



Introduction



In early December 2019, a small number of patients in Wuhan, Hubei Province, China, started to exhibit upper respiratory symptoms including shortness of breath and fever. Shortly thereafter, the World Health Organization (WHO) China Country office was informed of this cluster of pneumonia cases with unknown etiology, all connected to the same seafood wholesale market in Wuhan. In the weeks to follow, the causative virus was identified as a novel coronavirus known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The Center for Disease Control (CDC) established and initiated its 2019-nCoV Incident Management Structure in early January to prepare for this novel disease. As more cases were being reported across the globe, and human-to-human spread of the virus was confirmed, the disease caused by SARS-CoV-2 was labeled coronavirus disease 2019, aka COVID-19, and was officially declared a pandemic by the WHO on March 11, 2020.¹

The global health crisis caused by COVID-19 has instigated massive shutdowns across the US and globally, spurring on the largest US unemployment rate since the Great Depression and generating widespread supply shortages ranging from basic household items to personal protective equipment and necessary medical supplies. In the early stages of the pandemic, little was known about the routes of transmission, risk factors for transmission, or which procedures were safe or not safe to perform due to risk of transmission. Otolaryngologists were particularly at risk of exposure as increasing evidence confirmed the route of transmission via respiratory droplets and aerosols, and, in fact, many of the initial deaths in the medical community were otolaryngologists.² Many national and international otolaryngologic societies responded quickly, issuing guidelines and recommendations on how to triage the management of our patients while still maintaining the safety and well-being of physicians, trainees, and clinical support

staff. Over time, as the medical and scientific community learned more about the virus, these guidelines and recommendations were adapted to allow for safe re-opening and emergence from the initial lockdown and subsequent surges.

The pandemic affected the global community in innumerable ways and we continue to discover its impact as time passes. However, it also brought to light the resilience, humanity, and leadership within the otolaryngology community. This issue of Operative Techniques in Otolaryngology is dedicated to the clinical, educational, and research efforts put forth by all the otolaryngologic subspecialties over the last 2 years of the pandemic. Although many of these articles focus specifically on the COVID-19 pandemic, the lessons in flexibility and adaptability reach far beyond the current pandemic and we hope this issue may offer key pearls for the future in an ever-evolving practice. It is an honor to be a part of the otolaryngology community and serve as guest editor of this issue.

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