Gustatory Changes Following Mandibular Third Molar Surgery: A Systematic Review of the Literature

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Abstract

The purpose of this study was to systematically review studies to measure the incidence of gustatory changes because of LN damage following Mandibular Third Molar (M3M) removal. A computerized search of the several databases and references cited in the various studies was performed to identify eligible articles. The primary predictor variable was taste changes after M3M surgery. Five published studies acceptable for detailed analysis according to predetermined inclusion and exclusion criteria. In the 5 selected articles, incidences of gustatory changes were 0% to 38.3% and 2.9% of the pooled studies. Taste disturbance as a result LN deficit in M3M surgery is not uncommon especially in patients with high difficulty index score.

Keywords: Wisdom tooth surgery; Taste disturbance; Gustatory deficit; Neuro-sensory deficit

Introduction

The removal of Mandibular Third Molars (M3M) is the most common surgical procedure associated with Lingual Nerve (LN) damage [1,2].

LN is anatomically related to third molar area; within the periosteum in the lingual or distal side of third molar; that makes it at risk when lingual flap is reflected, lingual flap retractor is used, and/or when tooth extracted using lingual split technique [3-5]. Moreover, the anatomic variation on LN and the fact that panoramic radiography cannot preoperatively predicts of LN injury, the surgeon is often not able to avoid this complication [6].

LN injury may result in a variety of neurosensory deficits like anesthesia, paresthesia, dysesthesia, hypoesthesia and/or a change in taste perception of food and drink (hypogeusia or ageusia) [7,8]. It is very disabling complication causing many problems for patients like tongue biting, drooling, burns from hot food and drinks, and a burning sensation of the tongue [7].

This systematic review aimed to identify all available relevant studies in the literature related to gustatory changes because of LN damage in M3M surgery, and to determine the incidence and time course of these changes.

Materials and Methods

Electronic search, including PubMed, Scopus, and the Cochrane Library were performed. In addition; the online databases of the Journal of Oral and Maxillofacial Surgery; International Journal of Oral and Maxillofacial Surgery; British Journal of Oral and Maxillofacial Surgery; Oral Surgery; Oral Medicine; Oral Pathology; Oral Radiology as well. Search performed for all years available up until 10th July 2018. Only articles published in English were included. The following key words/terms were used in search: third molar or wisdom tooth combined with paresthesia, dysesthesia, taste, gustatory function, neurosensory deficit, neurosensory disturbance and sensory nerve impairment.

The authors carried out the search individually. The abstract of each article was viewed and the full text was downloaded if it was considered relevant to the inclusion criteria of the study:

- Articles relevant to lingual nerve deficit caused by M3M surgery;
- Articles list the gustatory deficit that the subjects experienced based on clinical objective taste testing.
- Articles must be randomized clinical trials, controlled clinical trials, or prospective clinical studies.
results were analyzed as "mixed group" of studies to assess taste deficits among patients undergoing M3M extraction.

Studies were also selected if contain data of interest among other findings.

In the second-round evaluation, 206 articles were excluded from the study: eighty-two articles only assessed paresthesia and/or dysesthesia on the dorsal surface of the tongue [17]. The Chorda tympani-lingual nerve carries thermosensitive, and mechanosensitive afferent fibers from papillae of the dorsal tongue [17]. The Chorda tympani-lingual nerve runs medially to the mandible at third molar region where they being most susceptible to damage during surgical procedures [14].

Thorough knowledge of LN anatomy is crucial to avoid or reduce the rate of iatrogenic nerve damage, it is important to know that LN spatial position differ widely from individual to individual, and in the same individual [18]. Also, the level of alveolar process and the inclination of its lingual surface in the M3M region can influence the LN position [19].

Trauma to the LN cannot be predicted by preoperative panoramic radiography, and different methods have been used to evaluate LN spatial position, such as magnetic resonance imaging, ultrasound, but they did not accurately identify and assess anatomic relations of LN to the neighboring structures [20-23].

Knowledge about the incidence of LN disturbances is particularly important for the surgeon as well as for the patient when evaluating the risk-benefit ratio in M3M surgery [24].

The rate of lingual nerve temporary deficit following M3M surgery ranges 0.1% to 22% [25]. This wide range due to different risk factors like increasing age, M3M eruption status, pattern of impaction, type of surgical technique, raising of lingual flap, and surgeons’ experience. LN may also be damaged as a result of nerve compression by edema, by syringe needle, local anesthetics, and suture at the 3M extraction site [14,20,26,27].

The postoperative evaluation of sensory disturbance is necessary to evaluate the type of the problem and to test the over time-potential
The sense of taste could be surveyed objectively by using a kit containing different concentrations of sugar (sucrose), salt (NaCl), citric acid, and quinine hydrochloride. The sensory tests should be as objectively as possible to avoid patients' bias in subjective reports that may influence results [29,30]. This explains why reviewers excluded three studies from this review [9-11].

Although Anand et al., [16] in their study not assessed other forms of LN deficits; they reported a highest incidence (38.3%) of taste changes compared with other studies, especially in cases with high extraction difficulty score that need a high level of surgeon’s experience. Similarly, researchers found a highly significant correlation between the level of M3M extraction difficulty and incidence of LN deficit [31]. Moreover, Hillerup and Stoltze recorded a comparable result of taste deficit (32.6%) when they assessed taste function subjectively [11].

Akal et al., [14] tested the whole-mouth gustatory function and found non-significant increase in thresholds for all taste sensations compared with preoperative values. The non-documentation of surgical difficulty score and the type of impaction might explain these findings. Similar findings were reported by Ridaura-Ruiz et al., [15]. They observed only slight increase in the salt recognition threshold one week after surgery, which was not significant statistically. Noting that this study comprised limited number of cases and it only consider the salt taste recognition as a sign of gustatory deficit. However salty tastes have more predilections for increased taste threshold compared with other tastes as reported by other studies [11,14,15].

Gülicher and Gerlach surveyed postoperative sensory impairment over a period of 6 months in more than 680 patients with more than 1100 case of M3M surgery [13]. They reported 1.2% and 0.9% temporary and permanent hypoguesia respectively. Surgeons routinely inserted periosteal elevator on the lingual aspect of the mandible to protect LN and this may accounts for a higher percent (2.1%) of other types of LN sensory disturbance were recorded illustrating that not all cases of LN paresthesia or dysesthesia should associated with taste deficit.

Differences among included studies may be related to the fact that that nerve fiber size and myelination may play a role in neurosensory disturbances after LN injury [32].

Assessment of gustatory deficit and recovery was not attempted largely in M3M studies. For future studies, the authors recommend a standardized methodology and follow-up for assessing gustatory deficit following third molar surgery through randomized clinical trials with large sample size to evaluate incidence, type of this neurosensory disturbance and the associated risk factors.

Conclusion
This literature review of prospective studies found that taste disturbance as a result LN deficit in M3M surgery in not uncommon complication especially patients with high difficulty index score.

References


