

Non-acute HL in adult

majority of pt. with SNHL → Idiopathic

- gradual hearing loss in adult → SNHL (lesion of inner ear or VIII nerve)
- impairment to any part of auditory Pathway (auricle, CNS)
- mild - Profound → impact on Social functioning

Other causes of SNHL

- Infection → labyrinthitis
- neoplasm → Aconstis neuroma
- Trauma → Transverse#
- Neurological → MS
- Metabolic → Sarcoid
- Toxicity → Gentamycin
- Autoimmune → Menier's

History

- Duration
- frequency
- onset (gradually, Suddenly)
- unilateral or bilateral
- Severity → interfering with daily activity
- previous ear disease (discharge, pain, Fullness, Dizziness and wax probeme)
- hx of URTI (cough and colds) → OME
- recent chest infection, sinusitis, Kidney Problem → autoimmune, granulomatous disease → HL and systemic Symp.
- ass. with nose problem (nasal discharge, Nasal obstruction and Epistaxis)
- Weakness or changes in sensation → Cranial nerve lesions → feature of neoplasm
- hx of trauma → Temporal bone#

P Mhx

- Neoplasm & granulomatous (Wt. loss, fever, lethargy & malaise)
- Autoimmune dis.
- hypertension
- hyperlipidaemia
- Infectious cause → HIV, syphilis
- Drug hx
 - drugs ass. with HL (Aminoglycoside platinum and loop diuretics)
 - Allergy to Drugs
- Familyhx → heritable HL (otosclerosis)
- Social hx (alcohol, smoke, work)

Exam.

- full ear exam. (otoscopy, PTA & Tympanometry)
- if he suggest OME → exam PNS to exclude tumor (Nasoph. CA.)

Invx

- Red flag symptoms (unilateral tinnitus, vertigo, HL, vestibular dysfunction) → intracranial imaging
- Inv. of autoimmune/granulomatous dis. according he

Treatment

- Adult + SNHL + presbycusis → Treated with hearing aids.