

Salty Taste and COVID-19

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Several signs and symptoms of COVID-19 have been observed in these months, since its beginning in China [1]. Among otorhinolaryngological alterations, some patients presented deficient olfactory changes (hyposmia and anosmia) and of the taste (hypogeusia and ageusia) [2]. However, we would like to report an alteration not yet shown in the medical and dental literature [1]. Some patients (n = 19) contaminated by the coronavirus presented salty taste. Salty taste was observed regardless of diet and salty food intake, as well as the use of toothpaste or mouthwashes or habits (smoking).

In the otorhinolaryngological perspective, regarding the observed alterations, all the patients (n = 19) initially reported (already in the first 2 days of the COVID-19 manifestation), the deficient olfactory changes (particularly anosmia) and taste (hypogeusia). Later, after approximately 5 days, the salty taste was observed. These patients presented mild manifestations of COVID-19, were removed from their services and managed at home. They did not receive test drugs like azithromycin or hydroxychloroquine. The initial signs and symptoms of the patients cited here were fever, malaise, headache, sore throat and difficulty breathing [1]. These patients were consulted by telephone contact. Proven, the presence of the coronavirus was detected in the saliva of infected patients [3-5]. Hypothetically, this presence could favor the alteration of the taste, with the sensation of the salty taste. As manifestations mentioned by COVID-19, related to smell and this, in turn, are strongly linked to taste, may be the main cause of taste disorders [2].

Unfortunately, with the increase in the incidence of cases of patients infected with coronavirus and the manifestation of COVID-19, we will observe an increase in the incidence among us health professionals.

It is important to note that future reports become essential for the diagnosis - particularly of subclinical infections - in patients and health professionals, with the proposal to prevent the spread of the virus.

Bibliography

1. Guan WJ, Ni ZY, Hu Y, et al. Clinical characteristics of Coronavirus Disease 2019 in China. *N Engl J Med.* 2020;382(18):1708-1720.
2. Obiefuna S, Donohoe C. Neuroanatomy, Nucleus Gustatory. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020.
3. To KK, Tsang OT, Chik-Yan C, et al. Consistent detection of 2019 novel coronavirus in saliva. *Clin Infect Dis.* 2020:ciaa149.
4. Azzi L, Carcano G, Gianfagna F, et al. Saliva is a reliable tool to detect SARS-CoV-2. *J Infect.* 2020.
5. To KK, Tsang OT, Leung WS, et al. Temporal profiles of viral load in posterior oropharyngeal saliva samples and serum antibody responses during infection by SARS-CoV-2: an observational cohort study. *Lancet Infect Dis.* 2020;20(5):565-574.

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