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RECOVERY OF ANOSMIA IN COVID 19 PATIENTS---A CLINICAL STUDY

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ABSTRACT

Covid 19 outbreak is a major pandemic affecting many people all over the world including India. Various studies suggests that loss of smell (Anosmia)is a common symptom in Covid 19 infection. In this study we studied the rate of recovery of Anosmia in Covid19 patients in relation to age and sex. The study included a total 125 Covid 19 confirmed cases having loss of smell as a complaint. All the patients were followed up using telephonic conversation. Out of 125 patients 100 patients responded and followed up and the study was done among the 100 covid patients. Out of 100 patients 34 patients showed complete recovery in 2 weaks and 42 patients showed partial recovery in 2 weaks and complete recovery in 4 weaks and 24 patients showed only partial or no recovery within one month from the onset of anosmia. In conclusion it suggests that recovery from loss of smell is better in middle aged and female patients and the process has been delayed in patients with co-morbities.

KEYWORDS

Corona virus,Covid 19 infection,Loss of smell,Anosmia and Recovery rate

INTRODUCTION

The corona virus disease(Covid 19) caused by the severe acute respiratory syndrome corona virus 2(SARS-COV 2) is a pandemic and was first reported in Hubei province of China in December 2019(1)*

In India the first case of Covid 19 was identified inKerala on Jan 30 ,2020

As per WHO dashboard(2)* on November 8th 2020 the total cases were 4.95 crores and in India the total cases were 85 lakhs

The most common presenting features are very similar to the other viral upper resipiratory infections like fver,cough,dyspnoea and sore throat(3)*

Recent studies has identified the sudden loss of smell(Anosmia) and loss of taste were also significant symptoms in Covid19 infection

These symptoms were found even in patients with no other symptoms/signs of Upper Respiratory Infection

Unlike the other viral infection the loss of smell in Covid 19 infection is a characteristic one as it is not associated with rhinorrhoea or any other nasal symptoms(4)*

The treatment given to all the patients was
1. Cap.Doxycycline 100mg BD for 5 days
2. Tab.Ivermectin 12 mg OD for 3 days
3. Tab.Montek LC OD for 5 days
4. Tab.Vit C OD for 10 days
5. Nasal saline irrigation
6. Topical nasal steroids
7. Steam inhalation
8. Multivitamins and High protein diet

MATERIALS AND METHODS

The study was performed in two primary care hospitals
1.st.anns JM hospital—malkapuram—vizag
2.s.j hospital---Gajuwaka—vizag

The study was performed in patients who tested positive for Covi19 disease with loss of smell as a presenting feature

Most of these patients went to home isolation and took the treatment and few of them were admitted in various Covid hospitals in Visakhapatnam

These patients were followed up by regular telephonic conversation

INCLUSION CRITERIA

All the patients between the age group of 20 to 65 who comes to OPD with URI and subsequently tested positive for Covid 19 ,having loss of smell as a symptom were included

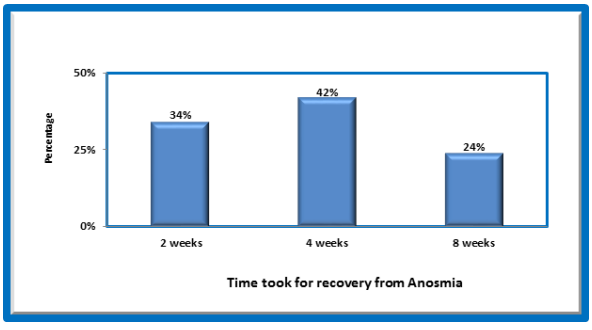
EXCLUSION CRITERIA

Patients who underwent nasal surgeries and who are suffering from nasal allergies and known case of sinusitis were excluded from the study

RESULTS

Out of 100 patients 34 patients showed complete recovery in 2 weeks and 42 patients showed partial recovery in 2 weeks and complete recovery in 4 weeks and 24 patients showed only partial or no recovery within one month from the onset of anosmia

Fig 1



DISCUSSION

Recent studies has identified the sudden loss of smell(Anosmia) and loss of taste were also significant symptoms in Covid19 infection

Out of 100 patients 34 patients showed complete recovery in 2 weeks and 42 patients showed partial recovery in 2 weeks and complete recovery in 4 weeks and 24 patients showed only partial or no recovery within one month from the onset of anosmia

It suggests that recovery from loss of smell is better in middle aged and female patients and the process has been delayed in patients with co-morbities.

CONCLUSION

In conclusion it suggests that recovery from loss of smell is better in middle aged and female patients and the process has been delayed in patients with co-morbities.

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