A Novel Coronavirus Pneumonia Case Report From an Ear, Nose, and Throat Clinic

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INTRODUCTION

An outbreak of novel coronavirus pneumonia (NCP) in Wuhan, China has spread quickly. Illness from NCP has had serious impact on public health and caused huge economic losses. Thus far, there are more than 74,675 confirmed cases and 4,922 suspected cases. As of February 17, 2020, 2,121 patients have died. It is noteworthy that among this group there were 3,019 medical staff with confirmed NCP, and five medical staff have died.1 It must be pointed out that NCP is highly contagious, and progression is rapid. Generally speaking, the most common symptoms of NCP are fever, cough, myalgia, and/or fatigue. Less common symptoms are sputum production, headache, hemoptysis, and diarrhea.2 Nevertheless, here we report a case of a patient who was first seen in an ear, nose, and throat (ENT) clinic with the symptoms of left-sided otalgia without fever, cough, and expectoration.

CASE REPORT

We have obtained written informed consent from the study participant. All of the procedures were performed in accordance with the Declaration of Helsinki and relevant policies in China.

On the morning of January 22, 2020, a 44-year-old man presented to an ENT clinic with a 1-day history of left-sided otalgia. He disclosed that he came from Wuhan, China 2 days prior. The physical examination revealed erythema of the left tympanic membrane, a body temperature of 37.1°C, blood pressure of 160/97 mm Hg, and oxygen saturation of 99%. The first impression was that the patient had otitis media caused by infection of the upper respiratory tract. With consideration of the patient's travel history, the patient underwent routine blood tests, a rapid nucleic acid amplification test (NAAT) for influenza A and B, a chest computed tomography (CT) scan, and nasopharyngeal swab by real-time polymerase chain reaction (RT-PCR) with NCP-specific primers and probes, specifically.

The results recovered for the NAAT for influenza A and B were negative. The blood counts of the patient on admission were reviewed for white blood cell results. These are often reduced in NCP. The chest CT scan revealed minor inflammatory striation of the middle lobe of the right lung without typical characteristics of NCP.

Seven days later, on the night of January 29, 2020, the patient presented to an emergency clinic with the syndromes of fever and cough. A chest CT scan showed typical characteristics of NCP (Fig. 1).3 On February 2, 2020, the patient had a positive result with RT-PCR with COVID-19-specific primers and probes.4 On February 17, 2020, the patient was discharged with resolution of fever. All symptoms had resolved with the exception of his cough.

DISCUSSION

We present a case report of an NCP patient who first presented to an ENT clinic. It is known that the most common symptoms of NCP at onset of the illness are fever, cough, myalgia, and/or fatigue. Less common symptoms are sputum production, headache, hemoptysis, and diarrhea.2 From an imaging standpoint, chest CT usually reveals small patchy opacifications in the early stages, often noted in a peripheral distribution, ground-glass opacity, pulmonary infiltration, and at times, lung consolidation.1,2 Patients do not tend to present with an otologic symptom. Unanticipated presentation may result in poor protection of the ENT staff, and delayed or incorrect diagnosis. In this case, the patient did not exhibit the typical characteristics of fever, cough, expectoration, abnormal laboratory testing, and characteristic chest CT scan findings, possibly because the patient was in a latent or early
of NCP. Of note, the otitis media might have been caused by the COVID-19 infection.

CONCLUSION

Most NCP patients present to a respiratory clinic or emergency clinic. Unusual symptoms, such as the presentation of otitis media to an otorhinolaryngology clinic, may lead to delay in diagnosis and increased exposure to COVID-19 by medical staff.

**BIBLIOGRAPHY**

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