



Reply to letter on Acute-onset smell and taste disorders in the context of COVID-19: a pilot multicentre polymerase chain reaction based case-control study

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Dear Editor,

We thank our colleagues for their constructive discussion on our recently published study [1]. Regarding prevalence, indeed, growing literature yields a variable frequency of loss of smell (LOS) in

COVID-19 patients that may hypothetically be due to differences in the location and amount of viral load, to the different immune response between younger mild-symptomatic outpatients (higher prevalence) and more severely affected inpatients (lower prevalence) [1,2] and to the variable methods of measurement.

Likewise, there may be a mismatch between self-reported and objective LOS, both over- and under-estimation [3]. Standardized objective measurements are necessary for an accurate description of the syndrome, but we believe self-reported LOS analysis is very relevant, and pragmatically more useful in a real-life setting.

As for the low prevalence and/or lack of association of nasal obstruction with LOS, several previous reports [2,4] agree with our findings, suggesting that it is likely that olfactory neuroepithelium damage is responsible for this sensory loss. Certainly, further investigation is warranted to confirm this [5].

Finally, we agree that we assumed a recall bias regarding our historical control sample of influenza. Unfortunately, during the maximum incidence of COVID-19, there were not enough truly reliable SARS-CoV-2 polymerase chain reaction negative patients nor admissions for other respiratory infections in our centres.

DISCLOSURE OF CONFLICT OF INTEREST

The authors declare no financial or other conflicts of interest.

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