

Not every anosmia is COVID, a case of nasal massErkan Gunay¹

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Anosmia is a frequent symptom for COVID infection. It was experienced by almost 53% of those affected, sometimes persisting longer periods. Nasal blockage is common symptom for emergency patients and frequently associated with allergic rhinitis.

25-year-old male presented with persistent bilateral nasal blockage, blood-stained nasal discharge, anosmia and headache. During the beginning of the pandemic, he was diagnosed with COVID and complaining of anosmia and nasal blockage. He was treated with antihistaminic medicine for allergic rhinitis, but his symptoms persisted. He had breathing, bleeding and smelling problems in the last 2 years and started complaining of left sided proptosis for 3-4 weeks. He was referred from ophthalmology. He denied other prior disease or medication. On examination he has nasal voice, left side exophthalmos, without diplopia or vision problem. The right tympanic membrane was intact, left side dull with effusion. Other system evaluations were unremarkable. Nasal endoscopy revealed fungating mass with blood clots and engorged vessels filling both cavities. MRI report described soft tissue mass, infiltrating the nasal cavity, paranasal sinuses with intracranial extension, to involve the left sub frontal region (figure 1). Epicenter of the mass was likely to be the ethmoid sinuses. Biopsy was taken and patient was followed up for surgical intervention.

Smell and taste disorders emerge during COVID infection. Allergic rhinitis is also common amongst emergency patients. Rhinitis can be differentiated from sinus problems by the increased response of nasal obstruction to treatment, clear nasal discharge, and absence of pain or fever. Rhinitis does not lead to ostial obstruction, and patients do not complain of facial pain or headache. For suspected rhinitis or acute sinusitis, routine radiographic examination is not recommended. For persistent cases axial and coronal CT is the imaging of choice. Our patient was investigated for sinusitis complications and additional further imaging was necessary for proper management.

Nasal blockage and upper respiratory problems may be overseen by patients or physicians. Repeated admissions and persistent symptoms should be suspicious for emergency physicians. Additional imaging might be needed, and emergency physicians should be careful of diagnosing common symptoms like nasal blockage especially for patients with persistent admissions.