

# BÖLÜM 26



## KOKU VE TAT BOZUKLUKLARI

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### GİRİŞ

Koku ve tat duyuları, yaşam kalitesine ve çevresel beğeniye katkıda bulunur. Bu duyular yalnızca toksik ve tehlikeli uyarılara karşı koruma sağlamakla kalmaz, aynı zamanda koku ve tat alabilmek, içecek tadımına katılmak, taze demlenmiş bir fincan kahveyi tespit etmek veya yemekten alınan haz dahil olmak üzere yaşamın daha nitelikli olmasına katkıda bulunur.(1)

Burun ameliyatı hastanın koku alma duyusunu değiştirebilir ve bazı hastalar ameliyattan önce koku alma kaybının farkına varmazlar. (2)Türkiye’de yakın zamanda yapılan bir araştırma, koku kaybı konusunda eğitim almış pratisyenlerin koku kaybını daha dikkatli değerlendirdiğini ve koku kaybını yönetmede daha özgüvenli olduğunu bildirdi. Ameliyattan önce temel bir koku testi ile hastanın koku alma duyusunun seviyesinin kayıt altına alınması hem hastanın postop dönemde olası koku şikayetinin tespitinde hem de yasal talihsizliği önlenmesinde önemli olduğunu belirtmek isteriz. Hastanın koku (ve tat) duyusuna katkıda bulunan birçok faktör hakkında bilgi ve farkındalık oluşturmak tıbbi

ve yasal açıdan bir zorunluluktur. Cerrahlar cerrahi risk faktörlerine, cerrahi tekniklere ve ameliyat öncesi mevcut hastalığa dikkat etmelidir çünkü bunlar ameliyat sonrası koku alma bozukluklarına ve kalıcı koku kaybına neden olabilir.(3)

### ANATOMİ

#### Koku

Koku alma organları, insan vücudunda benzersizdir çünkü yenilenen nöroepitel-yum dokusunu içerirler. Ancak bu hassas sinir lifleri de hasar görebilir ve kalıcı kayıplara uğrayabilir. Genel olarak, burun içindeki anatomik yapılardan, üst nazal septum, orta ve üst konkalar koku alma yapılarını içerir. Bu yapılar hava akışını kolaylaştırır ve birincil koku alma nöronlarını içerir. Koku molekülleri bu nöronların üzerini örten mukusta çözülür ve daha sonra nöronlarla etkileşime girererek aksiyon potansiyeli oluşturur. Ön kraniyal fossada yer alan olfactor bulbus, koku yolunda ilk transfer istasyonu olarak görev alır. Birincil koku alma nöronları, glomerül olarak adlandırılan kümeleri oluşturan ikincil nöronlarla sinaps

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## CEVAPLAR

- 1) E
- 2) C
- 3) C
- 4) E
- 5) D
- 6) 1.5 Tesla veya daha yüksek Tesla gücüne sahip MR
- 7) Santral projeksiyon alanı olan sağ priform girus(Broadman Alanı 34) ve parahipokampus (Broadman Alanı 37) bilateral insular korteks, bilateral medial ve lateral temporal korteks alanlarında gelişen hipometabolizmadır.
- 8) Koku eğitimi olup bu eğitim Altundağ ve ark. tarafından günde iki kez olacak şekilde 12 hafta süreyle mentol, kekik, mandalina ve yasemin kokuları kullanıldı. Son 12 haftada ise yeşil çay, bergamot, biberiye ve gardenya kokuları kullanılarak tarifiyenmiştir.
- 9) Strien  
Klorin  
Formaldehit  
Metil bromide
- 10) I. Anamnez  
II. Endoskopik nazal bakı  
III. Koku testi  
IV. Paranasal BT  
V. MR  
VI. Kan analizi

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