

Case Report

Post-Tonsillectomy Taste Disturbance in a 31-Year-Old Woman: A Case Report

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Abstract: Tonsillectomy is a common otorhinolaryngological procedure, and although postoperative taste disturbance is uncommon, it can persist and adversely affect quality of life. We report a case of persistent taste disturbance following cold-steel tonsillectomy in a previously healthy 31-year-old woman. The patient presented to the ENT department in July 2025 with a six-month history of loss of taste that had started immediately after tonsillectomy performed for chronic tonsillitis associated with persistent halitosis and throat discomfort. She reported inability to perceive sweet, salty, and sour tastes, while her sense of smell remained intact. Clinical examination showed well-healed tonsillar fossae and no other relevant abnormality. Laboratory and radiological investigations were not performed because of limited diagnostic facilities. She was managed conservatively with vitamins B1, B6, B12 and folic acid together with zinc sulphate. Complete recovery of taste was reported after four months of treatment and follow-up. Post-tonsillectomy taste disturbance is a rare but clinically significant complication. Patients should be counselled about this possible complication, and persistent symptoms should prompt appropriate clinical assessment and follow-up.

Keywords: Tonsillectomy, Taste Disturbance, Dysgeusia, Ageusia, Glossopharyngeal Nerve, Zinc Sulphate.

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INTRODUCTION

Tonsillectomy is a common otorhinolaryngological procedure, primarily indicated for recurrent tonsillitis and obstructive adenotonsillar hypertrophy. Although postoperative complications are usually transient, some may persist and adversely affect quality of life. The glossopharyngeal and lingual nerves are anatomically related to the tonsillar region and may be at risk of injury during tonsillectomy [1, 2].

Taste disturbance following tonsillectomy may be transient or persistent. Proposed mechanisms include direct or indirect nerve injury, postoperative inflammation, tissue oedema, prolonged tongue compression, and effects related to local anaesthesia. Zinc deficiency has also been associated with impaired taste function [1-7]. Post-tonsillectomy taste disturbance is uncommon, and persistent cases are rarely reported. We present a case of prolonged taste disturbance following cold-steel tonsillectomy.

CASE REPORT

A healthy 31-year-old woman presented to our ENT department in July 2025 with a chief complaint of loss of taste for six months. She reported that the condition had started immediately after undergoing cold-steel tonsillectomy, which had been performed six months before presentation.

The tonsillectomy had been performed for chronic tonsillitis associated with persistent halitosis and throat discomfort. According to the patient, the taste disturbance began immediately after surgery and persisted until presentation. She reported inability to perceive sweet, salty, and sour tastes, including sugar, salt, and lemon. There was no history of antifungal or antihypertensive medication use. Her sense of smell remained intact.

On physical examination, the patient was clinically stable. Examination of the oral cavity and oropharynx revealed well-healed and free tonsillar fossae with a normal posterior pharyngeal wall. Her hair texture

and colour were normal, and there were no clinical signs of eczema.

No laboratory or radiological investigations were performed because of limited diagnostic facilities at our centre. Based on the clinical history and examination, a diagnosis of post-tonsillectomy taste disturbance was made.

The patient was prescribed neuro-supportive vitamins consisting of vitamin B1, B6, B12 and folic acid, together with zinc sulphate. She was followed up regularly in the ENT clinic. After four months of treatment and follow-up, the patient reported complete recovery of her sense of taste.

DISCUSSION

Taste disturbance following tonsillectomy is an uncommon but clinically important complication that may affect quality of life. Although postoperative haemorrhage remains one of the most recognized complications of tonsillectomy, dysgeusia and ageusia may also occur and, in some patients, persist for months [1-4].

In the present case, the patient developed complete loss of taste immediately after an uncomplicated bilateral tonsillectomy performed using the cold-steel dissection technique. The close temporal relationship between surgery and onset of symptoms supports a postoperative association. Most postoperative taste disturbances are reported to improve spontaneously, whereas this patient experienced symptoms for six months before presentation, making the prolonged course clinically notable [1-3].

Several mechanisms have been proposed for post-tonsillectomy taste disturbance. The lingual branch of the glossopharyngeal nerve lies in close anatomical proximity to the lower pole of the palatine tonsil and may be affected directly during dissection or indirectly through traction, tissue oedema, postoperative inflammation or compression [2-5]. Thermal injury has also been proposed in association with electrocautery tonsillectomy; however, the occurrence of taste disturbance after cold-steel dissection, as in this case, indicates that non-thermal mechanisms may also contribute [1-3].

Zinc deficiency is another possible contributor to impaired taste sensation because zinc is involved in normal taste function [7]. Serum zinc measurement was not available in our setting, so zinc deficiency could not be confirmed or excluded. The patient nevertheless received empirical zinc sulphate together with neuro-supportive vitamins and subsequently reported complete recovery. Because this is a single case without objective gustatory testing or measurement of serum zinc, a causal relationship between the treatment and recovery cannot be established.

This case also highlights the challenges of managing patients in resource-limited healthcare settings, where investigations such as formal gustatory testing and serum zinc estimation may not be available. In such circumstances, careful clinical assessment, consideration of alternative causes and close follow-up remain important.

Finally, the case emphasizes the importance of preoperative counselling. Although postoperative taste disturbance is uncommon, it is a recognized complication of tonsillectomy. Patients should be informed about this possibility so that persistent symptoms can be recognized and appropriately evaluated [1-4].

CONCLUSION

Persistent taste disturbance following tonsillectomy is an uncommon but potentially distressing complication that may occur even after cold-steel dissection. Clinicians should consider this complication in patients presenting with postoperative taste dysfunction, provide appropriate counselling and follow-up, and consider conservative management after excluding other possible causes. Further reports and studies are needed to improve understanding of its mechanisms, management and long-term outcomes.

Patient Consent: Written informed consent was obtained from the patient for publication of this case report and any accompanying clinical information.

Conflict of Interest: The authors declare no conflict of interest.

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