## Smell is the sense of memory and desire

Smell inspired many authors to beautiful quotes. The title of this editorial is a text of Jean-Jacques Rousseau. Smells are also the fallen angels of the senses, a saying from Helen Adams Keller, an American author who lost her sight and hearing at the age of nineteen months. Many of our patients tell us that they only realized the importance of smell when they missed having it.

This issue of our Journal is full of smell(s). We start with an extremely interesting review on olfactory related questionnaires and scales, highlighting the emotional and affective impact of olfaction and the impact on quality of life due to olfactory dysfunction. It provides a guide for researchers and clinicians to select olfactory scales suitable for olfactory research with different experimental purposes. Also in this issue, a scale to describe the olfactory cleft (OCES) is proposed, emphasizing the importance of describing the olfactory cleft in addition to traditional sinus endoscopy. The authors show the importance of a clean olfactory cleft for smell in patients with CRSwNP. A large cross-sectional, multi-centric study report on the differences in quality of life among patients with olfactory dysfunction (OD) of different origin, and to identify factors associated with olfactory-related quality of life (QOL). Patients with post-infectious and post-traumatic olfactory disorders showed

poorer olfactory-related QOL than patients with sinonasal and idiopathic olfactory disorders. Having said this, sinonasal olfactory disorders especially in patients with CRSwNP severely impact the QOL of these patients <sup>(1)</sup> and the new options with biologicals improving smell in severe uncontrolled CRSwNP patients are very encouraging <sup>(2)</sup>. In this issue, you can find a comparison between different biologicals (soon) available for CRSwNP and their remarkable effect on smell, especially for dupilumab.

After the first mention by the group of Hopkins of smell loss as a presenting symptom in COVID-19<sup>(3,4)</sup>, a plethora of papers on COVID and loss of smell and taste have seen the light <sup>(5,6)</sup>. Fortunately, olfactory disorders during COVID-19 completely resolve in the majority of patients <sup>(7)</sup> and patients can be offered smell training if recovery takes longer <sup>(8)</sup>.

Lately we also here more and more patients complaining of parosmia and kakosmia <sup>(9)</sup>. In this issue, the same group reports on a survey in patients with post-COVID smell disorders. Very worryingly three quarter of the respondents complained of parosmia, starting to develop some months after the anosmia. In almost none of the patients the parosmia fully resolved. Let us hope that the group of post-COVID anosmia patients developing this debilitating disease remains small.

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