

Olfactory Disorders

Last updated: April 17, 2019

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- olfactory dysfunction can affect patient's *safety, nutritional status, quality of life*;
 - anosmics increase use of sugar and seasonings (detrimental in diabetes, salt-sensitive hypertension).
 - considerable risk for food poisoning, gas poisoning.
 - Veterans Administration awards 10% whole body disability for total anosmia (American Medical Association – only 3%).

Whole-mouth **taste function** is much more resilient to alterations than is **olfactory function**, in large part because taste buds have redundant innervation (i.e. CN VII, IX, X).

Complaint of taste loss usually reflects olfactory disorder!

- *problem duration* is important - spontaneous recovery is unlikely after 6 months if damage to olfactory epithelium has occurred.

CLASSIFICATION

Olfactory dysfunction can be **BILATERAL** or **UNILATERAL** (sometimes termed **BINASAL** or **UNINASAL**).

Etiologically:

- Transport** disorders (e.g. nasal obstruction)
- Sensorineural** disorders

DEFINITIONS

HYPOSMIA (MICROSMIA) - diminished ability to smell.

N.B. *olfactory acuity* varies enormously *from person to person* (sometimes 1000-fold); olfactory sensitivity normally *declines with age* $\approx 1\%$ / year.

- ability to smell decreases with cumulative *smoking* dose (smoking cessation can improve olfactory function over time).

ANOSMIA - loss of ability to smell:

GENERAL (TOTAL) ANOSMIA - all odorants on both sides.

PARTIAL ANOSMIA – alternative meanings:

- Specific anosmia* - anosmia to specific odorants with otherwise normal sense of smell.
- General hyposmia* - decreased sensitivity to all odorants.

DYSOSMIA - perverted smell perception:

PAROSMIA (CACOSMIA) – “rose smells more like garbage” (e.g. in “uncal fits”).

PHANTOSMIA (OLFACTORY HALLUCINATION) - medicine-like smell in absence of odor stimulation.

- frequent during olfactory epithelial *degeneration* / *regeneration*.
N.B. differentiate from foul odors produced within nasal cavity (e.g. infections) or within body proper (e.g. altered metabolism).

HYPEROSMIA - abnormally acute smell function (e.g. in some epileptics prior to onset of ictal activity); most commonly idiopathic.

ETIOLOGY

1. Alterations in ability to smell - first signs of *Alzheimer's disease, idiopathic Parkinson's disease* (but patients are unaware!)
 2. *Head trauma* (anosmia / hyposmia is frequently the only residual neurological impairment)
 3. *CNS tumors*
e.g. tumors in olfactory groove or sphenoid ridge (e.g. meningiomas) can cause *Foster Kennedy syndrome* (ipsilateral anosmia, ipsilateral optic atrophy, contralateral papilledema).
 4. *Infections*, esp. nasal, paranasal.
 5. *Smoking, chemical exposure*
 6. *Metabolic disease* (esp. dysosmia) – diabetes, hepatic / renal diseases, hypothyroidism, etc.
 7. *Epilepsy* - uncal or temporal lobe foci that induce dysosmic / hyperosmic auras.
 8. *Psychiatric disorders* (esp. dysosmia)
 9. *Allergy*
 10. *Kallmann syndrome* (anosmia)
- because of *bilateral cortical & subcortical representation* of olfactory function, **unilateral lesions** at this level generally do not cause clinically meaningful olfactory dysfunction!

DIAGNOSIS

University of Pennsylvania Smell Identification Test (UPSIT) see p. D1 >>

Olfactory evoked potentials can be measured accurately, but is very expensive (> \$100,000).

- trains of well-defined odorant pulses, with steep-onset gradients, are imbedded in humidified continuous airstream that is flowed through nose in manner that does not evoke somatosensory afferents.
- recording is from Cz referred to A1.
- N1 wave is obtained at 306-484 ms and P1 wave at 349-455 ms.
- useful in detecting malingering.

Biopsy of olfactory epithelium.

TREATMENT

- rarely successful (very depends on etiology).
- *unilateral dysosmia* – **olfactory epithelium ablation**.
- *sensorineural hyposmia / anosmia* – **zinc & vitamin therapies** (evidence of efficacy is lacking); reassurance & education are very useful.

BIBLIOGRAPHY for ch. "Cranial Neuropathies" → follow this [LINK](#) >>

Viktor's NotesSM for the Neurosurgery Resident
Please visit website at www.NeurosurgeryResident.net