

Otorhinolaryngology-related referral for COVID-19 patients in intensive care unit: Urban district hospital experience

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ABSTRACT

Introduction: Severe COVID-19 infection frequently results in respiratory failure requiring intubation. Treatment approaches frequently entail postponing tracheostomy in favour of intubation for longer than 2 weeks due to worries about high patient mortality and viral aerosolization. With prolonged invasive mechanical ventilation, laryngeal problems such as vocal cord injury, granulomas, and laryngotracheal stenosis are few of the common after effects seen. Potentially life threatening airway complications are also reported among these patients. Otolaryngologists have a special role in responding to this crisis by virtue of expertise in airway management. This study is aim to describe the prevalence of Otorhinolaryngology (ORL) related referral for adult patients with COVID-19 infection in Hospital Shah Alam. **Materials and Methods:** This is a retrospective cross-sectional study conducted from March 2020 to August 2021, at Hospital Shah Alam. Secondary data was collected from Intensive Care Unit (ICU) database that is designated for COVID-19 isolation area. **Results:** Out of the total 253 patients admitted to intensive care unit designated for COVID-19 isolation area, 24 (9.5%) patients were referred as COVID-19 otorhinolaryngology-related case. Most of the referrals (n=15, 62.5%) are for elective tracheostomy due to prolonged intubation. Only 1 (4.2%) patient was confirmed with tracheal injury at thoracic level which was then referred to cardiothoracic surgeon for further management. In addition, there are 4 (16.7%) voice-related referrals which resolved completely after being reviewed in the outpatient clinic. **Conclusion:** Despite the rarity of tracheal complications in patients with severe COVID-19 infection, it is presumed that there will be a high rate of laryngeal complications from prolonged intubation and tracheostomy in patients recovering from COVID-19. A better understanding of the complication trend can be used to explore the most appropriate possible strategies in improving the current standard of procedures to manage this problem.

Keywords: Otorhinolaryngology, COVID-19, ICU

COVID-19 category during period of delta and omicron predominance in Malaysia: A descriptive study

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ABSTRACT

Introduction: During the COVID-19 pandemic, numerous variants of SARS-CoV-2 have emerged that have been found to differ in transmissibility and severity. Assessments of the severity of the SARS-CoV-2 delta and omicron variant are vital to evaluate the public health influence related to its rapid global dissemination. **Materials and Methods:** Medical records of COVID-19 patients who were hospitalized in Hospital Sungai Buloh during the period of Delta and Omicron predominance were reviewed retrospectively and analyzed. **Results:** Delta wave was studied between May 2021 and July 2021, among the 5815 individuals with SARS-CoV-2 infection, the highest number of cases were seen in May which was 2410 (41.4%) cases followed by 1762 (30.3%) in June and 1643 (28.2%) cases in July. Individuals were vaccinated, and vaccination was associated with a lower risk of hospitalization compared with cases with no doses or only one dose of vaccine. Compared with delta infection, omicron infection was lesser. The Omicron wave was studied between January 2022 and March 2022. Among the 2820 individuals with SARS-CoV-2 infection, the highest number of cases were seen in March which was 1173 (41.5%), followed by 985 (34.9%) cases in February and 662 (23.4%) cases in January. The booster vaccine was started to be administered during this period and reduced equally the risk of symptomatic and asymptomatic infection. **Conclusion:** This descriptive study aids as a baseline study for more studies in the future using the same dataset. Laborious data cleaning is currently in the process to produce more forceful and steadfast results.

Keywords: COVID-19, Hospitalisation, Omicron, Delta