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Aphasia encompass a range of verbal disorders caused by damage in the brain. This damage results in losses in the ability to speak or understand language. Receptive aphasia, also known as sensory aphasia, is classified as a fluent aphasia, because the patient is able to speak clearly but has trouble processing language. Patients with this condition struggle to understand written or verbal language. Several types of receptive aphasia have been observed, all resulting from damage in particular areas of the brain. Aphasia is caused by damage to the brain that can result from traumatic injury, stroke, tumors or infection. These also can be symptoms of other disorders, such as epilepsy or Alzheimer's disease. Receptive aphasia ranges in severity from mild impairment to serious communication failure. Many times, patients have co-diagnoses of both receptive and expressive aphasia. Aphasias are distinguished by symptoms and indicate the neural structures that have been damaged. Wernicke's aphasia is caused by damage to Wernicke's area of the brain, which is found in the upper, left portion near the rear of the temporal lobe. Transcortical sensory aphasia (TSA) is believed to be caused by disconnection between hearing and processing pathways in the brain. This disorder is differentiated from Wernicke's aphasia because patients with TSA have trouble with comprehension but can easily parrot spoken words and phrases. Patients with conduction aphasia can repeat language but often transpose sounds or syllables. This disorder is believed to be the result of damage to the arcuate fasciculus of the brain. Unlike Wernicke's aphasia or TSA, conduction aphasia is often relatively mild, and patients usually can quickly and accurately respond to questions or instructions. This condition manifests as both receptive and expressive forms of aphasia. For patients who have receptive aphasia, the process of communication is similar to how people work through a learned foreign language. They might need extra time to decipher the meaning of words. The problem might be exacerbated when they are conversing with people who speak rapidly. After the communication has been processed, patients might interpret figurative statements as literal. Unlike patients suffering from expressive aphasia, patients with receptive aphasia are able to express themselves in clear, meaningful sentences. Patients who have suffered a stroke or other brain injury are often evaluated for potential aphasia soon after the incident. Receptive aphasia is diagnosed by gauging responses to simple questions or observing how well patients can follow instructions. Symptoms of receptive aphasia might diminish or disappear as the brain injury heals. Treatment for receptive aphasia varies, depending on the cause of the damage and the severity of the loss. In some cases, surgery might be necessary to remove tumors or lesions. Patients with irreparable brain damage might be treated by speech pathologists, and computers might be used to facilitate communication and help regain language function. Most patients make progress in regaining language comprehension, but many patients never fully recover from receptive aphasia deficiencies. Patients might become frustrated when trying to decipher written and oral communication. Friends, family members and caregivers are advised to speak slowly and to use simple sentences. Significant others should be compassionate when they must repeat themselves to a friend or family member who has receptive aphasia. The Health Board is dedicated to providing accurate and trustworthy information. We carefully select reputable sources and employ a rigorous fact-checking process to maintain the highest standards. To learn more about our commitment to accuracy, read our editorial process. 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