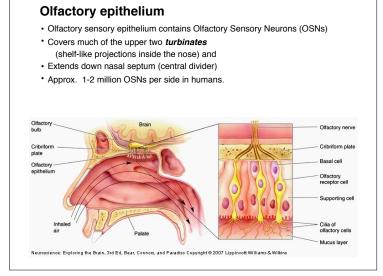
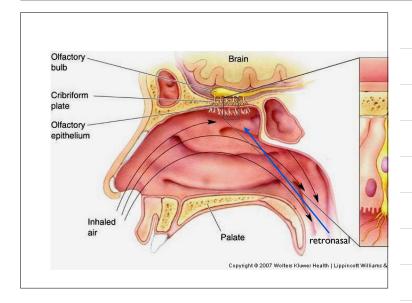
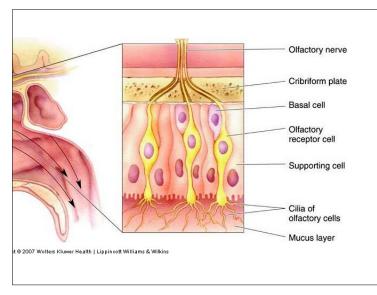
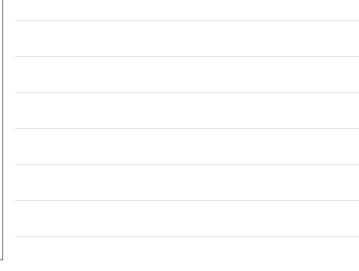
Smell (Olfaction): detection of Odorants

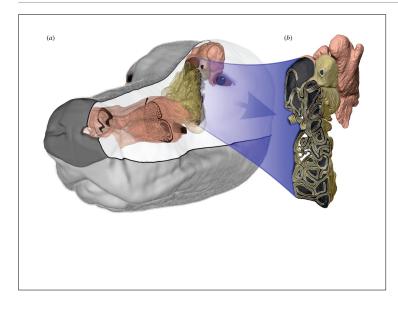
- Olfactory epithelium -> Olfactory Bulb
- Activate transduction processes in neurons
 - Olfactory axons constitute olfactory nerve (cranial nerve I)
 - Cribriform plate: A thin sheet of bone through which small clusters of axons penetrate, coursing to the olfactory bulb
 - Anosmia: Inability to smell

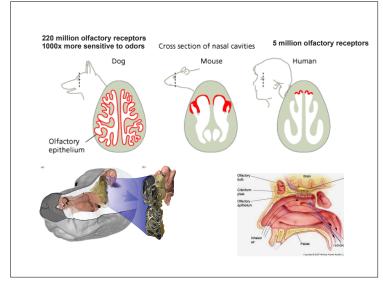


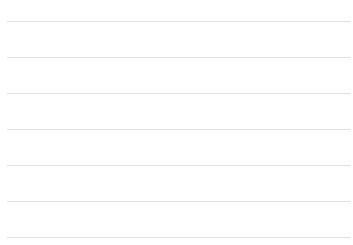


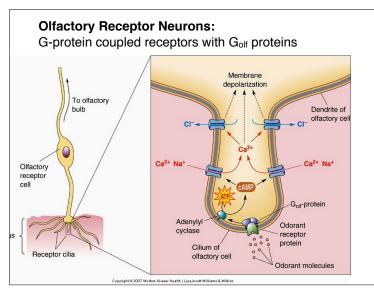


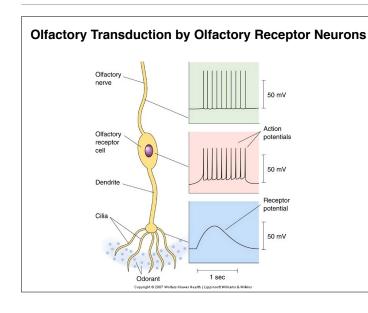




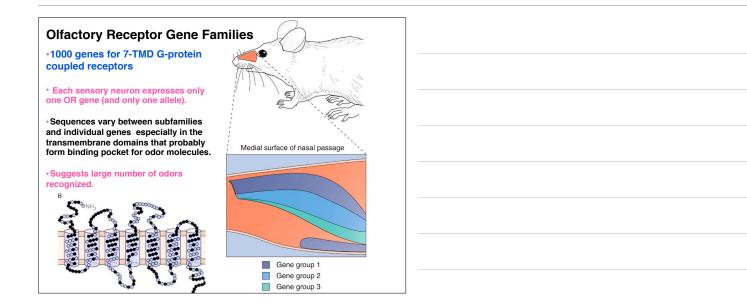


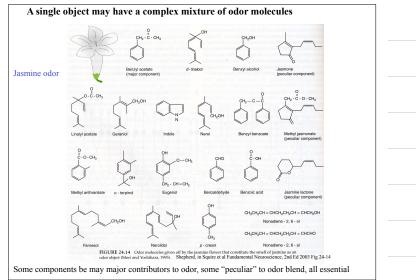




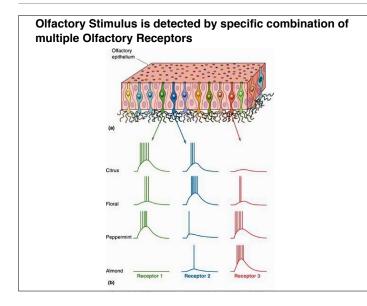




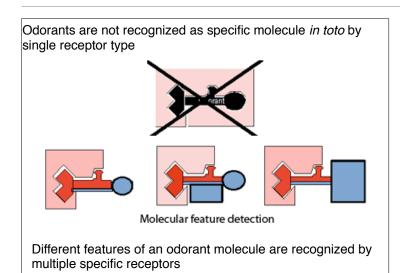






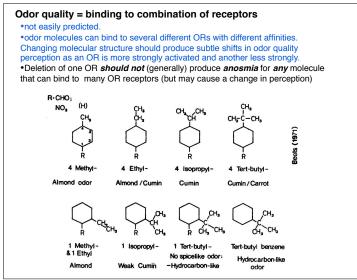


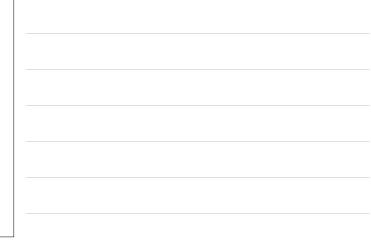




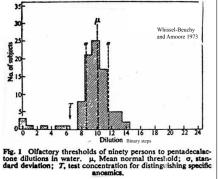
http://k

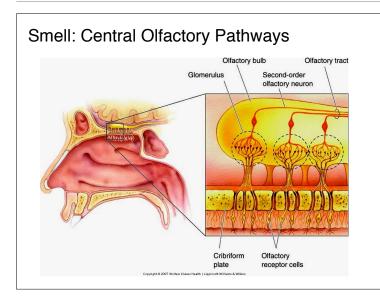






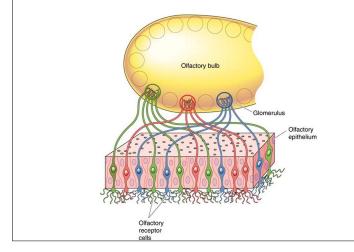
Specific Anosmia due to loss of one or more OR Some specific anosmias, the inability to detect one odor-molecule structure or small range of structures may be inherited as single gene defects. Musk - specific anosmia is an example. Thresholds for pentadecalactone were greater than 100x higher for some subjects who had normal thresholds for other odors.

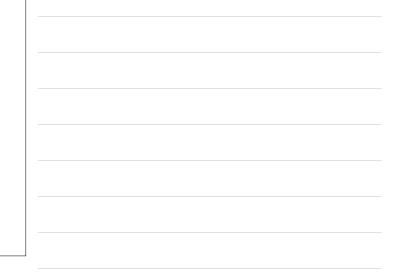


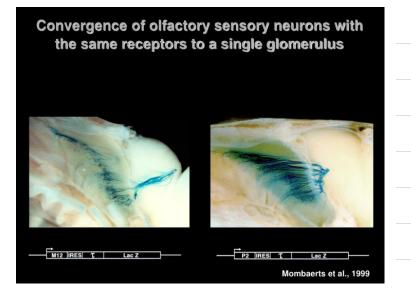


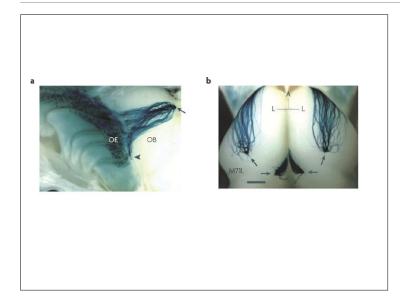


Central Olfactory Pathways all receptor cells with same receptor type project to single glomerulus pair.





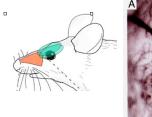


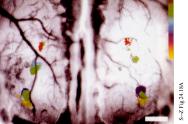


Cells expressing each OR type converge axons onto one glomerulus (per side of bulb)

-> spatial map of odor-features on the surface of the main olfactory bulb

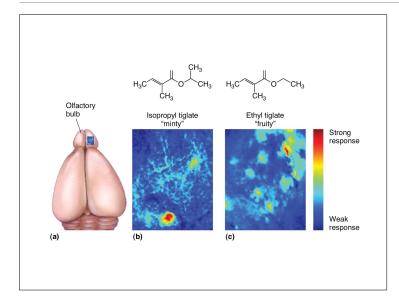
Intrinsic imaging (blood flow) or Voltage Sensitive Dyes (Depolarization) or Ca++ imaging reveals individual glomerular activation.

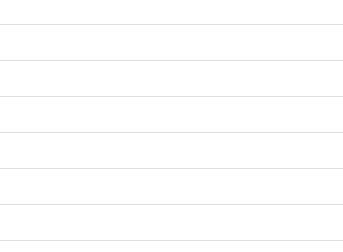


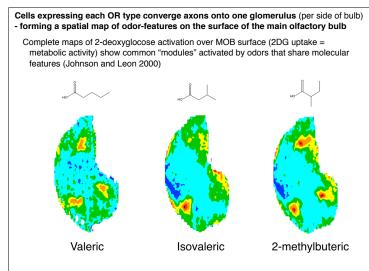


(Belluscio and Katz '01)

Surface view of olfactory bulb: Fluorescent (and false-colored) patches = active glomeruli. Number/size of patches increases with odor concentration (intensity)



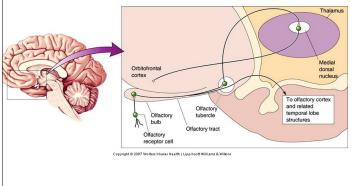


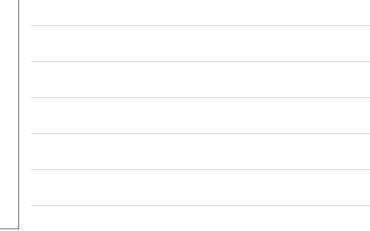


Olfactory Bulb odor maps (unfolded) for aliphatic acids

Central Olfactory Pathways (Cont'd)

- Axons of the olfactory tract: Branch and enter the forebrain
- Neocortex: Reached by a pathway that synapses in the medial dorsal nucleus





SMELL AND TASTE DISORDERS		(MOTT AND LEOPOLD 1991)		
Etiology I	PERCENT	DISORDER	COMMON TREATMENT	
NASO-SINUS DISEASE Obstruction (e.g. polyps), Sinusitis/ Rhinitis	21%	Olfaction, Taste	Surgery, Topical Corticosteroids	
UPPER RESPIRATORY TRACT INFECTION (viral)	19%	Olfaction Taste	Some spontaneous recovery? (15%, 1yr)	
HEAD TRAUMA	21%	Olfaction (14%) Taste (0.5%?)	Some spontaneous recovery ? (8-39%) long time course	
Environmental/ Drug	2%	Olfaction Taste	Remove cause	
OTHER (Iatrogenic, Congenital, Age, CN Alzheimer's, Sjogren's syndrom		Olfaction, Taste	(Sjogren: antifungal)	
IDIOPATHIC (Unknown)	21%	Olfaction, Taste		

Chemosensory disorders can be life-threatening (gas-leaks, smoke, spoiled food). Severe deficits, with no appreciation of food, odors, etc., are a devastating loss of quality of life.

