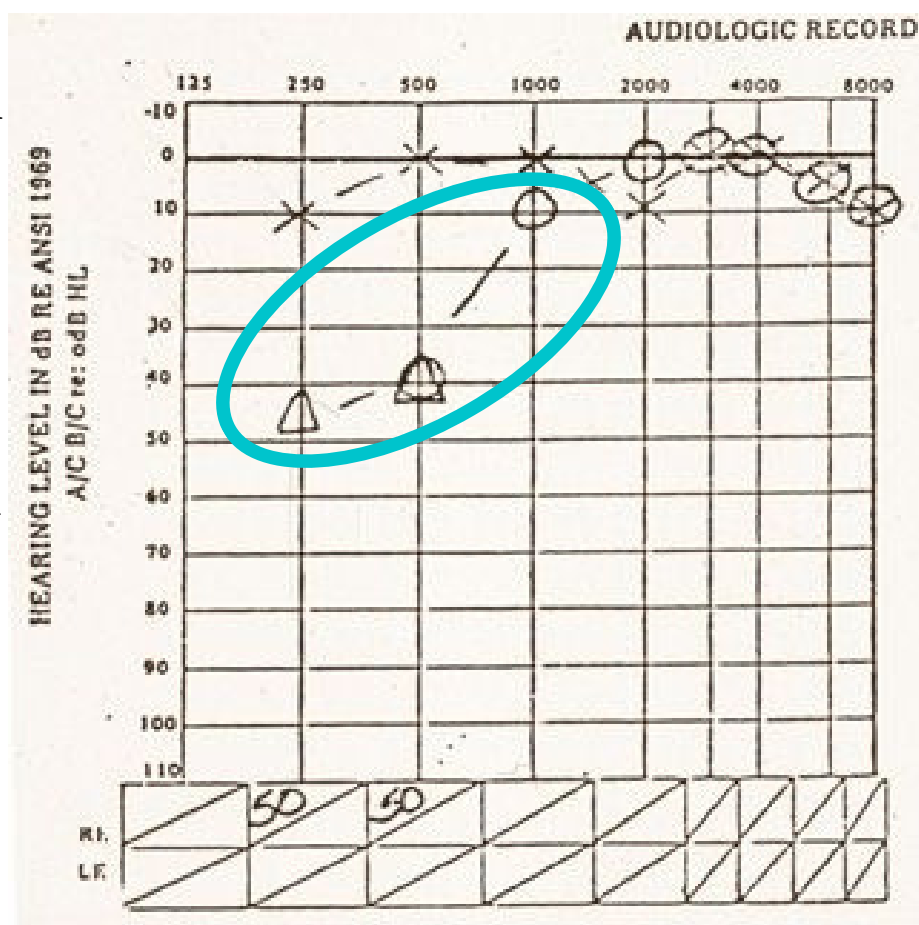


SUDDEN SENSORINEURAL HEARING LOSS

Episode 21.1

EPIDEMIOLOGY

- SNHL is a common symptom to many disease states
- Defined as a 30 dB loss over 3 contiguous frequencies within 3 days
- Median age 40-54 yrs. Fewer cases in reported in children and elderly



PATHOPHYSIOLOGY

IDIOPATHIC

- Most cases are idiopathic
- Theories of mechanism:
 - ?viral
 - ?vascular
 - ?autoimmune

DEFINED

- Variable, uncommon causes
- Inflammatory; labyrinthitis
- Endocrine; diabetes mellitus
- Neoplastic; CPA tumour
- Infectious; syphilis
- Toxic; heavy metal exposure
- Trauma

DIAGNOSIS

- Early diagnosis is critical for best prognosis
- Hx: onset, time course, associated symptoms, recent activities, PMHx (risk factors for hearing loss), medications
- Audiometric evaluation, including tympanometry
- Consider vestibular tests based on history and physical
- Consider labs: CBC, ESR TSH, treponemal antibody
- Consider MRI: MS, intracochlear hemorrhage, CPA tumour

TREATMENT

- Treat the definable cause, if possible
- Guidelines recommend immediate initiation high dose corticosteroids (prednisone taper 60mg to 10mg over 14 days) or intra-tympanic steroid injection. Corticosteroids are only treatment with consistent positive benefits in literature
- Anti-virals, anti-coagulants, diuretics and vasodilators have been used but are clinically advised against
- Audiogram post-treatment and 6 months follow-up
- Poor prognosis: vertigo, extremes of age, severe hearing loss, delayed presentations

