





TINNITUS

Episode 24.1

DEFINITION

- Perception of sound in absence of external stimuli
- Includes buzzing, roaring, clicking and pulsatile sounds
- Most common in 40-70 y.o.  > 



Subjective

Sound perceived only by patient
(most common)

Objective

Sound produced by para-auditory structures that may be heard by examiner

Pulsatile

- Rule out if sound is pulsatile (matching a pulse or rushing)
- Typically vascular and **objective**
- Arteriovenous malformations, vascular tumour, atherosclerosis, benign intracranial hypertension, thyrotoxicosis, anemia, cardiac murmur, pregnancy



Subjective

- Broadly categorized **otologic v. metabolic v. neurologic**
- Typically non-pulsatile
- Presbycusis, noise exposure, Meniere's, head trauma, TMJ, depression, meningitis, syphilis, dyslipidemia

Medication related

- Anti-inflammatories, antibiotics (aminoglycosides), loop diuretics, chemotherapeutics (cisplatin)

ETIOLOGIES

EVALUATION

- History: quality, pitch, loudness, onset, alleviating / provoking factors, constant / intermittent
- Complete H&N exam, otoscopy, auscultation for bruit, audiometry with tympanogram
- CT temporal bones in pulsatile tinnitus

MANAGEMENT

- Avoid caffeine, smoking cessation, stop offending medications, emotional support
- ?hypnosis, biofeedback, acupuncture?
- Hearing aids and maskers
- Surgery if structural etiology / Meniere's disease. Can be improved by ~50%

