

原文題目(出處)：	Taste dysfunction: a practical guide for oral medicine. Oral Diseases 2011;17:2-6
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內文：

- Taste (or gustation)
 - ✓ Regarded as a minor sense, less important than smell (or olfaction).
 - ✓ Provides information about only a limited number of stimulus qualities (sweet, salty, sour, bitter, umami, and possibly fat and a few others), and has received much less medical and clinical research attention.
 - ✓ *The gatekeeper of the body*
 - Protecting humans and other animals from consuming dangerous substances and encouraging consumption of nutritious ones.
 - ✓ *Disruptions occurs*
 - Substantial impact on nutriture and quality of life.

- Dental practitioners are often the first clinicians to be presented with complaints about changes in taste.
 - ✓ Two forms
 - Diminished or lost taste perception (hypogeusia or ageusia).
 - The presence of a persistent, unpleasant taste sensation, frequently in conjunction with distortions in taste quality and or burning mouth symptoms (BMS).
 - ✓ Difficult issue
 - Common confusion between smell and taste problems
 - The lack of widely accepted standardized techniques to assess true taste function.

- Taste vs. smell
 - ✓ True taste loss is rare, whereas loss of smell is more common.
 - ✓ About 70% of patients presenting with a complaint of taste loss evidenced smell loss, fewer than 10% evidenced measurable taste loss.
 - ✓ *Anatomy*
 - Olfaction → a single cranial nerve (I).
 - In a vulnerable position in that its axons must pass through the cribriform plate of the ethmoid bone prior to dissemination on the surface of the olfactory bulb.
 - Subject to the coup contra coup forces associated with head injury → tearing or severing of the axonal processes.
 - Gustation → multiple branches of three cranial nerves (VII, IX and X).
 - taste receptors are found on a large portion of the tongue dorsum, as well as on the soft palate, larynx, pharynx, and epiglottis.

- Nature and assessment of taste dysfunction
 - ✓ *Assessment*
 - Can be assessed via chemical or electrogustometric measure.
 - Correlations among measures of threshold sensitivity for different substances are significantly lower for tastes than for smells.
 - Impossible for the dental practitioner, and even difficult for specialized

- clinics.
- Quality identification
 - Useful tool but limited by common taste quality confusions in the general population (sour-bitter, sour-salty and salty-bitter).
- Taste strips on the anterior tongue
 - Does not distinguish either quality specific losses or spatial losses other than anterior tongue right/left.
- ✓ In short, there are no specific measurement techniques to identify. However, this is not the patient's fault, and does not invalidate his/her complaint.
- Etiologies
 - ✓ The bases of general taste losses are simply not known.
 - ✓ Head trauma and upper respiratory viral infections.
 - ✓ *Medication usage*
 - The most common etiologic factor contributing to taste dysfunction.
 - Direct impact of medications on taste receptor function or of residual tastes associated with either the drug's presence in saliva or in the blood (tastes can be perceived intravascularly).
 - ✓ *Nutrient deficiency—Zinc*
 - ✓ *Poor oral hygiene*
 - ✓ *Periodontal diseases*
 - ✓ *The overgrowth of oral Candida → xerostomia.*
 - ✓ *The use of dentures, antibiotics or corticosteroids, or with immunological deficiencies or diabetes.*
 - ✓ *Gastroesophageal reflux disease (GERD)*
 - Intermittent or persistent
 - Sour
 - Dental erosion particularly of the posterior teeth.
 - ✓ Surgical procedures
 - The chorda tympani (CT) nerve.
 - Middle ear surgery-- stretching or severing of the chorda tympani (CT) nerve.
 - CT→mediates taste perception on the anterior tongue.
 - Resulting in the loss or diminution of taste sensation on one or both (if the surgery is bilateral) anterior quadrants of the tongue.
 - third molar extraction→ mandibular block analgesia (IAN)
 - Localized taste dysfunction
 - ✓ Depression
 - ✓ Aging
 - Nonetheless, in a chemosensory clinic population, Cowart et al (1997) found that elderly patients (>65 years) were significantly more likely than young or middle-aged patients to report phantogeusia and to evidence diminished taste.
- Practical guidelines for assessment and referral
 - ✓ First be assessed for olfactory function using one of the standardized tests that are now commercially available.
 - olfactory problem→referred to an otorhinolaryngologist or sub-specializing in diseases of the nose and sinuses.
 - ✓ It is essential to rule out oral health problems that may contribute to
 - A thorough oral examination
 - Assessment of possible abnormalities in the microbial flora of the oral

- cavity.
- ✓ A detailed consideration of changes in medications and oral health procedures..
- ✓ *Dental erosion*
 - Refer to a gastroenterologist should be considered to rule out the possible contribution of GERD to the persistent taste.
- ✓ Suspicion of iatrogenic damage to the CT
 - microsurgical repair may be possible
- ✓ Psychological state
 - Referral for psychological counseling should be considered.
- Conclusion
 - ✓ Taste is a resilient system
 - two-thirds of patients with dysgeusias have been reported to experience spontaneous resolution of symptoms within an average of 10 months
 - ✓ Taste complaints present a number of difficulties to the oral medicine practitioner
 - ✓ Can impact significantly on nutriture and quality of life.
 - ✓ Clinicians should be attuned to these issues, and be prepared to make appropriate evaluations and referrals.

題號	題目
1	以下何種疾病不致味覺減弱(hypogeusia)或喪失(dysgeusia)? (A) Oral candidiasis (B) Xerostomia (C) Hairy tongue (D) Periodontitis
答案(C)	出處：OMP, Neville, 2nd edition, ch.18, p.753, box 18-9
題號	題目
2	以下何種藥物, 未被公認可能致味覺減弱(hypogeusia)或喪失(dysgeusia)? (A) Ampicillin (B) Tetracycline (C) Ibuprophen (D) Tegretol
答案(D)	出處：見 OMP, Neville, 2nd edition, ch.18, p.754, Table 18-2