

Traumatic Brain Injury: Loss of Smell and Taste After Brain Injury

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It is not uncommon for patients who have suffered a traumatic brain injury to have full or partial loss of smell and/or taste. Such dysfunction can be devastating to the patient. It also can be potentially dangerous since the patient may be unable to smell gas or smoke.

Even in mild brain injuries, the patient may suffer damage to the neural connections or receptors in the brain, resulting in loss of smell and taste. Typically, if the patient does not regain his or her ability to smell or taste within six months to one year following a brain injury, the loss will be permanent. Complete loss of smell is referred to as “anosmia”. Diminished loss of smell is referred to as “hyposmia”. Complete loss of taste is referred to as “ageusia”. Diminished loss of taste is referred to as “hypogeusia”.

A smell and taste test administered for the traumatic brain injury patient may reveal changes in taste and smell, sometimes even when the patient has not yet realized he or she has such dysfunction. Indeed, some patients experience significant changes in diet after a brain injury without even appreciating that such changes are due to loss of smell and taste. For many brain injury physicians ordering a smell and taste test for the patient is the rule rather than the exception.

The trial lawyer whose client has suffered smell and taste loss or changes after a brain injury should make sure to develop the necessary evidence to show the jury how the loss occurred and how devastating the loss is for his or her client. Jurors, as shown in numerous focus groups, have repeatedly indicated that they consider the loss of smell and taste to be a substantial, life-altering element of damages.

It is incumbent for the trial lawyer handling traumatic brain injury cases to be attuned to the possible loss of smell and taste after brain injury and the devastation such loss may have on his or her clients.

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