. Most of our appreciation of the sense of flavor of food actually comes from our sense of smell. Most people who complain of taste loss with COVID may in reality only have a smell loss. If the ability to taste sweet, salt, sour and bitter are intact the sense of taste is probably okay.

How long does the lack of taste and smell last in COVID patients, and could it be permanent?

The symptoms of smell loss in patients with COVID seems to improve quickly with about 75% of patients getting back to normal smell in 2 to 6 weeks. About 25% of patients are taking longer to recover. We do not know how many will have permanent loss of smell at this point, but other viruses have been known to cause permanent smell loss in some patients. We have seen several patients who have lost their sense of smell with COVID and recovered back to normal within a few weeks, but then 1½ - 2 months later developed a foul smell (parosmia) that is quite disturbing. We are attempting to treat the patients who have not recovered with smell training and occasional steroid irrigations.

If someone is experiencing a lack of taste and smell symptoms this fall, could it not be COVID, or should someone suspect COVID?

If someone develops symptoms of smell loss not associated with [nasal congestion](#), COVID should be suspected, and the patient should get tested. Smell loss is one of the symptoms screened for at most health care institutions. There are patients who develop other symptoms of COVID such as fever, cough, etc., who also develop smell loss as well, but nasal congestion is not typically a [symptom](#) associated with COVID.

Are you seeing any other ENT issues in COVID-19 positive patients?

We are not seeing a lot of other ENT issues associated with acute COVID infections. We are seeing the sequela of long-term hospitalizations of patients who had COVID, such as hoarseness and laryngeal stenosis from prolonged intubation while on a ventilator. These are difficult problems which often require surgical intervention to correct.

Is painful nasal swab testing causing any issues in

some patients?

Swabbing the nasopharynx, although uncomfortable, should not affect the sense of [smell](#) if performed properly, as the swabs are usually run along the floor of the nose and the olfactory cells are in the roof of the nose. Testing methods such as anterior nasal swabs (front of the nose) and saliva tests, when validated, will be more comfortable alternatives.

After what you've seen in your Clinic, what's your take home message to people at this time of virus resurgence?

Taking care of any ENT issue is risky in this COVID environment, as we are exposed to aerosolizing procedures many of the times. We therefore need to wear protection such as N95 masks, face shields, gowns, and gloves when performing these procedures. The best things our patients can do day to day are wear masks and practice social distancing, as that is an easy and proven method to prevent the spread of the virus. This will decrease the incidence of new infections and keep additional patients from overwhelming our hospital systems like we are seeing now in many parts of the country. Keeping hospital capacity close to normal will allow providers to continue to see patients and provide them with the elective procedures they may need. It is a team effort, and we can all contribute together.

Provided by University of Connecticut

Citation: Q&A: Lost Your Sense of Smell? Suspect COVID-19 (2020, October 27) retrieved 26 April 2024 from <https://medicalxpress.com/news/2020-10-qa-lost-covid-.html>

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