

Physiology of taste and smell



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Editing File



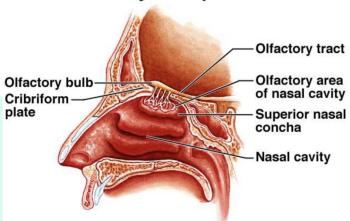
We didn't find the Objectives of the lecture, not even in the guide

Anatomy

Smell

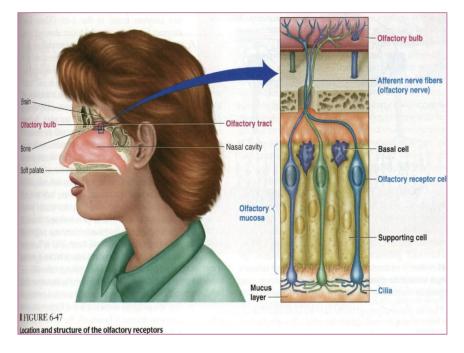
- Olfactory mucus: in the <u>roof</u> of nasal cavity near the septum
- **Contain olfactory receptors (bipolar neurons)**
- Axons collected in bundles called fila olfactoria

Olfactory Receptor Cells



(439)

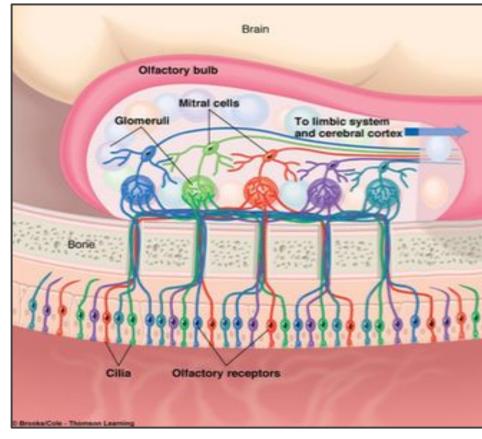
- The nasal cavity has a close relation to the brain which increases the risk of infections spreading to the brain leading to meningitis.
- -The is no BBB between the cavity and the brain
- -The olfactory bulb is found on the base of the brain
- -The olfactory nerve pass through the cribriform plate



- -Smell takes place through specialized epithelium in the nasal cavity.
- -Olfactory epithelium consist of: (olfactory receptor cells, Bipolar nerve fibers toward the brain, Cillia)



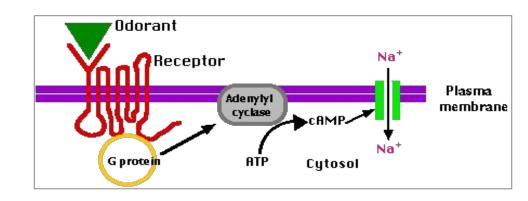
- Power of perceiving odors is called smell
- Olfactory receptors present in the roof of nasal cavity
- Neurons with long cilia (olfactory hairs)
- Chemicals must dissolved in mucus for detection
- Impulses transmitted via the olfactory nerve
- Interpretation of smells is made in the olfactory cortex of the brain
- Human can differentiate between 2000-4000 odours
- Adaptation can occur to pleasant and nasty smells due to changes both in receptors and central connections



(Local adaptation) down regulation of the receptor so no connection between the molecules and the receptor of olfactory epithelium, and (central adaptation) central changes in brain will block the reception of action potential (439)



physiology of olfaction



Molecules
dissolve in mucus
layer

stimulate adenylate
cyclase (activation of G
protein → activation of
adenylate cyclase)

opening of Na channels receptors→ Na influx

AP in olfactory pathway

4

3

4

5

6

combine with receptors on cilia (Odorant + receptor protein)

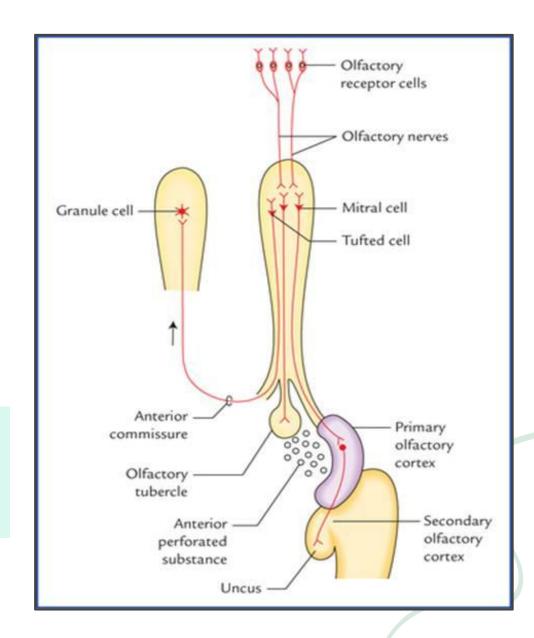
increase intracellular cAMP (ATP → cAMP)

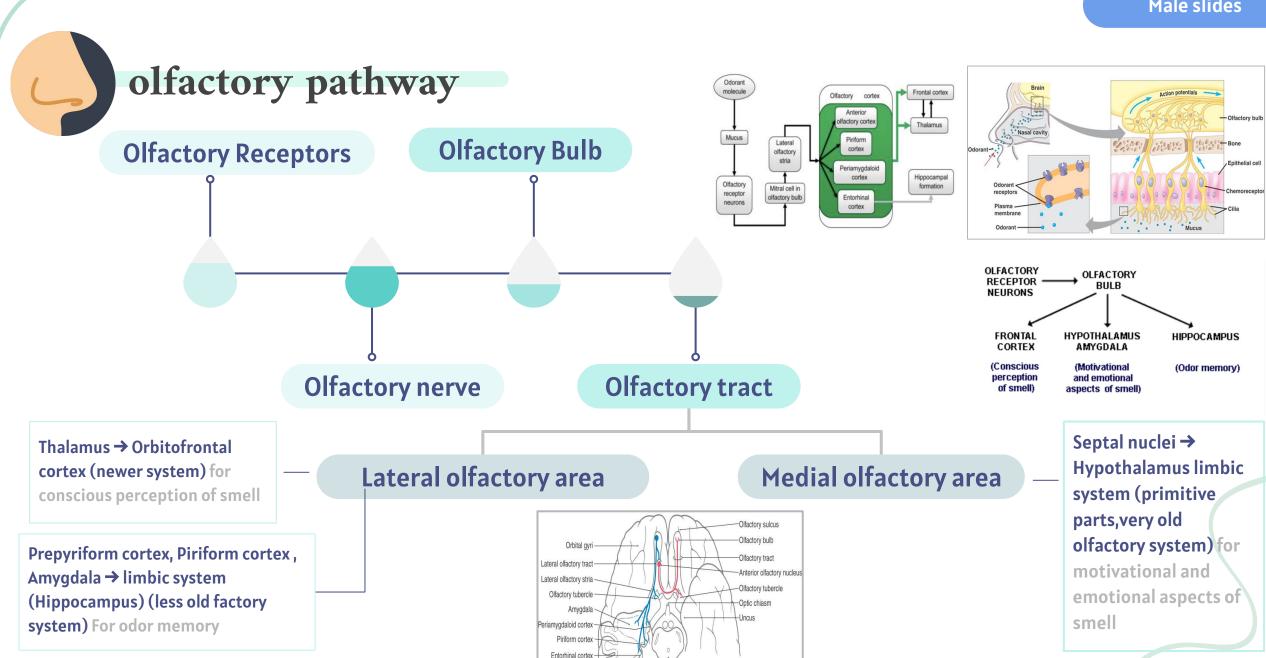
receptors potential (depolarization)



olfactory pathway

- Fila olfactoria inter olfactory bulb
- synapse with mitral and tufted cells
- from mitral cells lateral and intermediate stria start → end on ipsilateral cortex
- from tufted cells medial stria start then cross the midline & end on granular cells in opposite side (contralateral)



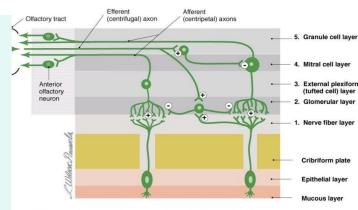




olfactory pathway

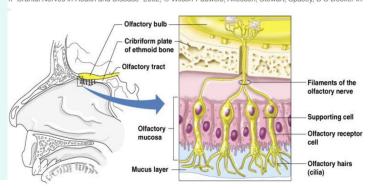
- First order neuron
 - -From olfactory epithelium to glomerulus
- Second order neuron
 - -The olfactory bulb where the second neurons of the olfactory pathway(Mitral and tufted cells)are located
 - -The axons of these second order neurons pass centrally as the olfactory tract
- **3** Third order neuron

The prepiriform area (area 28) is considered the primary olfactory cortex which contains the third order neurons.



Jre I–3 Olfactory pathway from olfactory epithelium to the olfactory tract. Numbers 1 to 5 represent the layers olfactory bulb. The olfactory tract includes afferent (second order) axons of tufted and mitral cells; neurons of the olfactory nucleus; and efferent axons from the olfactory cortex and from the contralateral olfactory nucleus.

n "Cranial Nerves in Health and Disease" 2002 @ Wilson-Pauwels Akesson, Stewart, Snacev R.C. Decker In





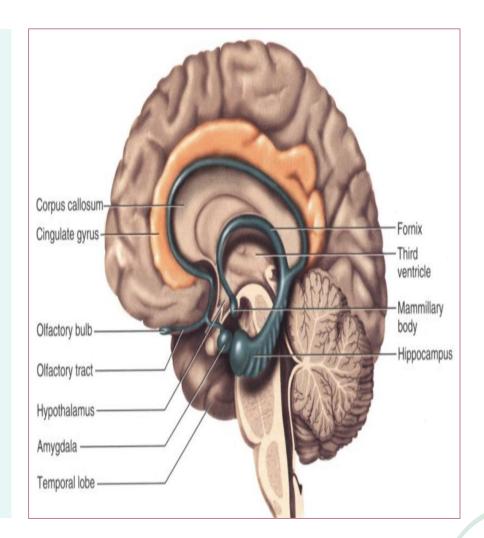
The Limbic System



- Impulses travel along the olfactory tracts to the limbic system(Also involved in emotions and memory) -Impulses are interpreted in olfactory cortex
- Located Deep in temporal lobe and base of frontal lobe

-when you smell a specific smell this will trigger a memory related to that smell Due to the close contact between olfactory function and the limbic system.

- -Olfactory bulb connected with the limbic system .
- -limbic system include the amygdala, hippocampus, thalamus, hypothalamus .(439)



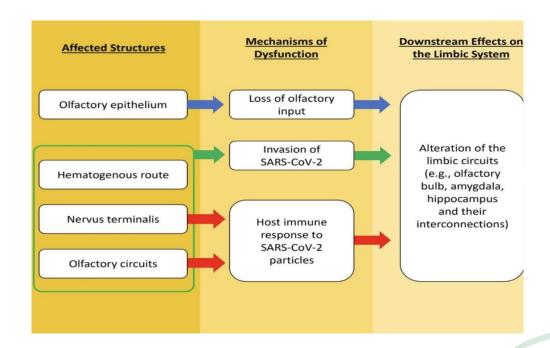


Anosmia	loss of smell sensation Due to damage to olfactory epithelium E.g: (Repeated infection, trauma, Genetic changes) - permanent loss -
Hyperosmia	(increase in smell sensation) E.g : Adrenal insufficiency
Parosmia (dysosmia)	Alteration in smell sensation E.g: (Hormonal changes: pregnant women , Covid-19 patients) -Temporary loss-
Hyposomia	(decreased smell sensation) E.g: Vitamin A deficiency



- -The mechanism with which SARS-CoV-2 could impair smell and taste has been determined, two hypotheses appear to be plausible:
 - Damage to the olfactory epithelium, due to cell expression of angiotensin-converting enzyme 2 (ACE2) receptors which act as a binding point for the virus, or a direct assault on the olfactory neurons.

However, epithelium rapidly restore its functions after damage.



Taste



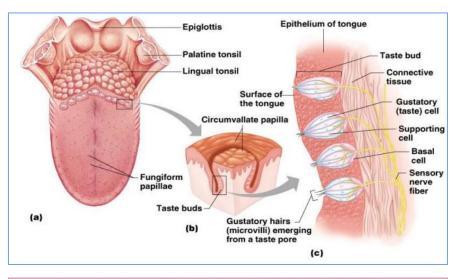
Taste is the <u>sensation</u> produced when a <u>substance</u> in the mouth **reacts chemically** with taste <u>receptor</u>.

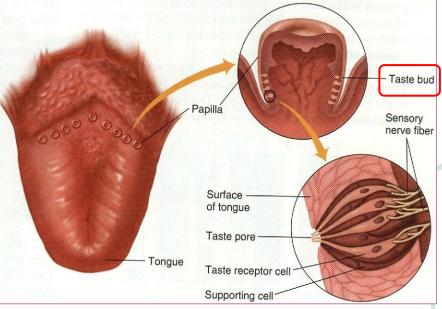


Taste Buds

Taste buds are specialized receptors on the side of the papilla in the oral cavity(widely scattered throughout the oral cavity) but mainly on:

- The Tongue (mainly in the tongue and few scattered in palate and the pharynx)
- Some on the Soft Palate
- Inner surface of cheeks







Structure of Taste Buds

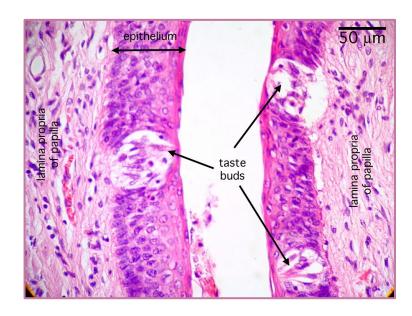
Taste bud: gustatory cells with long microvilli (gustatory hair cells)

They are <u>receptors cells</u> with <u>cilia</u> projected through taste pore **between** the supporting cells

Hairs are stimulated by chemicals dissolved with saliva and transmit impulses to the brain

Impulses are carried to the gustatory complex by cranial nerves as taste buds are found in different areas

- Facial nerve
- Glossopharyngeal nerve
- Vagus nerve



Taste bud:

• When stimulated produce nerve impulse to specific brain area through:

Anterior 2/3 of the tongue	Facial Nerve (VII)
Posterior I/3 of the tongue	Glossopharyngeal Nerve (IX)
Receptors on the palate, pharynx, epiglottis	Vagus Nerve (X)



Types of papillae (projection)

The tongue is covered with **3 types** of projections called papillae:

Filiform

Sharp – no taste buds

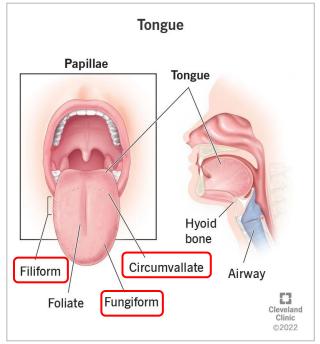
there are taste buds but it's not significant

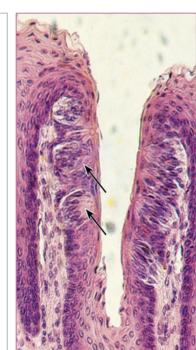
Fungiform

Rounded with taste buds

Circumvallate

Large papillae with taste buds





Fun Fact!

Did you know that taste sensation is influenced by factors beyond just our taste buds? Our sense of taste is actually a combination of taste buds, smell, and even our visual perception. When we eat, the aroma of the food plays a significant role in how we perceive its taste. In fact, studies have shown that if our sense of smell is compromised, such as during a cold or sinus infection, our ability to taste is also affected.



Distribution

Distribution of taste buds on tongue not uniformed

Sweet tongue tip

2 Sour tongue margins

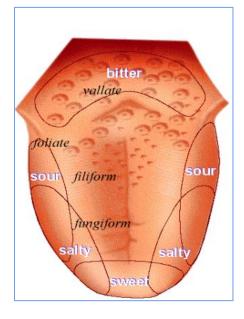
Bitter
back of tongue

Saltwidely distributed on the edges.

Umami
widely distributed all over the tongue.



- There are 5 established taste, Taste buds on tongue not uniform
- No taste buds on the mid dorsum of the tongue





Taste Receptors

Receptors Responds to:

1

Sweet

sugar, saccharine, some amino acids

2

Sour

Hion, acids

3

Bitter

Alkaloids

4

Salt

salts, ions, metal

5

Umami

monosodium glutamate ("Beef taste" of steak,)



Taste sensation

1 Molecules dissolve in the saliva without it? less taste

Attached to <u>receptors</u> on <u>cillia</u> of <u>gustatory</u>
cells. Combination between molecules and
receptors are <u>weak</u> (since taste can be easily
abolished by washing mouth with water)

3 receptors potential

4 action potential



Taste pathway

First order neuron

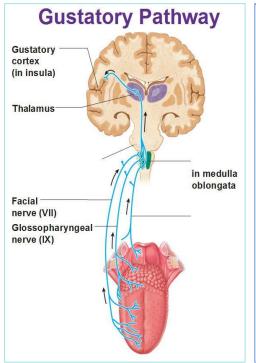
Taste fibres from the <u>three cranial nerves</u> form **tractus solitarius**(one small tract) → end in the nucleus of tractus solitarius (medulla)

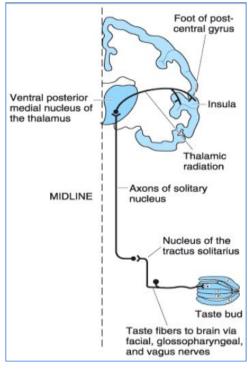
Second order neuron

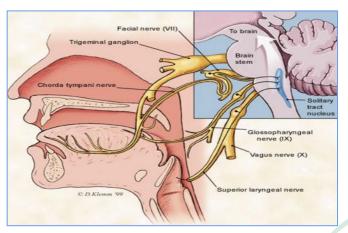
From TS <u>cross the midline</u> to ascend in the medial lemniscus to the thalamus

Third order neuron

from <u>thalamus</u> through the internal capsule project the <u>cerebral</u>
<u>cortex</u> through thalamic radiation then to the taste area near to insula
and interpretation will happen there







7



Pathophysiology

1

Ageusia: complete loss of taste (E.g. Covid-19), Genetic

2

Hypergeusia

E.g Adrenal insufficiency

5

Tooth extraction (loss of taste if nerve damage during extraction)

E.g: wisdom tooth extraction due to the close relation of the nerve position to it, the damage can be reversible or irreversible depending on the degree of damage.

3

Dysgeusia (disturbed taste)

E.g hormonal effect (e.g pregnancy and oral contraceptive, diabetic patients)

4

Hypogeusia

E.g Common cold and Vitamin A deficiency

Many diseases can produce hypogeusia. In addition, drugs such as captopril and penicillamine, which contain sulfhydryl groups, cause temporary loss of taste sensation.



The intensity of smell depends on:

- A) adaptation of smell in olfactory receptors
- B)Frequency of nerve impulses
- C) Type of neurotransmitters released by neurons
- D)dissolving of the molecules in the saliva

Which nerve supplies the anterior 3/3 of the tongue?

A) \

B) VII

c) x

D) XI

There are No taste buds are on the __ of the tongue

A) Ventral Side

B) Mid dorsum

c) back

D) margins

Which of following is the definition of anosmie?

A) loss of smell sensation

- B) decrease in smell sensation
- C) loss of taste sensation

D) decrease in smell sensation



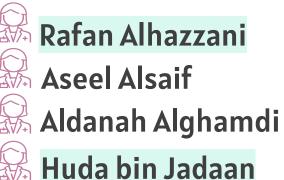


Q2- Name the three Types of papillae of the tongue?

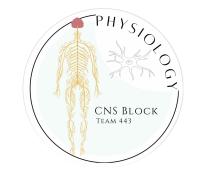
Q3- What are the five taste receptors of the mouth?

Q1: Slide 5 Q2: Slide 13 Q3: Slide 14











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