

# Review of: "Stellate ganglion block for anosmia and taste disturbance due to Long-COVID"

Arvind Nune <sup>1</sup>

<sup>1</sup> National Health Service

**Potential competing interests:** The author(s) declared that no potential competing interests exist.

I have read this article with some interest. Although stellate ganglion block is relatively newer concept, a few studies have already discussed this topic. I agree with the authors that the growing evidence suggests that it improves anosmia. However, further studies are required to assess its cost-effectiveness and efficacy in large cohorts. I suggest authors to review their article based on the points below.

1. I agree with the author's suggestion that stellate ganglion block may be beneficial in the treatment of anosmia in patients infected with SARS CoV-2. However, it is critical to discuss the procedure's benefits and drawbacks, as well as its indications and contraindications. There are reports of patients experienced quadriplegia, hematoma, epidural abscess, and death.
2. Please explain whether there are any other alternative treatment options for anosmia. Recent research suggests that topical and systemic steroids may be useful in the treatment of anosmia. Olfactory training has also been shown to help patients with anosmia. Olfactory training improved (71% of patients) anosmia caused by SARS CoV-2 infection in one study.
3. Is there any evidence that the auto-antibodies, such as anti-interferon, anti-nuclear, and anti-phospholipids detected in patients with PASC, have a role in anosmia following SARS CoV-2 infection. If so, please provide a reference.
4. Please paraphrase this sentence. Seemed to be similar to the sentence from reference 2.  
"Despite a high recovery rate, multiple studies have reported up to 7% of the patients remain anosmic more than 12 months after onset, leaving millions worldwide with severe olfactory dysfunction."
5. Female predominance might be a better word than dominance.