



TASTE DISORDERS & STOMATITIS

Episode 11.1

TASTE

Flavour is a combination of taste and smell. Salty, sweet, sour and bitter taste sensations from gustatory cells (taste bud receptors) throughout tongue, palate and pharynx.

Disordered taste often from primary olfactory dysfunction → **conductive** [eg. polyps] or **sensory** [eg. aging] etiologies

Hypogeusia: partial loss of taste

Ageusia: complete loss of taste

Dysgeusia: altered taste sensation

ASSESSING TASTE DISORDER

Define symptoms, pattern, duration and degree of loss. R/O head trauma, URTI, nasal obstruction, other CNS complaints, endocrine symptoms and smoking history.

Requires complete H&N exam, nasal endoscopy and CN exam
Olfactory testing to assess thresholds and odour identification



DISORDERED TASTE- ETIOLOGIES

- Infectious** : Viral (Ramsay Hunt), bacterial (lyme)
- Radiation changes** :
- Aging** :
- Neoplasia** : Intraoral lesions, may affect CN IX, X, XI
- Iatrogenic** : Injury to CN IX during tonsilectomy
- Systemic disease** : DM neuropathy
- Behavioural** : Smoking

STOMATITIS

Herpes simplex virus - primary herpetic infection vs. secondary reactivation of dormant HSV. Treatment is supportive +/- anti

Varicella zoster (chicken pox, VZV) (shingles, herpes Systemically ill. supportive. At 1yo



virals **virus** - primary vs. secondary zoster). Treatment is vaccination

Candidiasis - most often candida albicans sp. Local and host factors. Treatment is topical antifungals +/- systemic therapy

Recurrent aphthous stomatitis - most often due to non-traumatic ulceration. Up to 50% of pop. Treatments are topical chlorhexidine and topical steroids. R/O extra-oral sxs