

# [Acute sensorineural hearing loss at the Otorhinolaryngology Department of the General Hospital in Subotica 1991-1996].

[Article in Croatian]

Rakić N.

## Source

Opsta bolnica, Zdravstveni centar, Subotica.

## Abstract

### INTRODUCTION:

Sudden sensorineural hearing loss is an acute hearing loss of a perceptive type, of unknown etiology, in most cases one-sided, or, a every sudden sensorineural deafness that occurs in the period of three days or less. Modern scientific literature points to three possible etiological factors: viral cochleitis, vascular lesion of the labyrinth and unrecognized rupture of the membranous labyrinth. The therapy for this disease is extremely various. There are dozens of reported different (or similar) healing protocols, including vasodilators, Hydroxyethyl starch, low molecular dextran, diuretics, defibrinogenation, fibrinolytic therapy, steroids, prostacyclin, oxygen therapy, hyperbaric oxygen therapy, vitamins, etc. The aim of the study was to recapitulate in brief modern views of etiology and therapy of the sudden sensorineural hearing loss, to analyze cases of this illness within the period of 1991-1996 in our Otorhinolaryngology Department and to compare these data with the same or similar data of other authors.

### MATERIAL AND METHODS:

In this study, medical records of patients admitted in the period of 1991-1996 in the Otorhinolaryngology Department of the Health Center in Subotica with a diagnosis of sudden sensorineural hearing loss were used. There were 53 patients with this diagnosis. All patients were treated in the hospital with infusions of rheoactive drugs. During the diagnostic procedure, all patients underwent a complete clinical otorhinolaryngologic examination, detailed anamnesis was taken, acoustic impedance tests (tympanometry) and tonal liminal audiometry were performed. Routine blood test was made (including complete blood picture, sedimentation rate, blood sugar) and a complete urine examination. Sometimes we demanded x-ray of the temporal bones (Schnller and Stenwers). A short increment sensitivity index (SISI) test and Carhart test were also made, if necessary. Function of the vestibular system was tested in cases when the vestibular symptoms were more strongly expressed. This test was made after passing an acute attack of vertiginous symptoms. Control audiometry was made on the seventh and on the fourteenth day after admission. This therapy consisted of an infusion of physiologic solution (NaCl) 250 or 500 ml twice daily to which 300 mg xanthinol nicotinate ampulla, paracetam 1 g ampulla, dipyridamole 10 mg ampulla and C-vitamin 10% 500 mg ampulla were applied. The number of paracetam and xanthinol nicotinate ampullas was raised on the 14/day, and then it fell to the starting value. The therapy lasted 17 days. Patients were given multivitamine peroral therapy, tranquilizers and diet without coffee, smoking and allergenic food.

### RESULTS AND DISCUSSION:

The study included 53 patients, 27 (50.94%) female and 26 (49.06%) males (Graph 1). Their age (Graph 2) ranged between 16-71 years. The biggest group of patients was between 40-49 (39.62%) years of age. Distribution per year (Graph 3) shows that the incidence of the acute sensorineural hearing loss differs from the findings of other authors, especially in the period of 1991-1994, due to very few cases. Connection of this illness with seasons is shown in

Graph 4. We had most cases during summer time (August, 16.98%). There is a mild rise in winter (December, 13.21%). The degree of the hearing loss in decibels is shown in the Graph 5. Most of the patients (75.47%) had mild or severely damaged hearing (40-85 dB). Period of the deafness before patients were admitted to the hospital, is shown in Graph 7. Most of them came in the first seven days after they experienced acute deafness (52.83%). Symptomatology of the persons with acute hearing loss is shown in Table 1. All of them had the feeling of deafness, and 50.94% also had tinnitus. Table 2 shows that only two patients had a pathologic finding (hypo function) on the vestibular caloric test. 57.14% of patients tested by this method showed a normal function of the vestibular apparatus. The recovery of he

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