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Smell and taste disorders are common in the general population, with loss of smell occurring more frequently. Although these disorders can have a substantial impact on quality of life and may represent significant underlying disease, they are often overlooked by the medical community [1]. Until the present days little is known about their nature or cause [2].

The sense of smell has been largely ignored by otorhinolaryngologists, even though 1) its medical stewardship falls within their specialty's purview, 2) olfactory dysfunction is not uncommon in the general population [3].

Several modern studies illuminate the difficulties that patients with olfactory disorder face in daily life, which underlines the need to understand its prevalence, and to diagnose and treat these patients.

Previous and recent studies of olfactory disorders suggest associated complaints of poor quality of life, depression, and various specific consequences. Epidemiological studies show that loss in odor sensitivity is common in both general and clinical populations, whereas dysosmia is less common in general populations but frequent in clinical populations. The most common etiologies are post-upper respiratory infection, nasal/sinus disease and head trauma [4], with head trauma having the greatest loss [5] and aging [6].

The majority of the patients complains of reduced sense of smell which was found after testing. Often, but not always, this was combined with qualitative disorders. Patients complaining of olfactory disorders experience a significantly reduced quality of life regarding the impact of their health problem on paid employment, household work, and social and family life [6].

Rhinitis and rhinosinusitis are the primary etiologies for olfactory loss or distortion among patients presenting to chemosensory clinics, and they are among the most common chronic medical conditions at least in the United States, affecting an estimated 33 million people[7].

Both allergic and nonallergic rhinitis/rhinosinusitis can result in diminished, distorted, or absent olfactory ability. Current therapies are only partially or transiently effective in reversing olfactory loss. The underlying mechanisms by which rhinitis/rhinosinusitis impact olfactory ability are likely to be multifactorial and might include altered air flow and odor deposition, changes in mucus composition, and effects of inflammatory mediators on receptor cell differentiation, maturation, or function [7].

Otorhinolaryngologists have revealed that 1) surgical and medical interventions in patients with rhinosinusitis do not, on average, lead to complete recovery of olfactory function, despite common beliefs to the contrary, and 2) associations are generally lacking between measures of airway patency and olfactory function in such cases. These findings have thrown into question the dogma that olfactory loss in rhinosinusitis is attributable primarily to blockage of airflow to the receptors and have led to histopathological studies demonstrating significant olfactory epithelial compromise in sinonasal syndromes [3].

References

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