ABSTRACT

BACKGROUND. The sense of olfaction detects and identifies airborne chemicals. The sense of smell can be impaired on one or both sides in cases of common cold or atrophy of the nose mucus membrane. The sense of smell may be lost when the nerve filaments of the nose are due to head trauma or the nerve has been damaged by skull tumors.

MATERIAL AND METHODS. For clinical purpose we designed the target olfactogram 20 years ago. It is a supraliminar monorhinal sniffle test using representative chemical substances for the 9 groups of basic odours. Each of the 12 partial smell tests is related to a 30° segment of the olfactogram. After each sniffle, the patient is requested to grade his sensation according to a scale with 6 scores from descriptive identification (1) over an emotional scheme with good (2), indifferent (3), bad (4) to unspecific borderline (5) and no response (6). The target olfactogram is completed before and after decongestion of the nasal cavities.

RESULTS. Due to the broad spectrum of substances applied, the test exhibits a broad variety of test patterns. The keyhole pattern is typical for complete anosmia and the center point for nasal anesthesia. However, incomplete anosmias, hyposmias and parosmias are more frequent.

CONCLUSION. The results can be quickly used in the files and clinical rounds. In posttraumatic smell disorders or other follow-ups, the development of the disease can be successfully monitored. The test chart allows differentiating between the various groups of the above mentioned smell deficiencies.

KEYWORDS: dysosmia, anosmia, hyposmia, olfactogram, target olfactogram

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