ABSTRACT
Objectives: To help practicing otolaryngologists be aware that the first presenting symptom of neurological disease may be a loss of olfaction, and that the evaluation of these mature adults requires considering items not normally included in the head and neck examination.

Study Design: A retrospective study of 100 patients with olfactory loss seen at our institution over a 2 year period included 19 patients over age 35 with loss greater than that expected for their age. The SIT (Smell Identification Test) was used as well as taste testing and an MRI.

Methods: A history included questions regarding neurological symptoms such as memory loss, visual disturbances, difficulty in performing ordinary daily activities, motor difficulties, and sensory loss. The head and neck examination included a screening neurological exam similar to that for patients with neurotologic symptoms such as testing cranial nerves, finger to nose and rapid alternating movements, gait, and a Romberg test.

RESULTS
Six of the nineteen patients with age related olfactory loss had neurological findings. Two were found to have neurological disease: Parkinson’s Disease in one and a meningioma of the olfactory tract in another. The remaining 17 were felt most likely to have presbyosmia, but could have early neurological disease that we are unable to diagnose at this time.

CONCLUSIONS
When an MRI is normal in mature adults with olfactory loss of unknown etiology, one should include a focused neurological history and examination. Even when there is no evidence of a neurological disorder, these patients and their primary care physician need to be told that they may have early neurological disease so that proper follow up can be done. Until other diagnostic markers are developed this approach is critical.