

MANAGEMENT OF SMELL AND TASTE DISORDERS: A PRACTICAL GUIDE FOR CLINICIANS

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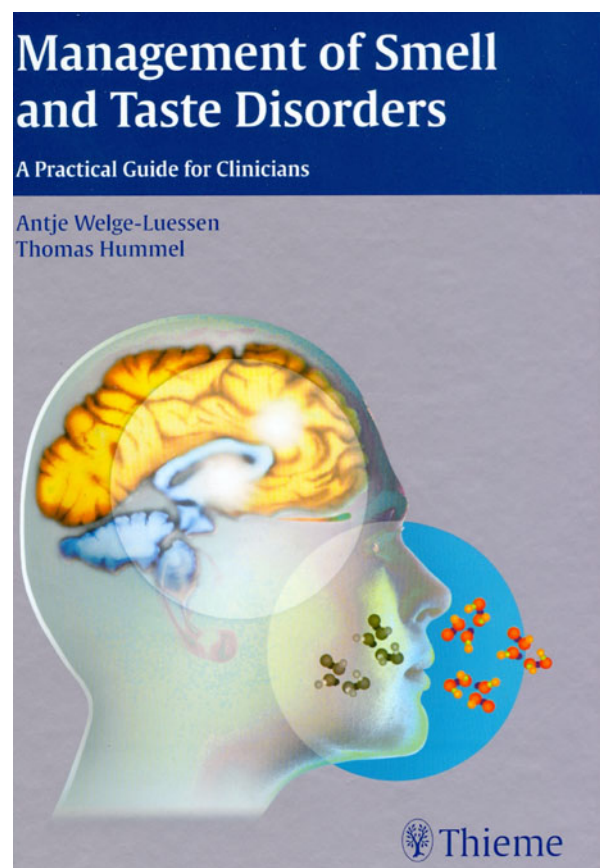
The preface tells us that this book sets out to ‘increase knowledge of these “forgotten” senses in the clinical population’. Indeed, there is certainly that need. To most of us anosmia means we must exclude polyps, try some steroids, image the skull base and then label it idiopathic, before discharge. Disturbances of taste are either down to ‘your hormones’ or maybe I was bit rough with that nerve as I raised the tympanomeatal flap, but it will recover (hopefully).

This is a truly up-to-date book, with some very advanced basic science, especially in neurophysiology, and very well reproduced functional imaging studies. A recurring theme is the increasing prevalence of such disorders in our ageing population, of course. This is becoming an important topic.

There is a fascinating chapter on the human vomeronasal system. It is written as a debate for and against the idea that this system has any retained function in humans and, if so, whether septal surgery compromises this. How often, in my earlier days, did I see a little pit on the septum and wonder what it was? It turns out the experts are still asking the same question. Obviously, the diagnostic work up and those countless formal tests of olfactory function are comprehensively covered, followed by chapters on rhinosinusitis, trauma, and toxins or medications (particularly interesting) causing anosmia.

The editors have imaginatively included a chapter on Chemosensory Function in Infants and Children, which shows just how well developed these senses are at birth and how challenging it is to objectively test youngsters. I defy the reader not to laugh at the facial expressions of a newborn presented with pleasant and unpleasant odours, shown in an illustration on page 117. At the other extreme of life, there is a chapter on the relationship of anosmia to future and progressive neurodegenerative diseases, surely the ‘elephant in the corner’ in our consultations.

Sense of taste is more briefly covered, with chapters on functional anatomy, testing and disorders of taste.



The ‘Burning Mouth Syndrome’ chapter convincingly likens the condition to an idiopathic neuropathic pain, with histological evidence for an organic basis (most notably the work of one Jaaskelainen, surely no relative to the Hammer of the Year?). For the bizarre disorders of dysgeusia, parosmia and phantosmia, it is no surprise to read that ‘the pathogenesis ... is unclear’.

One chapter alone may justify purchase of this book, ‘Providing an Expert Opinion on Olfactory and Gustatory Disorders’. Most of us will have more sense than to make such a claim and subject it to legal cross-examination. What is described here as ‘the overzealous nasal surgeon’ may be forced to develop such an interest, however. The legal situation is covered in some detail, as applied to Germany, Switzerland and Austria. For the USA, we learn that an anosmic Californian may well be up to \$750 000 better off!

This is all you would expect from these publishers and, again, it is a book with a difference. It covers a

neglected field of work, in the subspecialty of rhinology which was, until comparatively recently, a Cinderella itself. One must admit that the emphasis is more on the science, the investigation and the pathophysiology, than on practical treatment, but I have

certainly learnt much from this. (I'll not have Martin Bailey again cast doubts on whether I have actually read such books before review.)

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