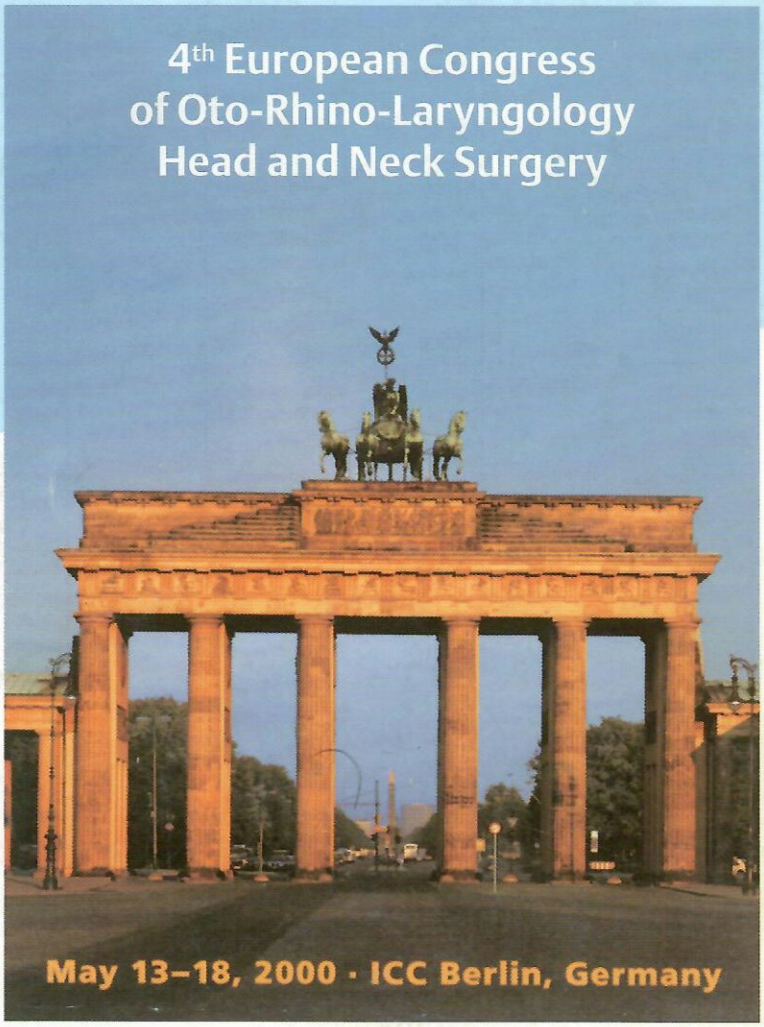
Laryngo-Rhino-Otologie

Besuchen Sie uns am Thieme-Stand Nr. 28

1
Supplement
79. Jahrgang
Mai 2000
Seite S 1–S 370

71. Jahresversammlung
der Deutschen Gesellschaft
für Hals- Nasen- Ohren-Heilkunde,
Kopf- und Hals-Chirurgie



EUROPEAN FEDERATION OF OTO-RHINO-LARYNGOLOGICAL SOCIETIES
EUFOS

Abstracts

EUFOS 2000

Thieme
Georg Thieme Verlag Stuttgart · New York
Laryngo-Rhino-Otol ISSN 1615-0007

E 7478 PVSt. DPAG. „Entgelt bezahlt" Lary Supplement 1/2000
Georg Thieme Verlag · Postfach 30 11 20 · 70451 Stuttgart

Olfactory dysfunction: course of disease, treatment

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Olfactory dysfunction can be secondary to a large array of causes. These can be peripheral (transmission hyposmia) or central, neurosensorial (head trauma, viral infection, neurologic disease, iatrogenic, exposure to neurotoxics, idiopathic). Finally psychiatric diseases and malingering with normal functioning olfactory system must be considered. Each causal situation has its specific course and treatment. Besides pathology, physiologic decay of the sense with age is well known (presbiosmia). Once we exclude CNS and psychiatric problems, hyposmia can be due to damage of the receptor or air flow obstruction in the nose. Neurosensorial olfactory damage does not allow for any treatment. Early prescription of neurotrophic and neuroprotective drugs, as well as corticosteroids is done mostly for the tranquillity of the patient. In cases of acute neurosensorial damage, removal of the damaging agent in professional exposure and anti-inflammatory treatment in viral and posttraumatic hyposmia can be useful. The fact that the olfactory cells are the only fully differentiated neuronal cell that maintains throughout life its regrowing power can account for this. One can expect recovery up to 12/18 month after the acute damage. Also if many treatments have been proposed, none has unanimous approval based on clinical evidence. Once

the neuronal damage is stabilised or the neuronal axon regrowth through the cribroid lamina of the ethmoid after damage due to head trauma is completed, no further therapy is of use. In case of transmission hyposmia thorough ORL assessment is mandatory and in most cases proper surgical treatment of the air flow obstruction can re-establish normal olfaction. Development of proper diagnostic methods and possibilities, especially recording of olfactory potentials, is the most important frontier today in olfactoloy. This may open the door towards many exciting and clinically useful future options of treatment. Epidemiological data of causal prevalence in olfactory damage in 572 cases seen by the authors in the Milan General University Hospital is presented elsewhere in this meeting.