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Tinitus - 101-200

noreply@proquest.com <noreply@proquest.com> Thu, Nov 7, 2013 at 4:06 PM
To: nanjunda.nm@gmail.com

Nanjunda Swamy sent you the following:

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ProQuest

Report Information from ProQuest

November 07 2013 05:36

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Search Strategy

Set#	Searched for	Databases	Results
S3	tinnitus AND yr(2008-2012)	ComDisDome	229°
S2	tinnitus AND yr(2000-2019)	ComDisDome	1194°
S1	tinnitus	ComDisDome	2921°

Document 1 of 200

Sudden sensorineural hearing loss and delayed complete sudden spontaneous recovery.

Author: Ortmann, Amanda J1; Neely, J Gail1 Department of Otolaryngology, Washington University, St. Louis, MO, USA. ortmanna@ent.wustl.edu

Publication info: Journal of the American Academy of Audiology 23 (Apr 2012): 249-255.

ProQuest document link

Abstract: This is a case report of a 53-yr-old female who experienced sudden sensorineural hearing loss (SSNHL) accompanied by roaring tinnitus in her right ear. The patient's hearing partially improved in the low frequencies in response to intratympanic injections. Given that her hearing loss did not improve further, the patient was fitted with a hearing aid to mask the tinnitus and restore a sense of balance between the two ears. Approximately 9 mo postonset of the SSNHL, a complete spontaneous recovery of hearing occurred. Such a delayed and complete recovery is highly unusual. This case highlights that the spontaneous recovery in hearing indicates that the pathological cause for the SSNHL involved a process that was capable of repair or regeneration, thus ruling out pathologies related to cochlear hair cell destruction or nerve fiber loss. This leaves a possibility that the event causing the onset of the SSNHL resulted in a disruption of the ion homeostatic properties of the cochlea via the production of the endocochlear potential.American Academy of Audiology.

Subject: *Dexamethasone: administration & dosage; Female; Glucocorticoids: administration & dosage; Hearing Aids; Hearing Loss, Sensorineural: diagnosis; *Hearing Loss, Sensorineural: drug therapy; *Hearing Loss, Sensorineural: physiopathology; Hearing Loss, Sudden: diagnosis; *Hearing Loss, Sudden: drug therapy; *Hearing Loss, Sudden: physiopathology; Humans; Middle Aged; Recovery of Function: physiology; Remission, Spontaneous; Tinnitus: drug therapy; Tinnitus: physiopathology

Record owner: National Library of Medicine

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Correspondence author: Ortmann, Amanda J

Publication title: Journal of the American Academy of Audiology

Volume: 23

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Number of pages: 7

Publication year: 2012

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ISSN: 1050-0545

Source type: Scholarly Journals

Peer reviewed: Yes

Format availability: Print

Language of publication: English (eng)

Document type: Case Reports, Journal Article

Update: 2012-06-04

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ProQuest document ID: 1024646636

Document URL: http://search.proquest.com/docview/1024646636?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

Document 2 of 200

Early occupational hearing loss of workers in a stone crushing industry: our experience in a developing country.

Author: Kitcher, Emmanuel D1; Ocansey, Grace; Tumpi, Daniel A1 Department of Surgery, E.N.T. Unit, University of Ghana Medical School, Accra, Ghana. edkitcher@hotmail.com

Publication info: Noise & health 14 (Mar 2012): 68-71.

ProQuest document link

Abstract: Noise-induced hearing loss (NIHL) is an irreversible sensorineural hearing loss associated with exposure to high levels of excessive noise. This paper aims to assess the prevalence of early NIHL and the awareness of the effects of noise on health among stone crushing industry workers. This was a comparative cross-sectional study in Ghana of 140 workers from the stone crushing industry compared with a control group of 150 health workers. The stone workers and controls were evaluated using a structured questionnaire, which assessed symptoms of hearing loss, tinnitus, knowledge on the health hazards associated with work in noisy environment and the use of hearing protective device. Pure tone audiometric assessment was carried out for stone workers and controls. Noise levels at the work stations of the stone workers and of the controls were measured. Statistical Analysis of data was carried out using SPSS package version 16. The mean age of stone workers and controls was 42.58±7.85 and 42.19±12 years, respectively. Subjective hearing loss occurred in 21.5% of the workers and in 2.8% of the controls. Tinnitus occurred in 26.9% of stone workers and 21.5% of controls, while 87.5% stone workers had sound knowledge on the health hazards of a noisy environment. Early NIHL in the left ear occurred in 19.3% of the stone workers compared with 0.7% in controls and in the right ear, it occurred in 14.3% of the stone workers and in 1.3% of the controls; P<0.005. In conclusion, the prevalence rate of early NIHL among stone crushing workers is about 19.3% for the left ear and 14.3% for the right ear.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Kitcher, Emmanuel D

Publication title: Noise & health

Volume: 14

Pages: 68-71

Number of pages: 4

Publication year: 2012

Year: 2012

Location: India

ISSN: 1463-1741

Source type: Scholarly Journals

Peer reviewed: Yes

Format availability: Print

Language of publication: English (eng)

Document type: Journal Article

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Accession number: pmid-22517306

ProQuest document ID: 1024646463

Document URL: http://search.proquest.com/docview/1024646463?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

Document 3 of 200

Noise exposure and auditory effects on preschool personnel.

Author: Sjödin, Fredrik1; Kjellberg, Anders; Knutsson, Anders; Landström, Ulf; Lindberg, Lennart1 University of Gävle, Faculty of Engineering and Sustainable Development Building, Energy and Environmental Engineering, Laboratory of Environmental Psychology, SE 80176, Sweden. fredrik.sjodin@hig.se

Publication info: Noise & health 14 (Mar 2012): 72-82.

ProQuest document link

Abstract: Hearing impairments and tinnitus are being reported in an increasing extent from employees in the preschool. The investigation included 101 employees at 17 preschools in Umeå county, Sweden. Individual noise recordings and stationary recordings in dining rooms and play halls were conducted at two departments per preschool. The effects of noise exposures were carried out through audiometric screenings and by use of questionnaires. The average individual noise exposure was close to 71 dB(A), with individual differences but small differences between the preschools. The noise levels in the dining room and playing halls were about 64 dB(A), with small differences between the investigated types of rooms and preschools. The hearing loss of the employees was significantly higher for the frequencies tested when compared with an unexposed control group in Sweden. Symptoms of tinnitus were reported among about 31% of the employees. Annoyance was rated as somewhat to very annoying. The voices of the children were the most annoying noise source. The dB(A) level and fluctuation of the noise exposure were significantly correlated to the number of children per department. The preschool sound environment is complex and our findings indicate that the sound environment is hazardous regarding auditory disorders. The fluctuation of the noise is of special interest for further research.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Sjödin, Fredrik

Publication title: Noise & health

Volume: 14

Pages: 72-82

Number of pages: 11

Publication year: 2012

Year: 2012

Location: India

ISSN: 1463-1741

Source type: Scholarly Journals

Peer reviewed: Yes

Format availability: Print

Language of publication: English (eng)

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Accession number: pmid-22517307

ProQuest document ID: 1024646465

Document URL: http://search.proquest.com/docview/1024646465?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

Document 4 of 200

Tinnitus relief: at what cost?

Author: Jacobson, Gary

Publication info: Journal of the American Academy of Audiology 23.2: 80. Canada: Canada. (Feb 2012)

ProQuest document link

Abstract: None available.

Subject: *Acoustic Stimulation: economics; Female; *Hearing Aids: economics; Humans; Male; *Tinnitus: economics; *Tinnitus: therapy

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Supplemental data: Comment On: J Am Acad Audiol. 2012 Feb; 23(2):126-38[22353681]

Correspondence author: Jacobson, Gary

Publication title: Journal of the American Academy of Audiology

Volume: 23

Issue: 2

Pages: 80

Number of pages: 1

Publication year: 2012

Year: 2012

Location: Canada

ISSN: 1050-0545

Source type: Other Sources

Peer reviewed: Yes

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Language of publication: English (eng)

Document type: Editorial, Comment

Update: 2012-04-26

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ProQuest document ID: 963837056

Document URL: http://search.proquest.com/docview/963837056?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

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Patient preferences and willingness to pay for tinnitus treatments.

Author: Tyler, Richard S11 Department of Otolaryngology-Head and Neck Surgery and Communication Sciences and Disorders, University of Iowa, IA, USA. Rich-tyler@uiowa.edu

Publication info: Journal of the American Academy of Audiology 23.2 (Feb 2012): 115-125.

ProQuest document link

Abstract: Purpose: There will likely be several different tinnitus treatments necessary, and it is important to understand patient preferences and factors that might contribute to treatment acceptability. This study explores the acceptability of a wide range of different tinnitus treatments, from noninvasive wearable devices to surgically implanted devices in the brain. Understanding how tinnitus sufferers consider and rank such options and how they might be influenced by their own perception of the severity of their tinnitus could help clinicians, researchers, and companies plan future efforts for approaching new treatments. Data Collection and Analysis: 197 tinnitus self-help group attendees rated their acceptance of treatments on a scale from 0 (not acceptable) to 100 (fully acceptable). The treatments included external devices, medications, cochlear implants, an implant on the brain surface, and an implant in the brain. They were also asked how much they would pay for successful treatments. Results: There was a significant correlation between loudness and annoyance (r = .78). To reduce tinnitus by half, an "acceptable" response between 91 and 100 was reported by 30% of the respondents for devices, by 52% for pills, by 25% for cochlear implants, by 13% for implants on the brain surface, and by 13% for implants in the brain. To reduce tinnitus completely, a 91-100 acceptable response was reported by 42% for devices, by 62% for pills, by 38% for cochlear implants, by 21% for implants on the brain surface, and by 19% for implants in the brain. To reduce tinnitus completely, participants most commonly selected to pay at least $5000, and 20.3% were willing to pay as much as $25,000. The ratings of tinnitus loudness and annoyance were positively correlated with the likelihood of using any treatment. Surprisingly, there was a weak relationship between annoyance and the amount they were willing to pay. Conclusions: Tinnitus patients are prepared to accept a wide variety of treatments. Medications are the most acceptable. Invasive procedures can also be acceptable to many, particularly if they provide complete relief.American Academy of Audiology.

Subject: Acoustic Stimulation: economics; Acoustic Stimulation: standards; Adolescent; Adult; Age Distribution; Aged; Aged, 80 and over; Child; Cochlear Implants: economics; Cochlear Implants: statistics & numerical data; Drug Therapy: economics; Drug Therapy: statistics & numerical data; Electrodes, Implanted: economics; Electrodes, Implanted: statistics & numerical data; *Health Care Costs; Hearing Aids: economics; Hearing Aids: statistics & numerical data; Humans; Middle Aged; *Patient Acceptance of Health Care: statistics & numerical data; *Patient Preference: statistics & numerical data; Questionnaires; Severity of Illness Index; Tinnitus: economics; Tinnitus: surgery; Tinnitus: therapy; Young Adult

Record owner: National Library of Medicine

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Correspondence author: Tyler, Richard S

Publication title: Journal of the American Academy of Audiology

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Number of pages: 11

Publication year: 2012

Year: 2012

Location: Canada

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Last updated: 2012-07-13

Database: ComDisDome

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A comparison of benefit and economic value between two sound therapy tinnitus management options.

Author: Newman, Craig W1; Sandridge, Sharon A1 Cleveland Clinic, Cleveland, OH, USA. newmanc@ccf.org

Publication info: Journal of the American Academy of Audiology 23.2 (Feb 2012): 126-138.

ProQuest document link

Abstract: Sound therapy coupled with appropriate counseling has gained widespread acceptance in the audiological management of tinnitus. For many years, ear level sound generators (SGs) have been used to provide masking relief and to promote tinnitus habituation. More recently, an alternative treatment device was introduced, the Neuromonics Tinnitus Treatment (NTT), which employs spectrally-modified music in an acoustic desensitization approach in order to help patients overcome the disturbing consequences of tinnitus. It is unknown, however, if one treatment plan is more efficacious and cost-effective in comparison to the other. In today's economic climate, it has become critical that clinicians justify the value of tinnitus treatment devices in relation to observed benefit.To determine perceived benefit from, and economic value associated with, two forms of sound therapy, namely, SGs and NTT.Retrospective between-subject clinical study.A sample of convenience comprised of 56 patients drawn from the Tinnitus Management Clinic at the Cleveland Clinic participated. Twenty-three patients selected SGs, and 33 patients selected NTT as their preferred sound therapy treatment option.Sound therapy benefit was quantified using the Tinnitus Handicap Inventory (THI). The questionnaire was administered before and 6 mo after initiation of tinnitus treatment. Prior to device fitting, all patients participated in a 1.5 hr group education session about tinnitus and its management. Economic value comparisons between sound therapy options were made using a cost-effectiveness analysis (CEA) and cost-utility analysis (CUA).THI scores indicated a significant improvement ($p < 0.001$) in tinnitus reduction for both treatment types between a pre- and 6 mo postfitting interval, yet there were no differences ($p > 0.05$) between the treatment alternatives at baseline or 6 mo postfitting. The magnitude of improvement for both SGs and NTT was dependent on initial perceived tinnitus handicap. Based on the CEA and CUA economic analyses alone, it appears that the SGs may be the more cost-effective alternative; however, the magnitude of economic value is a function of preexisting perceived tinnitus activity limitation/participation restriction.Both SGs and NTT provide significant reduction in perceived tinnitus

handicap, with benefit being more pronounced for those patients having greater tinnitus problems at the beginning of therapy. Although the economic models favored the SGs over the NTT, there are several other critical factors that clinicians must take into account when recommending a specific sound therapy option. These include initial tinnitus severity complaints and a number of patient preference variables such as sound preference, listening acceptability, and lifestyle.American Academy of Audiology.

Subject: *Acoustic Stimulation: economics; Acoustic Stimulation: methods; Adult; Aged; Cost-Benefit Analysis; Female; Habituation, Psychophysiologic; *Hearing Aids: economics; Humans; Male; Middle Aged; Music; Perceptual Masking; Quality of Life; Quality-Adjusted Life Years; Questionnaires; Retrospective Studies; *Tinnitus: economics; Tinnitus: epidemiology; *Tinnitus: therapy; Treatment Outcome

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Supplemental data: Comment In: J Am Acad Audiol. 2012 Feb; 23(2):80[22353675]

Correspondence author: Newman, Craig W

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Location: Canada

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Language of publication: English (eng)

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ProQuest document ID: 963835870

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Last updated: 2012-07-13

Database: ComDisDome

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Pseudo-sudden deafness.

Author: Song, James E1; Sapthavee, Andrew; Cager, Gabrielle R; Saadia-Redleaf, Miriam I1 University of Illinois Eye and Ear Infirmary, Chicago, Illinois 60612,+ USA.

Publication info: The Annals of otology, rhinology, and laryngology 121.2 (Feb 2012): 96-99.

ProQuest document link

Abstract: We describe the symptom complex and management of a clinical entity we refer to as "pseudo-

sudden deafness," which is an episode of acute otitis media that leads to sensorineural hearing loss with reduced speech discrimination.We included 8 adult patients with audiometrically confirmed, asymmetric sensorineural hearing loss with decreased speech discrimination that presented after an episode of acute otitis media. Magnetic resonance imaging ruled out retrocochlear disease. Both physical examination and myringotomy helped confirm the diagnosis of serous otitis media (SOM). Myringotomy, tympanostomy tubes, oral antibiotics, and otic antibiotic-steroid drops were used to treat the SOM. Oral steroids were used to treat the sensorineural component.Pretreatment and posttreatment audiograms showed an improvement in speech discrimination score, pure tone thresholds, or both after treatment for underlying SOM and sensorineural hearing loss in 6 of the 8 patients.Patients who present with an acute onset of unilateral sensorineural hearing loss with decreased speech discrimination may be mistakenly thought to have idiopathic sudden sensorineural hearing loss when, in fact, they may have an SOM-induced phenomenon that is potentially reversible. The distinguishing feature is a preexisting otitis media, which must be treated first, before the administration of steroids.

Subject: Acute Disease; Adolescent; Aged; Aged, 80 and over; Anti-Bacterial Agents: therapeutic use; Audiometry, Pure-Tone; Female; Glucocorticoids: therapeutic use; *Hearing Loss, Sensorineural: etiology; Hearing Loss, Sensorineural: therapy; Humans; Male; Middle Aged; Middle Ear Ventilation; *Otitis Media with Effusion: complications; Otitis Media with Effusion: diagnosis; Otitis Media with Effusion: therapy; Respiratory Tract Infections: complications; Speech Discrimination Tests; Tinnitus: etiology; Vertigo: etiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Song, James E

Publication title: The Annals of otology, rhinology, and laryngology

Volume: 121

Issue: 2

Pages: 96-99

Number of pages: 4

Publication year: 2012

Year: 2012

Location: United States

ISSN: 0003-4894

Source type: Scholarly Journals

Peer reviewed: Yes

Format availability: Print

Language of publication: English (eng)

Document type: Journal Article

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Accession number: pmid-22397217

ProQuest document ID: 963835268

Document URL: http://search.proquest.com/docview/963835268?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

Document 8 of 200

Histopathology of the temporal bone in a case of superior canal dehiscence syndrome.

Author: Teixido, Michael1; Kung, Brian; Rosowski, John J; Merchant, Saumil N1 Department of Otolaryngology, Christiana Care Health System, Wilmington, Delaware, USA.

Publication info: The Annals of otology, rhinology, and laryngology 121.1 (Jan 2012): 7-12.

ProQuest document link

Abstract: We describe the histopathologic findings in the temporal bones of a patient who had, during life, received a diagnosis of superior canal dehiscence (SCD) syndrome.The patient was found to have SCD syndrome at 59 years of age. She became a temporal bone donor, and died of unrelated causes at 62 years of age. Both temporal bones were prepared in celloidin and examined by light microscopy.The patient developed bilateral aural fullness, pulsatile tinnitus, and difficulty tolerating loud noises after minor head trauma at 53 years of age. The symptoms were worse on the right. She also had Valsalva-induced dizziness and eye movements, as well as sound-induced dizziness (more prominent on the right). Audiometry showed a small air-bone gap of 10 dB in the right ear. Vestibular evoked myogenic potential testing showed an abnormally low threshold of 66 dB on the right, and a computed tomography scan showed dehiscence of the superior canal on the right. Histopathologic examination of the right ear showed a 1.4 x 0.6-mm dehiscence of bone covering the superior canal. Dura was in direct contact with the endosteum and the membranous duct at the level of the dehiscence. No osteoclastic process was evident within the otic capsule bone surrounding the dehiscence. The left ear showed thin but intact bone over the superior canal. Both ears showed focal microdehiscences of the tegmen tympani and tegmen mastoideum. The auditory and vestibular sense organs on both sides appeared normal. No endolymphatic hydrops was observed.The findings were consistent with the hypothesis put forth by Carey and colleagues that SCD may arise from a failure of postnatal bone development, and that minor trauma may disrupt thin bone or stable dura over the superior canal.

Subject: *Ear Diseases: pathology; Female; *Hearing Disorders: pathology; Humans; Middle Aged; *Semicircular Canals; Syndrome; *Temporal Bone: pathology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Teixido, Michael

Publication title: The Annals of otology, rhinology, and laryngology

Grant: Agency: NIDCD NIH HHS Acronym: DC Country: United States Grant/Contract ID: U24 DC011943

Volume: 121

Issue: 1

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Number of pages: 6

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ProQuest document ID: 963836094

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Last updated: 2012-07-13

Database: ComDisDome

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Noise-induced tinnitus: a comparison between four clinical groups without apparent hearing loss.

Author: Lindblad, Ann-Cathrine1; Hagerman, Björn; Rosenhall, Ulf1 Department of Clinical Science, Intervention and Technology, Karolinska Institutet, Stockholm, Sweden. anncat.lindblad@ki.se

Publication info: Noise & health 13.55 (Nov 2011): 423-431.

ProQuest document link

Abstract: The number of people with normal hearing thresholds seeking medical help for tinnitus and other hearing problems is increasing. For diagnostic purposes, existence/nonexistence of lesions or combinations of lesions in the inner ear not reflected in the audiogram was evaluated with advanced hearing tests applied to tinnitus patients with certain backgrounds, including noise exposure. For forty-six patients with pronounced tinnitus, and other symptoms, tentative diagnoses were established, including judgments of the influence of four causative factors: (1) acoustic trauma, (2) music, (3) suspected hereditary, and (4) nonauditory, for example, stress or muscular tension. They were analyzed with a test battery sensitive to lesions involving the outer hair cells, damage from impulse noise, and dysfunction of the efferent system. There were significant differences in test results between groups with individuals with the same most likely causative factor. Most patients claiming acoustic trauma had a specific type of result, 'hyper-PMTF' (psychoacoustical modulation transfer function), and abnormal test results of the efferent system. Everyone in the hereditary group had dysfunction of the efferent system. All patients working with music, except one, had some abnormality, but without specific pattern. The nonauditory group mostly had normal test results. The investigation shows that it is possible to diagnose minor cochlear lesions as well as dysfunction of the efferent system, which might be causing the tinnitus. Those abnormalities could not be detected with routine audiological tests. Malfunctioning caused by impulse noise is an obvious example of this. These findings facilitate choice of treatment, rehabilitation programs, and medicolegal decisions.

Subject: Adult; Audiometry, Pure-Tone: methods; Environmental Exposure: adverse effects; Female; Genetic Predisposition to Disease; Hearing Loss, Noise-Induced: complications; *Hearing Loss, Noise-Induced: diagnosis; Humans; Male; Military Personnel; Music; *Noise: adverse effects; Occupational Exposure: adverse effects; Psychoacoustics; Sweden; *Tinnitus: diagnosis; Tinnitus: etiology; Tinnitus: genetics

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Lindblad, Ann-Cathrine

Publication title: Noise & health

Volume: 13

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Publication year: 2011

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Location: India

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Format availability: Print

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Document type: Comparative Study, Non-u.s. Gov't, Journal Article, Research Support

Subfile: Index Medicus

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Document URL: http://search.proquest.com/docview/914298301?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

Document 10 of 200

An epidemiologic study of tinnitus in a population in Jiangsu Province, China.

Author: Xu, Xia1; Bu, Xingkuan; Zhou, Ling; Xing, Guangqian; Liu, Cheng; Wang, Dengyuan1 Department of Otolaryngology, Nanjing Medical University, Nanjing, China.

Publication info: Journal of the American Academy of Audiology 22.9 (Oct 2011): 578-585.

ProQuest document link

Abstract: Tinnitus is a common complaint and often of no clinical significance. There are a number of unresolved issues concerning the etiology, pathogenesis, and natural history of tinnitus. There are a few current population-based estimates of the prevalence of tinnitus done in representative large geographic areas, but there is little data from multi-area, large sample studies of tinnitus in China.To investigate the prevalence of tinnitus and related factors in a Chinese population. These data would be used to plan and evaluate health-care services.We carried out an epidemiologic study of tinnitus as part of an epidemiologic study of ear and hearing disorders that was undertaken in Jiangsu Province, China. A question about tinnitus history was included in a comprehensive questionnaire about hearing. All participants also had both pure tone audiometry and an otological examination.The sample consisted of 6333 people 10 yr of age or older, selected by the methods of probability proportional to size.All participants answered a questionnaire concerning their tinnitus and had pure tone audiometry testing and an ear examination. All data were entered using EPIDATD 3.0 software and analyzed by a chi-squared test and test for trends.The overall prevalence of tinnitus was 14.5%, and the standardized rates were 11.4% in the whole country and 12.4% in Jiangsu province. Its prevalence increased with age. The prevalence of tinnitus was 11.9 and 15.6% in urban and rural residents, respectively There was no significant difference in prevalence between men and women. Hearing impairment, history of middle ear infections, and noise exposure were the main risk factors for tinnitus.Tinnitus is a common problem in the population. With the aging of the population, the prevalence of tinnitus will increase. The prevention of tinnitus should focus on hearing impairment screening, otitis media treatment, and noise exposure reduction. Health services in rural areas should emphasize prevention more.American Academy of Audiology.

Subject: Adolescent; Adult; Aged; Aged, 80 and over; Child; China: epidemiology; Female; Humans; Male; Middle Aged; Prevalence; Questionnaires; *Tinnitus: epidemiology; Young Adult

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Xu, Xia

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Document type: Journal Article

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ProQuest document ID: 914300934

Document URL: http://search.proquest.com/docview/914300934?accountid=50982

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Database: ComDisDome

Document 11 of 200

Self-reported hearing problems among older adults: prevalence and comparison to measured hearing impairment.

Author: Hannula, Samuli1; Bloigu, Risto; Majamaa, Kari; Sorri, Martti; Mäki-Torkko, Elina1 Department of Clinical Medicine, Otorhinolaryngology, University of Oulu, Oulu, Finland. samuli.hannula@oulu.fi

Publication info: Journal of the American Academy of Audiology 22.8 (Sep 2011): 550-559.

ProQuest document link

Abstract: There are not many population-based epidemiological studies on the association between self-reported hearing problems and measured hearing thresholds in older adults. Previous studies have shown that the relationship between self-reported hearing difficulties and measured hearing thresholds is unclear and, according to our knowledge, there are no previous population-based studies reporting hearing thresholds among subjects with hyperacusis.The aim was to investigate the prevalence of self-reported hearing problems, that is, hearing difficulties, difficulties in following a conversation in noise, tinnitus, and hyperacusis, and to compare the results with measured hearing thresholds in older adults.Cross-sectional, population-based, and unscreened.Random sample of subjects (n=850) aged 54-66 yr living in the city of Oulu (Finland) and the surrounding areas.Otological examination, pure tone audiometry, questionnaire surveyThe prevalence of self-reported hearing problems was 37.1% for hearing difficulties, 43.3% for difficulties in following a conversation in noise, 29.2% for tinnitus, and 17.2% for hyperacusis. More than half of the subjects had no hearing impairment, or HI (BEHL[better ear hearing level]0.5-4 kHz<20 dB HL) even though they reported hearing problems. Subjects with self-reported hearing problems, including tinnitus and hyperacusis, had significantly poorer hearing thresholds than those who did not report hearing problems. Self-reported hearing difficulties predicted hearing impairment in the pure-tone average at 4, 6, and 8 kHz, and at the single frequency of 4 kHz.The results indicate that self-reported hearing difficulties are more frequent than hearing impairment defined by audiometric measurement. Furthermore, self-reported hearing difficulties seem to predict hearing impairment at high

frequencies (4-8 kHz) rather than at the frequencies of 0.5-4 kHz, which are commonly used to define the degree of hearing impairment in medical and legal issues.American Academy of Audiology.

Subject: Aged; Audiometry, Pure-Tone: statistics & numerical data; Auditory Threshold; Cross-Sectional Studies; Female; *Hearing Loss: diagnosis; *Hearing Loss: epidemiology; Humans; *Hyperacusis: diagnosis; *Hyperacusis: epidemiology; Male; Middle Aged; Prevalence; Questionnaires; Random Allocation; Self Report; *Tinnitus: diagnosis; *Tinnitus: epidemiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Hannula, Samuli

Publication title: Journal of the American Academy of Audiology

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Subfile: Index Medicus

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ProQuest document ID: 914298409

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Database: ComDisDome

Document 12 of 200

Prevalence and significance of high-frequency hearing loss in subjectively normal-hearing patients with tinnitus.

Author: Kim, Dong-Kee1; Park, Shi-Nae; Kim, Hyung Min; Son, Hye Rim; Kim, Nam-Gyun; Park, Kyoung-Ho; Yeo, Sang Won1 Department of Otolaryngology-Head and Neck Surgery, The Catholic University of Korea, College of Medicine, Seoul, Korea.

Publication info: The Annals of otology, rhinology, and laryngology 120.8 (Aug 2011): 523-528.

ProQuest document link

Abstract: We investigated the incidences of high-frequency hearing loss (HFHL; above 2 kHz) and extended high-frequency hearing loss (EHFHL; above 8 kHz) in patients with tinnitus and subjectively normal hearing, and evaluated their effects on the clinical and audiological features of the patients.The

sample included 85 patients with sensorineural tinnitus who had normal hearing sensitivity in the frequencies from 250 Hz to 2 kHz, and who had undergone extended high-frequency audiometry between July 2009 and February 2010. We investigated the incidences of HFHL and EHFHL in these patients and analyzed the significance of the hearing losses.The incidence of HFHL or EHFHL was 88%. The proportion of patients with EHFHL, among the patients who had normal hearing sensitivity up to 8 kHz, was about 74%. The patients with normal hearing sensitivity at all test frequencies were significantly younger, had larger otoacoustic emissions, and had tinnitus that was less loud as measured by tinnitus matching than did the subjects with HFHL and/or EHFHL. However, other comparisons of clinical factors in the three groups did not show any differences.Even if patients with tinnitus do not have any subjective hearing impairment, most of them have HFHL and/or EHFHL. The effects on the clinical features of the patients are still vague.

Subject: Adult; Audiometry; Auditory Threshold; Case-Control Studies; *Hearing Loss, High-Frequency: complications; Hearing Loss, High-Frequency: diagnosis; *Hearing Loss, High-Frequency: epidemiology; Humans; Incidence; Middle Aged; Prevalence; Quality of Life; *Tinnitus: complications; Young Adult

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Kim, Dong-Kee

Publication title: The Annals of otology, rhinology, and laryngology

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Accession number: pmid-21922976

ProQuest document ID: 914298519

Document URL: http://search.proquest.com/docview/914298519?accountid=50982

Last updated: 2012-07-13

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Document 13 of 200

Development of the self-efficacy for tinnitus management questionnaire.

Author: Smith, Sherri L1; Fagelson, Marc1 Research and Development Service, Department of Veterans Affairs, James H. Quillen Veterans Affairs Medical Center, Mountain Home, TN, USA. sheri.smith@va.gov

Publication info: Journal of the American Academy of Audiology 22.7 (Jul 2011): 424-440.

ProQuest document link

Abstract: Self-efficacy refers to the beliefs (i.e., confidence) individuals have in their capabilities to perform skills needed to accomplish a specific goal or behavior. Research in the treatment of various health conditions such as chronic pain, balance disorders, and diabetes shows that self-efficacy beliefs play an important role in treatment outcomes and management of the condition. This article focuses on the application of self-efficacy to the management of tinnitus. The first step in formally incorporating self-efficacy in existing treatment regimens or developing a self-efficacy approach for tinnitus treatment is to have a valid and reliable measure available to assess the level of tinnitus self-efficacy.The objective of this study was to develop the Self-Efficacy for Tinnitus Management Questionnaire (SETMQ) and to obtain the psychometric properties of the questionnaire in a group of patients with tinnitus.Observational study.A total of 199 patients who were enrolled in the Tinnitus Clinic at the James H. Quillen Veterans Affairs Medical Center participated in the current study.The SETMQ was mailed to patients enrolled in the Tinnitus Clinic. The participants who completed one copy of the SETMQ were mailed a second copy to complete approximately 2 weeks later. An exploratory factor analysis was conducted to identify the most coherent subscale structure of the SETMQ. The internal consistency and test-retest reliability for each of the subscales and the questionnaire as a whole were assessed. The validity of the SETMQ also was evaluated by investigating the relations between the SETMQ and other clinical measures related to tinnitus.Five components emerged from the factor analysis that explained 75.8% of the variance related to the following areas: (1) routine tinnitus management, (2) emotional response to tinnitus, (3) internal thoughts and interaction with others, (4) tinnitus concepts, and (5) use of assistive devices. Four items failed to load on any factor and were discarded, resulting in 40 items on the final SETMQ. The internal consistency reliability of the overall questionnaire and for each subscale was good (Chronbach's α ranged from .74 to .98). Item-total correlations ranged from .47 to .86, indicating that each item on the SETMQ correlated at a moderate or marked level with the SETMQ aggregate score. Intraclass correlation coefficients were computed to determine the test-retest reliability of the SETMQ total scale and separately for each subscale, which were all above .80, indicating good test-retest reliability. Correlations among the SETMQ subscales and various tinnitus-related measures (e.g., Tinnitus Handicap Inventory, tinnitus loudness rating, tinnitus distress rating, etc.) were significant, albeit indicative of fair to good relations overall (range r = -.18 to -.53).The results of the current study suggest that the SETMQ is a valid and reliable measure that may be an insightful instrument for clinicians and investigators who are interested in assessing tinnitus self-efficacy. Incorporating self-efficacy principles into tinnitus management would provide clinicians with another formalized treatment option. A self-efficacy approach to treating tinnitus may result in better outcomes compared with approaches not focusing on self-efficacy principles.American Academy of Audiology.

Subject: Adaptation, Psychological; Adult; Aged; Aged, 80 and over; Audiometry, Pure-Tone: statistics & numerical data; Auditory Threshold; Awareness; Disability Evaluation; Female; Humans; Hyperacusis: diagnosis; Hyperacusis: psychology; Male; Middle Aged; Psychometrics: statistics & numerical data; *Questionnaires; Reproducibility of Results; *Self Efficacy; *Tinnitus: psychology; Tinnitus: therapy; *Veterans: psychology

Record owner: National Library of Medicine

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Correspondence author: Smith, Sherri L

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Subfile: Index Medicus

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ProQuest document ID: 914298550

Document URL: http://search.proquest.com/docview/914298550?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

The influence of military service on auditory health and the efficacy of a Hearing Conservation Program.

Author: Muhr, Per1; Rosenhall, Ulf1 Department of Clinical Neurosciences, Clinical Science, Intervention and Technology, Division of ENT and Hearing, Karolinska Institute, Sweden. per.muhr@mil.se

Publication info: Noise & health 13.53 (Jul 2011): 320-327.

ProQuest document link

Abstract: The influence of military service on self-assessed hearing symptoms and measured auditory function was studied as well as the efficacy of the Hearing Conservation Program (HCP) of the Swedish Armed Forces. 839 conscripts were recruited for the study at reporting to military service. They were all exposed to noise over the risk-limits from weapons and vehicles and used earmuffs and/or earplugs. Questionnaires and pure tone screening audiometry were studied at the start and the end of the military service. Retrospective information regarding audiometry at conscription before military service was included as control. The prevalence values of tinnitus were 23% before and 32% after the service and of sensitivity to noise 16% and 19% respectively. The prevalence values of hearing impairment were 6.3% at conscription, 14.5% at reporting to military service, and 24% after the training period. The incidence values of hearing decline were 3.7% during the period with no military noise exposure and 6.6% during the military service. Acoustic accident increased the risk of worsened tinnitus and sensitivity to noise four times and for a high frequency hearing decline six times. We observed elevated prevalence values of tinnitus, sensitivity to noise and hearing impairment at discharge compared to before military service. We observed an elevated risk of hearing decline during military service. Acoustic accident increased the risk of tinnitus, noise sensitivity and hearing decline. We suggest improvements regarding inclusion criteria for military service, and for education regarding the HCP.

Subject: Audiometry; Ear Protective Devices; Health Behavior; Health Knowledge, Attitudes, Practice; Hearing; *Hearing Loss, Noise-Induced: epidemiology; Hearing Loss, Noise-Induced: prevention & control; Humans; Logistic Models; Longitudinal Studies; Male; Military Personnel: psychology; *Military Personnel: statistics & numerical data; *Noise, Occupational: adverse effects; *Occupational Diseases: epidemiology; *Occupational Diseases: etiology; Occupational Diseases: prevention & control; Prevalence; Questionnaires; Sweden: epidemiology; Tinnitus: epidemiology; Tinnitus: etiology; Young Adult

Record owner: National Library of Medicine

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Correspondence author: Muhr, Per

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Database: ComDisDome

Document 15 of 200

Melatonin: can it stop the ringing?

Author: Hurtuk, Agnes1; Dome, Claudia; Holloman, Christopher H; Wolfe, Kelly; Welling, D Bradley; Dodson, Edward E; Jacob, Abraham1 Department of Otolaryngology-Head and Neck Surgery, The Ohio State University Eye and Ear Institute, Columbus, Ohio 43212, USA.

Publication info: The Annals of otology, rhinology, and laryngology 120.7 (Jul 2011): 433-440.

ProQuest document link

Abstract: We sought to report the efficacy of oral melatonin as treatment for chronic tinnitus and to determine whether particular subsets of tinnitus patients have greater benefit from melatonin therapy than others.This was a prospective, randomized, double-blind, crossover clinical trial in an ambulatory tertiary referral otology and neurotology practice. Adults with chronic tinnitus were randomized to 3 mg melatonin or placebo nightly for 30 days followed by a 1-month washout period. Each group then crossed into the opposite treatment arm for 30 days. The tests audiometric tinnitus matching (TM), Tinnitus Severity Index (TSI), Self Rated Tinnitus (SRT), Pittsburgh Sleep Quality Index (PSQI), and Beck Depression Inventory (BDI) were administered at the outset and every 30 days thereafter to assess the effects of each intervention.A total of 61 subjects completed the study. A significantly greater decrease in TM and SRT scores ($p < 0.05$) from baseline was observed after treatment with melatonin relative to the effect observed with placebo. Male gender, bilateral tinnitus, noise exposure, no prior tinnitus treatment, absence of depression and/or anxiety at baseline, and greater pretreatment TSI scores were associated with a positive response to melatonin. Absence of depression and/or anxiety at baseline, greater pretreatment TSI scores, and greater pretreatment SRT scores were found to be positively associated with greater

likelihood of improvement in both tinnitus and sleep with use of melatonin (p<0.05).Melatonin is associated with a statistically significant decrease in tinnitus intensity and improved sleep quality in patients with chronic tinnitus. Melatonin is most effective in men, those without a history of depression, those who have not undergone prior tinnitus treatments, those with more severe and bilateral tinnitus, and those with a history of noise exposure.

Subject: Adult; Aged; Aged, 80 and over; Central Nervous System Depressants: administration & dosage; *Central Nervous System Depressants: therapeutic use; Cross-Over Studies; Double-Blind Method; Female; Humans; Male; Melatonin: administration & dosage; *Melatonin: therapeutic use; Middle Aged; Prospective Studies; Sleep: drug effects; *Tinnitus: prevention & control

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Hurtuk, Agnes

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Document type: Randomized Controlled Trial, Journal Article

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ProQuest document ID: 900615136

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Document 16 of 200

Use of middle ear immittance testing in the evaluation of patulous eustachian tube.

Author: McGrath, Andrew P1; Michaelides, Elias M1 Department of Audiology, Women and Infants Hospital of Rhode Island, RI, USA. amcgrath@wihri.org

Publication info: Journal of the American Academy of Audiology 22.4 (Apr 2011): 201-207.

ProQuest document link

Abstract: Patulous Eustachian tube is the uncommon condition of a persistently open Eustachian tube, which causes the disturbing symptoms of autophony and respiratory-synchronous tinnitus. We review this condition and propose a specific evaluation protocol that can be performed quickly and easily using

standard audiologic test equipment. We have used this protocol in the evaluation of a number of patients and will discuss our findings.To establish a standardized protocol for the audiologic evaluation of patulous Eustachian tube using a standard clinical tympanometer and to establish norms with respect to tympanic membrane movement during breathing tasks.Quantitative analysis of test results obtained during clinical evaluation of patients referred for suspected patulous Eustachian tube during 2008 and 2009. Study Sample: The cohort was 35 individuals including 25 patients referred for suspected patulous Eustachian tube and 10 control (normal) patients. Of the total group, 25 individuals were female, 10 were male, and the overall age range was 8 yr to 82 yr.Patients underwent audiologic and otologic testing including quantitative measurement of middle ear compliance during breathing and nasal endoscopy. Two tympanometers were used to assess middle ear compliance: the Grason-Stadler Instruments Model 33 and Tympstar. Endoscopy was performed using either a Storz Endoskope Xenon Nova 175 or a Pentax EPM 1000. Results of middle ear immittance tests performed during breathing tasks were compared with results of endoscopy as well as the impressions of the examining physician. Magnitude of middle ear compliance was examined for mean and standard deviation, and the control/normal group results were compared with those of individuals complaining of symptoms suggestive of patulous Eustachian tube.We found that slightly greater than 75% of individual ears with patulous Eustachian tube exhibited middle ear compliance greater than 0.07 ml during breathing tasks. All ears with patulous Eustachian tube exhibited a respiratory-synchronous compliance pattern during breathing tasks. Of individual ears without patulous Eustachian tube, 97% exhibited middle ear compliance during breathing of less than 0.07 ml with no respiratory-synchronous pattern.Measurement of middle ear compliance during breathing appears to be a sensitive and specific tool in the examination of patulous Eustachian tube, particularly when both the magnitude of compliance and the pattern of compliance are considered.American Academy of Audiology.

Subject: *Acoustic Impedance Tests: methods; Adolescent; Adult; Aged; Aged, 80 and over; Child; *Ear, Middle: physiopathology; *Eustachian Tube: physiopathology; Female; Humans; Male; Middle Aged; Qualitative Research; Respiratory Mechanics: physiology; *Tinnitus: diagnosis; *Tinnitus: physiopathology; Tympanic Membrane: physiology; Young Adult

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: McGrath, Andrew P

Publication title: Journal of the American Academy of Audiology

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Document 17 of 200

Prevalence of insomnia and impact on quality of life among community elderly subjects with tinnitus.

Author: Lasisi, Akeem O1; Gureje, Oye1 Department of Otorhinolaryngology, University of Ibadan, Ibadan, Nigeria.

Publication info: The Annals of otology, rhinology, and laryngology 120.4 (Apr 2011): 226-230.

ProQuest document link

Abstract: We sought to determine the prevalence of insomnia and its impact on the quality of life (QoL) among community elderly subjects (at least 65 years of age) with subjective tinnitus.After household selection with multistage stratified area probability sampling, face-to-face interviews were used to obtain self-reports of subjective tinnitus and insomnia, and QoL was assessed with the WHOQoL-Bref instrument.Among 1302 elderly subjects, there were 183 subjects (109 female and 74 male) with tinnitus. Among those with tinnitus, insomnia was encountered in 95 (51.9%) and was found to be significantly more common among those with tinnitus than among those without (378 of 1119, or 33.8%; p = 0.002). The insomnia symptoms included difficulty in maintaining sleep in 73.4% of subjects, difficulty in falling asleep in 70.0%, early morning wakefulness in 64.3%, nonrestorative sleep in 35.1%, and daytime sleepiness in 34.7%. Univariate analysis revealed difficulty with falling asleep (p = 0.01) and early morning wakefulness (p = 0.05) to be significantly associated with tinnitus among the symptoms. Student's t-test and logistic regression analysis revealed significant deterioration in the total QoL and in the physical, psychological, social, and environmental QoL domains among elderly subjects who had tinnitus with insomnia as compared with those without insomnia.We believe that insomnia is significantly more common among elderly subjects with tinnitus than among those without, and that its presence further depreciates the QoL in these elderly individuals.

Subject: Aged; Aged, 80 and over; Cohort Studies; Female; Humans; Logistic Models; Longitudinal Studies; Male; Nigeria: epidemiology; Prevalence; *Quality of Life; *Sleep Initiation and Maintenance Disorders: epidemiology; Sleep Initiation and Maintenance Disorders: psychology; *Tinnitus: epidemiology; Tinnitus: psychology; Wakefulness

Record owner: National Library of Medicine

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Supplemental data: Cites: Depress Anxiety. 2003; 18(4):163-76[14661186], Cites: Arch Gerontol Geriatr. 2003 Sep-Oct; 37(2):139-45[12888227], Cites: J Am Geriatr Soc. 2006 Nov; 54(11):1784-9[17087709], Cites: Prog Brain Res. 2007; 166:227-33[17956787], Cites: Br J Audiol. 1990 Feb; 24(1):51-62[2317601], Cites: Br J Audiol. 1989 Feb; 23(1):53-62[2784987], Cites: Chest. 1994 Jan; 105(1):151-4[8275723], Cites: Biol Psychiatry. 1993 Jul 1-15; 34(1-2):84-90[8373941], Cites: Psychol Med. 1998 May; 28(3):551-8[9626712], Cites: J Speech Hear Disord. 1983 May; 48(2):150-4[6621006], Cites: Int Psychogeriatr. 2002 Dec; 14(4):405-16[12670061], Cites: Sleep Med. 2002 Sep; 3(5):389-91[14592169], Cites: Scand Audiol. 1990; 19(4):245-9[2075417], Cites: Audiology. 1985; 24(3):195-206[4004646], Cites: Int Psychogeriatr. 2004 Jun; 16(2):159-73[15318762], Cites: World J Biol Psychiatry. 2000 Apr; 1(2):105-11[12607206], Cites: Psychol Med. 2002 Aug; 32(6):1021-8[12214783], Cites: Otolaryngol Head Neck Surg. 1984 Dec; 92(6):689-96[6440089], Cites: Audiology. 2000 Nov-Dec; 39(6):333-9[11766693], Cites: J Fam Pract. 2002 Mar; 51(3):229-35[11978233], Cites: J Clin Endocrinol Metab. 2001 Aug; 86(8):3787-94[11502812], Cites: Am J Otolaryngol. 2000 Sep-Oct; 21(5):287-93[11032291]

Correspondence author: Lasisi, Akeem O

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Document 18 of 200

Comparative case series of exostoses and osteomas of the internal auditory canal.

Author: Baik, Fred M1; Nguyen, Linda; Doherty, Joni K; Harris, Jeffrey P; Mafee, Mahmood F; Nguyen, Quyen T1 Division of Otolaryngology-Head and Neck Surgery, Department of Surgery, University of California, San Diego, La Jolla, California, USA.

Publication info: The Annals of otology, rhinology, and laryngology 120.4 (Apr 2011): 255-260.

ProQuest document link

Abstract: Exostoses and osteomas are benign bony lesions of the auditory canal. Although common in the external auditory canal, they are rare and difficult to distinguish in the internal auditory canal (IAC). In this literature review and case presentation, we define radiologic and histologic criteria to differentiate exostoses from osteomas of the IAC. Two patients with exostoses and 1 patient with an osteoma of the IAC are described here. Patient 1 presented with disabling vertigo and was found to have bilateral exostoses with nerve impingement on the right. After removal of the right-sided exostoses via retrosigmoid craniotomy, the patient had complete resolution of her symptoms over 1 year. Patient 2 presented with bilateral pulsatile tinnitus and vertigo and was found to have bilateral IAC exostoses. Patient 3 presented with hearing loss and tinnitus, and a unilateral IAC osteoma was ultimately discovered. Because of the mild nature of their symptoms, patients 2 and 3 were managed without surgery. We show that IAC osteomas can be differentiated from exostoses by radiographic evidence of bone marrow in

high-resolution computed tomography scans, or by the presence of fibrovascular channels on histologic analysis. Management of these rare entities is customized on the basis of patient symptoms.

Subject: Aged; *Bone Neoplasms: diagnosis; Bone Neoplasms: surgery; Craniotomy: methods; *Ear, Inner: pathology; *Exostoses: diagnosis; Exostoses: surgery; Female; Hearing Loss, Sensorineural: etiology; Humans; Magnetic Resonance Imaging; Male; Middle Aged; Nerve Compression Syndromes: etiology; *Osteoma: diagnosis; Osteoma: surgery; Temporal Bone: pathology; Tinnitus: etiology; Tomography, X-Ray Computed; Vertigo: etiology; Vestibulocochlear Nerve Diseases: etiology

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Correspondence author: Baik, Fred M

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Hearing loss among classical-orchestra musicians.

Author: Toppila, Esko1; Koskinen, Heli; Pyykkö, Ilmari1 Finnish Institute of Occupational Health, Finland. esko.toppila@ttl.fi

Publication info: Noise & health 13.50 (Jan 2011): 45-50.

ProQuest document link

Abstract: This study intended to evaluate classical musicians' risk of hearing loss. We studied 63 musicians from four Helsinki classical orchestras. We measured their hearing loss with an audiometer, found their prior amount of exposure to sound and some individual susceptibility factors with a questionnaire, measured their present sound exposure with dosimeters, and tested their blood pressure and cholesterol levels, then compared their hearing loss to ISO 1999-1990's predictions. The musicians'

hearing loss distribution corresponded to that of the general population, but highly exposed musicians had greater hearing loss at frequencies over 3 kHz than less-exposed ones. Their individual susceptibility factors were low. Music deteriorates hearing, but by less than what ISO 1999-1990 predicted. The low number of individual susceptibility factors explained the difference, but only reduced hearing loss and not the prevalence of tinnitus.

Subject: Adult; Audiometry; Female; Finland: epidemiology; Hearing Loss, Noise-Induced: diagnosis; Hearing Loss, Noise-Induced: epidemiology; *Hearing Loss, Noise-Induced: etiology; Humans; Hyperacusis: epidemiology; Hyperacusis: etiology; Male; *Music; *Noise, Occupational: adverse effects; Noise, Occupational: statistics & numerical data; Occupational Diseases: diagnosis; Occupational Diseases: epidemiology; *Occupational Diseases: etiology; Occupational Exposure: adverse effects; Risk Assessment; Tinnitus: epidemiology; Tinnitus: etiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Toppila, Esko

Publication title: Noise & health

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Document type: Journal Article

Subfile: Index Medicus

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Occupational exposure to noise and the prevalence of hearing loss in a Belgian military population: a cross-sectional study.

Author: Collée, Audrey1; Legrand, Catherine; Govaerts, Bernadette; Van Der Veken, Paul; De Boodt, Frank; Degrave, Etienne1 Unit of Epidemiology and Biostatistics, Staff Department Well Being, Bruynstreet 1, 1120 Brussels, Belgium. audrey.collee@mil.be

Publication info: Noise & health 13.50 (Jan 2011): 64-70.

ProQuest document link

Abstract: The armed forces are highly exposed to occupational noise. The aim of this study was to evaluate the prevalence and noise exposures associated with the severity of hearing loss (HL) in a Belgian military population. A cross-sectional study was carried out at the Centre for Medical Expertise (CME) and in four Units of Occupational Medicine (UOM). Hearing thresholds were determined by audiometry. The examination included a questionnaire on hearing-related medical history, and noise exposure in military and leisure time activity. A multinomial logistic regression model was used to assess the association of the severity of HL with tinnitus, with the military occupation, and with noise exposures. Of the 2055 subjects aged 18-55 years, 661 (32.2%) had a slight HL (25-40 dB), 280 (13.6%) had a moderate HL (45-60 dB) and 206 (10.0%) had a severe HL (> 60 dB) of 4 and 6 kHz for both ears. The prevalence of slight, moderate and severe HL increased significantly with age and was higher for subjects from Paracommando and infantry units. Fighting in Built-Up Area (FIBUA) training, shooting with large caliber weapons, and participation in military exercises were the best determinants of HL in this population. These results suggest that subjects from infantry and Paracommando units run the highest risk of HL because they are exposed to very loud noises in their professional life, like large caliber shooting and FIBUA training.

Subject: Adolescent; Adult; Belgium: epidemiology; Cross-Sectional Studies; Female; *Hearing Loss, Noise-Induced: epidemiology; Humans; Male; Middle Aged; *Military Personnel: statistics & numerical data; *Noise, Occupational: adverse effects; Noise, Occupational: statistics & numerical data; Occupational Exposure: adverse effects; Occupational Exposure: statistics & numerical data; Odds Ratio; Prevalence; Young Adult

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Collée, Audrey

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Childhood hearing and its relationship with tinnitus at thirty-two years of age.

Author: Dawes, Patrick J D1; Welch, David1 Dept of Otorhinolaryngology-Head and Neck Surgery, Dunedin Hospital, 201 Great King St, Dunedin, New Zealand.

Publication info: The Annals of otology, rhinology, and laryngology 119.10 (Oct 2010): 672-676.

ProQuest document link

Abstract: Tinnitus is associated with hearing loss in adulthood, often resulting from noise or age, but it is not known whether children's hearing and/or middle ear health predispose them to tinnitus in adulthood.The participants were members of the Dunedin Multidisciplinary Health and Development Study, born in Dunedin, New Zealand, between April 1972 and March 1973. The base sample consisted of 1,037 children. Otitis media was assessed at 5, 7, and 9 years of age; audiometry and tympanometry findings were recorded at 11 years of age, and a detailed description of the tympanic membrane was made at 15 years of age. At 32 years of age, 970 of the 1,015 living study members (96%) answered questions about tinnitus.Children who had otitis media and a raised audiometric threshold went on to experience more tinnitus in adulthood than did those without middle ear disease or those who had otitis media without a raised threshold. In those who had recovered from otitis media, audiometric threshold elevation at lower and higher frequencies was associated with experiencing tinnitus in adulthood. Neither childhood otitis media alone nor elevated thresholds alone predicted adult tinnitus.Childhood otitis media with an associated hearing loss in the low and high frequencies was associated with a greater probability of experiencing tinnitus in adulthood.

Subject: Acoustic Impedance Tests; Adolescent; Adult; Audiometry; Child; Child, Preschool; Humans; *Otitis Media: complications; Otitis Media: physiopathology; *Tinnitus: etiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Dawes, Patrick J D

Publication title: The Annals of otology, rhinology, and laryngology

Volume: 119

Issue: 10

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Number of pages: 5

Publication year: 2010

Year: 2010

Location: United States

ISSN: 0003-4894

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Document type: Non-u.s. Gov't, Journal Article, Research Support

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Accession number: pmid-21049852

ProQuest document ID: 853228023

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Last updated: 2012-07-13

Database: ComDisDome

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Use of ICF in assessing the effects of Meniere's disorder on life.

Author: Levo, Hilla1; Stephens, Dafydd; Poe, Dennis; Kentala, Erna; Pyykkö, Ilmari1 Department of Otorhinolaryngology, Helsinki University Central Hospital, PO Box 220 (Haartmaninkatu 4E), 00029 HUS, Finland.

Publication info: The Annals of otology, rhinology, and laryngology 119.9 (Sep 2010): 583-589.

ProQuest document link

Abstract: We sought to determine the value of the World Health Organization's International Classification of Functioning, Disability and Health (ICF) in subjects with Meniere's disorder in relation to their quality of life.We asked 228 members of the Finnish Meniere Federation to report the effects that Meniere's disorder had on their lives. The replies were classified on the basis of the ICF classification and related to the EuroQol 5D score and disease-specific impact. Logistic regression and decision tree analyses were used to determine the relationships.Seventy percent of the patients listed impairments, 39% activity limitations, 47% participation restrictions, 16% effects on environmental contextual factors, and 28% effects on personal contextual factors. The EuroQol 5D score was explained by reported vertigo, anxiety, fatigue, restriction of life, and communication problems. The disease-specific impact was explained by episodes of vertigo, fatigue, communication problems, inability to work, restriction of life, and uncertainty of life. Both analysis models provided the same outcome variables, although the decision tree separated the results better (80%) into correct classes than did logistic regression analysis (60%).Self-reported participation restriction, activity limitation, and personal contextual factors describe the limitations of general life in subjects with Meniere's disorder. The use of the ICF classification provides an instrument that can be used in enablement of subjects with Meniere's disorder.

Subject: Activities of Daily Living: classification; Activities of Daily Living: psychology; Aged; Decision Trees; *Disability Evaluation; Female; Humans; Logistic Models; Male; *Meniere Disease: classification; Meniere Disease: diagnosis; *Meniere Disease: psychology; Middle Aged; *Quality of Life: psychology; Questionnaires; *Sick Role; Tinnitus: classification; Tinnitus: diagnosis; Tinnitus: psychology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Levo, Hilla

Publication title: The Annals of otology, rhinology, and laryngology

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Effects of sodium salicylate on spontaneous and evoked spike rate in the dorsal cochlear nucleus.

Author: Wei, Lei1; Ding, Dalian; Sun, Wei; Xu-Friedman, Matthew A; Salvi, Richard1 Center for Hearing and Deafness, University at Buffalo, 137 Cary Hall, Buffalo, NY 14214, USA. lweiub@gmail.com

Publication info: Hearing research 267.1-2 (Aug 2010): 54-60.

ProQuest document link

Abstract: Spontaneous hyperactivity in the dorsal cochlear nucleus (DCN), particularly in fusiform cells, has been proposed as a neural generator of tinnitus. To determine if sodium salicylate, a reliable tinnitus inducer, could evoke hyperactivity in the DCN, we measured the spontaneous and depolarization-evoked spike rate in fusiform and cartwheel cells during salicylate superfusion. Five minute treatment with 1.4 mM salicylate suppressed spontaneous and evoked firing in fusiform cells; this decrease partially recovered after salicylate washout. Less suppression and greater recovery occurred with 3 min treatment using 1.4 mM salicylate. In contrast, salicylate had no effect on the spontaneous or evoked firing of cartwheel cells indicating that salicylate's suppressive effects are specific to fusiform cells. To determine if salicylate's suppressive effects were a consequence of increased synaptic inhibition, spontaneous inhibitory postsynaptic currents (IPSC) were measured during salicylate treatment. Salicylate unexpectedly reduced IPSC thereby ruling out increased inhibition as a mechanism to explain the depressed firing rates in fusiform cells. The salicylate-induced suppression of fusiform spike rate apparently arises from unidentified changes in the cell's intrinsic excitability.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Wei, Lei

Publication title: Hearing research

Volume: 267

Issue: 1-2

Pages: 54-60

Number of pages: 7

Publication year: 2010

Year: 2010

ISSN: 0378-5955

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Peer reviewed: Yes

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Subfile: Index Medicus

Report number: NIHMS201239 [Available on 08/01/11], PMC2902663 [Available on 08/01/11]

Update: 2010-07-22

Accession number: pmid-20430089

ProQuest document ID: 754146941

Document URL: http://search.proquest.com/docview/754146941?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 24 of 200

Neural correlates of human somatosensory integration in tinnitus.

Author: Lanting, C P1; de Kleine, E; Eppinga, R N; van Dijk, P1 Department of Otorhinolaryngology/Head and Neck Surgery, University Medical Center Groningen, The Netherlands. cris@ihr.mrc.ac.uk

Publication info: Hearing research 267.1-2 (Aug 2010): 78-88.

ProQuest document link

Abstract: Possible neural correlates of somatosensory modulation of tinnitus were assessed. Functional magnetic resonance imaging (fMRI) was used to investigate differences in neural activity between subjects that can modulate their tinnitus by jaw protrusion and normal hearing controls. We measured responses to bilateral sound and responses to jaw protrusion. Additionally we studied multimodal integration of somatosensory jaw protrusion and sound. The auditory system responded to both sound and jaw protrusion. Jaw responses were enhanced in the cochlear nucleus (CN) and the inferior colliculus (IC) in tinnitus patients. The responses of the auditory brain areas to jaw protrusion presumable account for the modulation of tinnitus as described by the patients. The somatosensory system responded to jaw protrusion and not to sound. These responses occurred both in subjects with tinnitus and controls. Unexpectedly, the cerebellum responded to sound in normal hearing subjects, but not in tinnitus patients. Together, these results provide a neurophysiological basis for the effect of jaw protrusion on tinnitus.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Lanting, C P

Publication title: Hearing research

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Number of pages: 11

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ProQuest document ID: 754147503

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Last updated: 2010-09-25

Database: ComDisDome

Document 25 of 200

Aneurysm of the petrous portion of the internal carotid artery at the foramen lacerum: anatomic, imaging, and otologic findings.

Author: Palacios, Enrique1; Gómez, Juan; Alvernia, Jorge E; Jacob, Christian1 Department of Radiology, Tulane University Hospital and Clinic, 1514 Tulane Ave., New Orleans, LA 70112, USA. drpalacios@aol.com

Publication info: Ear, nose, & throat journal 89.7 (Jul 2010): 303-305.

ProQuest document link

Abstract: Aneurysms of the petrous portion of the internal carotid artery (ICA) are rare. Their etiology is usually congenital, traumatic, or mycotic. Depending on the size and location of the aneurysm, the direction of its growth, and the specific adjacent structures involved, patients may or may not present with signs and symptoms. When signs and symptoms do manifest, they may include headaches, epistaxis, a vascular retrotympanic mass with hemotympanum and/or otorrhagia, pulsatile tinnitus, hearing loss, vertigo, and Horner syndrome or Raeder paratrigeminal neuralgia. We describe the imaging aspects of the case of a 27-year-old man who presented with a 5-day history of unilateral symptoms secondary to a lesion located in the area of the right foramen lacerum. The lesion proved to be an aneurysm of the petrous portion of the ICA. We discuss the anatomic, imaging, and otologic aspects of ICA aneurysms in this location.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Palacios, Enrique

Publication title: Ear, nose, & throat journal

Volume: 89

Issue: 7

Pages: 303-305

Number of pages: 3

Publication year: 2010

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ISSN: 0145-5613

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Database: ComDisDome

Document 26 of 200

Inflammatory pseudotumor (plasma cell granuloma) of the temporal bone.

Author: Ajibade, Dare V1; Tanaka, Iwao K; Paghda, Kapila V; Mirani, Neena; Lee, Huey-Jen; Jyung, Robert W1 Division of Otolaryngology, Department of Surgery, New Jersey Medical School, University of Medicine and Dentistry of New Jersey, Newark, NJ, USA.

Publication info: Ear, nose, & throat journal 89.7 (Jul 2010): E1-13.

ProQuest document link

Abstract: We report the case of a 41-year-old man who presented with progressive right-sided ear pressure, otalgia, hearing loss, tinnitus, and intermittent otorrhea. Computed tomography and magnetic resonance imaging detected a soft-tissue mass in the right mastoid with intracranial invasion and erosion through the tegmen tympani and mastoid cortex. Histopathologic examination was consistent with an inflammatory pseudotumor (plasma cell granuloma). These lesions rarely occur in the temporal bone. When they do, they are locally destructive and can erode bone and soft tissues. Aggressive surgery is recommended as a first-line treatment, with adjunctive steroid or radiotherapy reserved for residual or refractory disease. Our patient subsequently experienced multiple recurrences, and his treatment required all of these modalities. At the most recent follow-up, he was disease-free and doing well.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Ajibade, Dare V

Publication title: Ear, nose, & throat journal

Volume: 89

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Publication year: 2010

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Last updated: 2010-09-25

Database: ComDisDome

Document 27 of 200

Molecular aspects of tinnitus.

Publication info: Hearing research 266.1-2 (Jul 2010): 60-69.

ProQuest document link

Abstract: Molecular changes caused by sensory trauma and subsequent structural alterations of the central nervous system are only beginning to be identified. In most cases, the generation of tinnitus can be linked to damage of the peripheral auditory system, probably even in cases where hearing impairment cannot be assessed by audiometry. Within a common view, acoustic trauma and salicylate induce abnormal excitability at the level of the brainstem, subcortical and cortical level that may be related to tinnitus. The present review summarizes studies emphasizing a crucial role of molecular events that occur in the cochlea exhibiting the potential to alter the network activity in distinct areas of the brain, including the limbic system. We proceed from the inner ear to the auditory cortex and discuss the recent molecular findings in the central auditory system as a secondary step of previous neuronal changes in the periphery.

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Effects of acoustical stimuli delivered through hearing aids on tinnitus.

Author: Sweetow, Robert W1; Sabes, Jennifer Henderson1 University of California, San Francisco, CA 94115, USA. Robert.Sweetow@ucsfmedctr.org

Publication info: Journal of the American Academy of Audiology 21.7 (Jul 2010): 461-473.

ProQuest document link

Abstract: The use of acoustic signals to mask, mix with, or ease the distress associated with tinnitus has been clinically employed for decades. It has been proposed that expanding acoustic options for tinnitus sufferers due to personal preferences is desirable. Fractal tones incorporate many useful characteristics of music while avoiding certain features that could be distracting to some individuals.To assess the effects on relaxation, tinnitus annoyance, tinnitus handicap, and tinnitus reaction from the use of a hearing aid that incorporates combinations of amplification, fractal tones, and white noise.Participants listened to experimental hearing aids containing several acoustic options and were asked to rate the signals in terms of their effect on relaxation and tinnitus annoyance. They subsequently wore the hearing aids for 6 mo and completed tinnitus handicap and reaction scales.Fourteen hearing-impaired adults with primary complaints of subjective tinnitus.Participants were tested wearing hearing aids containing several programs including amplification only, fractal tones only, and a combination of amplification, noise, and/or fractal tones. The fractal tones (now commercially available as the "Zen" feature) were generated by the Widex Mind hearing aid. Rating procedures were conducted in the laboratory, and tinnitus reaction and handicap were assessed during and following a 6 mo field trial.Data were collected at the initial visit, one week, 1 mo, 3 mo, and 6 mo. Nonparametric statistics included Wilcoxon matched-pairs signed-rank, chi(2), and repeated-measures analyses of variance.Thirteen of 14 participants reported that their tinnitus annoyance, as measured by the Tinnitus Annoyance Scale, was reduced for at least one of the amplified conditions (with or without fractal tones or noise), relative to the unaided condition. Nine assigned a lower tinnitus

annoyance rating when listening to fractal tones alone versus the amplification-alone condition. There was a range of preferences observed for fractal settings, with most participants preferring fractals with a slow or medium tempo and restricted dynamic range. The majority (86%) indicated that it was easier to relax while listening to fractal signals. Participants had preferences for certain programs and fractal characteristics. Although seven participants rated the noise-only condition as providing the least tinnitus annoyance, only two opted to have noise only as a program during the field trial, and none selected the noise-only condition as the preferred setting. Furthermore, while all four of the experienced hearing aid users selected noise as producing the least annoying tinnitus in the laboratory, only one selected it for field wear. Tinnitus Handicap Inventory and Tinnitus Reaction Questionnaire scores were improved over the course of the 6 mo trial, with clinically significant improvements occurring for over half of the participants on at least one of the measures.The results suggest that use of acoustic stimuli, particularly fractal tones, delivered though hearing aids can provide amplification while allowing for relief for some tinnitus sufferers. It is important to recognize, however, that tinnitus management procedures need to be supplemented with appropriate counseling.American Academy of Audiology.

Subject: *Acoustic Stimulation: methods; Adult; Aged; Female; Fractals; *Hearing Aids; Hearing Loss: complications; Hearing Loss: therapy; Humans; Male; Middle Aged; Music; *Music Therapy: methods; Noise; Patient Satisfaction; Perceptual Masking; Psychoacoustics; Questionnaires; *Relaxation Therapy: methods; Tinnitus: complications; *Tinnitus: therapy

Record owner: National Library of Medicine

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Correspondence author: Sweetow, Robert W

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Document 29 of 200

Predictors of vestibular schwannoma growth and clinical implications.

Author: Agrawal, Yuri1; Clark, James H; Limb, Charles J; Niparko, John K; Francis, Howard W1 Department of Otolaryngology-Head and Neck Surgery, The Johns Hopkins University School of Medicine, Baltimore, MD 21287, USA.

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.5 (Jul 2010): 807-812.

ProQuest document link

Abstract: OBJECTIVE: Vestibular schwannomas exhibit variable and unpredictable patterns of growth. We evaluated the extent to which tumor growth influences the management of these benign tumors, and we explored symptom markers present at diagnosis that may be predictive of tumor growth. STUDY DESIGN: Retrospective case review. SETTING: Tertiary care hospital center. PATIENTS: One hundred eighty patients with unilateral vestibular schwannomas diagnosed between 1997 and 2007 who were initially managed conservatively by serial observation. INTERVENTION(S): Serial observation versus eventual microsurgical or radiosurgical treatment. MAIN OUTCOME MEASURE(S): Tumor growth, defined as a 1 mm/year or greater increase in tumor size. RESULTS: We observed that tumor growth was the most important predictor of a change in treatment strategy from serial observation to microsurgical or radiosurgical treatment. We further noted in multivariate analyses that larger tumor size at diagnosis was associated with higher odds of tumor growth, such that each 1-mm increment in tumor size at presentation increased the odds of growth by 20%. We also found that the symptom marker of tinnitus at diagnosis significantly increased the odds of tumor growth nearly 3-fold. CONCLUSION: Tumor growth plays a significant role in guiding the management of vestibular schwannomas. Assessment of tumor size at diagnosis and for the presence of tinnitus may allow for risk stratification of patients with newly diagnosed vestibular schwannomas and for a more rational application of the conservative management approach.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Agrawal, Yuri

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

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Number of pages: 6

Publication year: 2010

Year: 2010

ISSN: 1531-7129

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ProQuest document ID: 754147697

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Last updated: 2010-09-25

Database: ComDisDome

Document 30 of 200

Comparison of salicylate- and quinine-induced tinnitus in rats: development, time course, and evaluation of audiologic correlates.

Author: Ralli, Massimo1; Lobarinas, Edward; Fetoni, Anna Rita; Stolzberg, Daniel; Paludetti, Gaetano; Salvi, Richard1 Center for Hearing and Deafness, Department of Communicative Disorders and Sciences, University at Buffalo, Buffalo, New York, USA. massimoralli@mac.com

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.5 (Jul 2010): 823-831.

ProQuest document link

Abstract: BACKGROUND: Salicylate and quinine have been shown to reliably induce short-term tinnitus when administered at high doses. The present study compared salicylate and quinine-induced tinnitus in rats using the gap prepulse inhibition of acoustic startle (GPIAS). METHODS: Twenty-four rats were divided into 2 groups; the first group (n = 12) was injected with salicylate (300 mg kg d), whereas the second (n = 12) was treated with quinine orally at a dose of 200 mg kg d. Animals were treated daily for 4 consecutive days. All rats were tested for tinnitus and hearing loss before and 2, 24, 48, 72, and 96 hours after the first drug administration. Tinnitus was assessed using GPIAS; hearing function was measured with distortion product otoacoustic emissions (DPOAEs) and auditory brainstem response. RESULTS: Salicylate treatment induced transient tinnitus with a pitch near 16 kHz starting 2 hours posttreatment, persisting over the 4-day treatment period and disappearing 24 hours later. Animals in the quinine group showed GPIAS changes at a higher pitch (20 kHz); however, changes were more variable among animals, and the mean data were not statistically significant. Hearing function varied across treatments. In the salicylate group, high-level DPOAEs were slightly affected; most changes occurred 2 hours posttreatment. Low-level DPOAEs were affected at all frequencies with a progressive dose-dependent effect. In the quinine group, only high-level DPOAEs were affected, mainly at 16 kHz. CONCLUSION: The present study highlights the similarities and differences in the frequency and the time course of tinnitus and hypoacusis induced by salicylate and quinine. Transient tinnitus was reliably induced pharmacologically with salicylate, whereas hearing loss remained subclinical with only minor changes in DPOAEs.

Record owner: National Library of Medicine

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Correspondence author: Ralli, Massimo

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Last updated: 2010-09-25

Database: ComDisDome

Document 31 of 200

Myiasis of the external and middle ear.

Author: Hatten, Kyle1; Gulleth, Yusuf; Meyer, Tanya; Eisenman, David J1 Department of Otorhinolaryngology-Head and Neck Surgery, University of Maryland School of Medicine, Baltimore, Maryland 21201, USA.

Publication info: The Annals of otology, rhinology, and laryngology 119.7 (Jul 2010): 436-438.

ProQuest document link

Abstract: Aural myiasis is a rare otolaryngological disease typically seen in poor hygienic conditions and medically disabled patients. We present a case of aural myiasis in a healthy woman who had no apparent risk factors for infestation and required extensive surgical intervention. We also discuss the literature of documented otolaryngological cases of myiasis and effective therapies. In our patient, symptoms of otalgia, otorrhea, and tinnitus resolved after multiple attempts at extraction resulted in successful eradication of larvae. The patient required tympanoplasty to reconstruct the damaged external and middle ear. Physicians should have a clinical suspicion of aural myiasis in patients with a travel history and an atypical presentation of acute otalgia and otorrhea.

Subject: Adult; Debridement; Ear Canal: parasitology; Ear Canal: surgery; *Ear Diseases: parasitology; Ear Diseases: surgery; Ear Ossicles: radiography; *Ear, External: parasitology; Ear, External: surgery; *Ear, Middle: parasitology; Ear, Middle: surgery; Earache: complications; Female; Humans; Myiasis: complications; *Myiasis: diagnosis; Tinnitus: etiology; Tomography, X-Ray Computed

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Hatten, Kyle

Publication title: The Annals of otology, rhinology, and laryngology

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Document type: Case Reports, Journal Article

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Document 32 of 200

Too much of a good thing: long-term treatment with salicylate strengthens outer hair cell function but impairs auditory neural activity.

Author: Chen, Guang-Di1; Kermany, Mohammad Habiby; D'Elia, Alessandra; Ralli, Massimo; Tanaka, Chiemi; Bielefeld, Eric C; Ding, Dalian; Henderson, Donald; Salvi, Richard1 Center for Hearing and Deafness, SUNY at Buffalo, Buffalo, NY, USA. gchen7@buffalo.edu

Publication info: Hearing research 265.1-2 (Jun 14, 2010): 63-69.

ProQuest document link

Abstract: Aspirin has been extensively used in clinical settings. Its side effects on auditory function, including hearing loss and tinnitus, are considered as temporary. A recent promising finding is that chronic treatment with high-dose salicylate (the active ingredient of aspirin) for several weeks enhances expression of the outer hair cell (OHC) motor protein (prestin), resulting in strengthened OHC electromotility and enhanced distortion product otoacoustic emissions (DPOAE). To follow up on these observations, we carried out two studies, one planned study of age-related hearing loss restoration and a second unrelated study of salicylate-induced tinnitus. Rats of different strains and ages were injected with salicylate at a dose of 200 mg/kg/day for 5 days per week for 3 weeks or at higher dose levels (250-350 mg/kg/day) for 4 days per week for 2 weeks. Unexpectedly, while an enhanced or sustained DPOAE was seen, permanent reductions in the amplitude of the cochlear compound action potential (CAP) and the auditory brainstem response (ABR) were often observed after the chronic salicylate treatment. The mechanisms underlying these unexpected, permanent salicylate-induced reductions in neural activity are discussed.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Chen, Guang-Di

Publication title: Hearing research

Volume: 265

Issue: 1-2

Pages: 63-69

Number of pages: 7

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Peer reviewed: Yes

Format availability: Internet

Language of publication: English (eng)

Document type: Journal Article, Research Support, N.I.H., Extramural, Research Support, Non-U.S. Gov't, Research Support, U.S. Gov't, P.H.S.

Subfile: Index Medicus

Update: 2010-05-24

Accession number: pmid-20214971

ProQuest document ID: 742786976

Document URL: http://search.proquest.com/docview/742786976?accountid=50982

Last updated: 2010-08-14

Database: ComDisDome

Postoperative complications in patients with cochlear implants and impacts of nursing intervention.

Author: Hou, Jun-Hua1; Zhao, Shu-Ping; Ning, Fei; Rao, Shao-Qi; Han, Dong-Yi1 Department of Otorhinolaryngology/Head and Neck Surgery, Chinese People's Liberation Army General Hospital, Beijing, China.

Publication info: Acta oto-laryngologica 130.6 (Jun 2010): 687-695.

ProQuest document link

Abstract: CONCLUSION: This study shows that cochlear implantation is relatively safe surgery with few major complications and within acceptable limits. However, close follow-up observation and effective medical and nursing intervention could alleviate further complications and thus become key elements for promoting recovery of patients undergoing such surgery. OBJECTIVES: Cochlear implantation has become an effective method for curing patients disabled by profound hearing loss in China. However, full exploration of the associated complications remains to be completed. The objective of this study was thus to analyse the postoperative complications in patients with cochlear implants (CIs) in order to design improved measures for clinical and nursing interventions. METHODS: A retrospective study of 262 patients receiving CIs at the Department of Otorhinolaryngology/Head and Neck Surgery, Chinese People's Liberation Army General Hospital, Beijing, China from March 1997 to December 2006 was conducted. RESULTS: Among 262 patients, 4 cases (1.5%) had 1 or more major complications requiring substantial medical or nursing interventions, including 1 case of cerebrospinal fluid (CSF) otorrhoea accompanied by meningitis, 2 cases of facial nerve paresis and 1 case of perforation of tympanic membrane. Forty cases (15.3%) had some form of minor complication that settled spontaneously or easily with conventional treatments and nursing, of which dizziness and vomiting was the most frequent (4.2%), followed by CSF gusher without otorrhoea and/or induced meningitis (2.7%), tinnitus (1.9%) and facial nerve partially exposed without paralysis (1.5%). Eleven cases (4.2%) had some symptoms associated with installation of the cochlear device. Except for one patient who had no response after implantation because his auditory nerves were underdeveloped, all the patients who received appropriate treatment and nursing intervention had a favourable prognosis.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Hou, Jun-Hua

Publication title: Acta oto-laryngologica

Volume: 130

Issue: 6

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Number of pages: 9

Publication year: 2010

Year: 2010

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eISSN: 1651-2251

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Document type: Journal Article, Research Support, Non-U.S. Gov't

Subfile: Index Medicus

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ProQuest document ID: 742786236

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Last updated: 2010-08-14

Database: ComDisDome

Document 34 of 200

Quantitative analysis of cochlear active mechanisms in tinnitus subjects with normal hearing sensitivity: multiparametric recording of evoked otoacoustic emissions and contralateral suppression.

Author: Paglialonga, Alessia1; Del Bo, Luca; Ravazzani, Paolo; Tognola, Gabriella1 Istituto di Ingegneria Biomedica, Consiglio Nazionale delle Ricerche, Piazza Leonardo da Vinci 32, Milan, Italy. alessia.paglialonga@polimi.it

Publication info: Auris, nasus, larynx 37.3 (Jun 2010): 291-298.

ProQuest document link

Abstract: OBJECTIVE: Aim of this study was to investigate the possible role played by outer hair cells and cochlear efferent system functionality when tinnitus develops in normal hearing ears. A multiparametric approach was used, entailing recording and analysis of a set of otoacoustic emissions (OAEs): distortion product (DPOAEs), transient evoked (TEOAEs) and efferent-mediated TEOAE suppression in the presence of contralateral acoustic stimulation (CAS). METHODS: Fifty-four subjects with normal hearing sensitivity participated in the study. Twenty-three suffered from chronic subjective tinnitus whereas thirty-one did not have tinnitus and acted as control subjects. DPOAEs were measured with eliciting tones of frequency ratio 1.22 and intensity 65 and 55dB SPL in the frequency range 0.5-8kHz. TEOAEs were recorded with the 'linear' protocol using clicks at 60dB peak SPL both in the absence and in the presence of CAS at two different intensities. DPOAE amplitude, TEOAE amplitude, and TEOAE suppression were analysed as relevant parameters. RESULTS: Significantly reduced DPOAE amplitude in the frequency range 1.5-8kHz, lower TEOAE amplitude, and slightly decreased TEOAE suppression were measured in tinnitus subjects compared to non-tinnitus controls. In particular, 74% of tinnitus subjects exhibited

abnormal DPOAEs, 13% had abnormal TEOAEs, whereas abnormal TEOAE suppression was found in 9% of patients. CONCLUSION: Overall, the present work revealed the presence of abnormal OAEs, in particular at higher frequencies, in tinnitus subjects with normal hearing sensitivity. A minor (i.e., sub-clinical) outer hair cell dysfunction, particularly in high-frequency cochlear regions, might thus be assumed in normal hearing tinnitus subjects. In order to better put in light the possible role played by outer hair cells in low-frequency cochlear regions, or by the cochlear efferent system, additional analyses would be needed.

MeSH: Young Adult, Humans, Adult, Middle Aged, Hearing Loss, Sensorineural -- diagnosis, Hearing Loss, Sensorineural -- etiology, Tinnitus -- complications, Tinnitus -- pathology, Tinnitus -- physiopathology, Male, Female, Cochlea (major) -- pathology, Cochlea (major) -- physiopathology, Otoacoustic Emissions, Spontaneous (major) -- physiology, Evoked Potentials, Auditory (major) -- physiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Paglialonga, Alessia

Publication title: Auris, nasus, larynx

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Number of pages: 8

Publication year: 2010

Year: 2010

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ProQuest document ID: 742784009

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Database: ComDisDome

Document 35 of 200

Eye movement abnormalities in somatic tinnitus: fixation, smooth pursuit and optokinetic nystagmus.

Author: Kapoula, Z1; Yang, Q; Vernet, M; Bonfils, P; Londero, A1 Laboratoire IRIS, CNRS, FRE 3154, Service d'Ophtalmologie-ORL-Stomatologie, Hôpital Européen Georges Pompidou, 20 rue Leblanc, Paris, France. zoi.kapoula@egp.aphp.fr

Publication info: Auris, nasus, larynx 37.3 (Jun 2010): 314-321.

ProQuest document link

Abstract: OBJECTIVE: Smooth pursuit (SP), optokinetic nystagmus (OKN) and fixation were investigated in five subjects with somatic tinnitus modulated by eye movements, jaw or neck. METHODS: Eye movements were recorded with the EyeLink II video system. RESULTS: (1) Fixation was characterized by high frequency and amplitude of saccade intrusions; (2) SP had low gain particularly in the vertical direction, and it was characterized by high frequency of catch-up saccades with high amplitude, including predictive saccades; (3) OKN also had low gain particularly in the vertical direction. Each subject showed abnormality for more than one type of eye movement, and for specific directions. CONCLUSIONS AND SIGNIFICANCE: The results suggest mild dysfunction of cortical-subcortical and cerebellar structures involved in the control of these eye movements. Particularly deficits for vertical pursuit eye movements and fixation instability in line with cerebellar signs. Further studies of more patients with or without modulated tinnitus are in progress. Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved.

MeSH: Humans, Middle Aged, Pursuit, Smooth -- physiology, Male, Female, Eye Movements (major) -- physiology, Nystagmus, Optokinetic (major) -- physiology, Somatoform Disorders (major) -- epidemiology, Somatoform Disorders (major) -- physiopathology, Tinnitus (major) -- epidemiology, Tinnitus (major) -- physiopathology, Fixation, Ocular (major) -- physiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Kapoula, Z

Publication title: Auris, nasus, larynx

Volume: 37

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Publication year: 2010

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Last updated: 2010-09-25

Database: ComDisDome

Document 36 of 200

Incidence, persistence, and progression of tinnitus symptoms in older adults: the Blue Mountains Hearing Study.

Author: Gopinath, Bamini1; McMahon, Catherine M; Rochtchina, Elena; Karpa, Michael J; Mitchell, Paul1 Centre for Vision Research, Department of Ophthalmology and Westmead Millennium Institute, University

of Sydney, Sydney, NSW, Australia.

Publication info: Ear and hearing 31.3 (Jun 2010): 407-412.

ProQuest document link

Abstract: OBJECTIVE: Temporal population-based data on tinnitus are lacking. We used a representative older population-based cohort to establish 5-yr incidence, persistence, and progression of tinnitus symptoms. DESIGN: Two thousand six participants of the Blue Mountains Hearing Study (1997-1999) had complete tinnitus data, and of these, 1214 participants were followed up at 5-yr examinations in 2002-2004. Presence of prolonged tinnitus was assessed by a positive response to a single question administered by an audiologist. Incident tinnitus was defined in participants who were free of tinnitus symptoms at the baseline study in 1997-1999 but who reported tinnitus symptoms at the 5-yr follow-up in 2002-2004. Progression of tinnitus was defined as the increase in annoyance of tinnitus symptoms from baseline to the 5-yr follow-up study. Persistence of tinnitus symptoms was defined as the presence of tinnitus symptoms at both the baseline and follow-up examinations. Hearing impairment was measured as the pure-tone average (PTA) of audiometric hearing thresholds at 500, 1000, 2000, and 4000 Hz (PTA0.5-4 kHz), defining bilateral hearing loss as PTA0.5-4 kHz >25 dB HL. RESULTS: Five-year incidence of tinnitus was 18.0%. A significant age trend was observed for the 5-yr incidence ($p = 0.005$), with incident tinnitus decreasing with age. Hearing loss increased the risk of developing incident tinnitus, age-sex adjusted odds ratio 2.13 (95% confidence interval, 1.40 to 3.24). Most (55.5%) incident tinnitus cases reported symptoms that were only mildly annoying. Tinnitus at baseline persisted in 81.6% of participants. Of those reporting mildly annoying tinnitus at baseline, 39.6% progressed to moderately annoying and 5.9% to severely annoying tinnitus. At the follow-up, a higher frequency of participants with persistent tinnitus (old cases) reported their symptoms as very/extremely annoying compared with the new (incident) cases of tinnitus ($p = 0.01$). A high proportion (85.2%) of subjects receiving tinnitus treatment (mainly medications and hearing aid) at baseline still reported tinnitus at 5-yr examinations. CONCLUSIONS: Incident tinnitus was frequent, with nearly one in five older adults suffering from this condition after 5 yrs. Tinnitus symptoms persisted in more than three-quarters of the cohort, during the 5 yrs. Longitudinal data are an important contribution to the research evidence base to support timely intervention and effective management of this frequent symptom.

MeSH: Severity of Illness Index, Young Adult, Evidence-Based Medicine, Audiometry, Pure-Tone, Auditory Threshold, Humans, Disease Progression, Aged, Longitudinal Studies, Aged, 80 and over, Risk Factors, Adult, Incidence, Middle Aged, Australia -- epidemiology, Chronic Disease, Follow-Up Studies, Male, Female, Tinnitus (major) -- epidemiology, Tinnitus (major) -- physiopathology, Tinnitus (major) -- therapy, Health Surveys (major)

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Gopinath, Bamini

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Subfile: Index Medicus

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Last updated: 2010-09-25

Database: ComDisDome

Document 37 of 200

Tinnitus onset rates from chemotherapeutic agents and ototoxic antibiotics: results of a large prospective study.

Author: Dille, Marilyn F1; Konrad-Martin, Dawn; Gallun, Frederick; Helt, Wendy J; Gordon, Jane S; Reavis, Kelly M; Bratt, Gene W; Fausti, Stephen A1 VA RR & D National Center for Rehabilitative Auditory Research, Portland VA Medical Center, Portland, OR 97239, USA. marilyn.dille@va.gov

Publication info: Journal of the American Academy of Audiology 21.6 (Jun 2010): 409-417.

ProQuest document link

Abstract: To report on the incidence and relative risk of tinnitus onset from a variety of drug therapies known to be ototoxic. Two main questions were asked: (1) What is the prevalence and incidence of tinnitus among patients treated with cisplatin, carboplatin, or ototoxic antibiotic therapies? (2) Do commonly reported treatment or subject factors confound or modify the incidence of tinnitus onset?A prospective observational study design was used to evaluate occurrence of significant otologic changes in 488 veterans (962 ears) receiving chemotherapeutic agents (cisplatin, carboplatin), ototoxic antibiotics (primarily aminoglycoside), or nonototoxic drugs (control medications). A subset of 260 veterans lacking tinnitus prior to drug exposure was used to compare rates of tinnitus onset. Subjects were tested prior to, during, and following their treatment. Planned comparisons using logistic regression, analysis of variance (ANOVA), and chi(2) statistics were made among groups by the type of medication taken, age, presence of preexisting hearing loss, days on drug, and cumulative dose of drug.Baseline tinnitus rates were high (nearly 47%) relative to the general population of a similar age. Subjects with exposure to ototoxic medications had significantly increased risk for developing tinnitus. Those on chemotherapeutic agents were found to have the greatest risk. Cisplatin elevated the risk by 5.53 times while carboplatin increased the risk by 3.75 over nonototoxic control medications. Ototoxic antibiotics resulted in borderline risk (2.81) for new tinnitus. Contrary to other reports, we did not find that subject factors (increased age or pre-existing hearing loss) or treatment factors (days on drug or cumulative dose) contributed to rates of tinnitus onset during treatment.This large prospective study confirms that new tinnitus during treatment is associated with chemotherapy and with certain ototoxic antibiotic treatment. Cisplatin and carboplatin were found to be the most potent ototoxic agents causing tinnitus at much greater numbers than the other drugs studied. Implications for counseling and audiological resource allocation are discussed.American Academy of Audiology.

Subject: Adult; Aged; Amikacin: toxicity; *Aminoglycosides: toxicity; *Anti-Bacterial Agents: toxicity; *Antineoplastic Agents: toxicity; Bacterial Infections: drug therapy; *Carboplatin: toxicity; *Cisplatin: toxicity; Cross-Sectional Studies; Female; Gentamicins: toxicity; Hearing Tests; Humans; Incidence; Male; Middle Aged; Neoplasms: drug therapy; Prospective Studies; Risk; Time Factors; *Tinnitus: chemically induced; Tinnitus: epidemiology; Tobramycin: toxicity; Vancomycin: toxicity; *Veterans: statistics & numerical data

Record owner: National Library of Medicine

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Correspondence author: Dille, Marilyn F

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Subfile: Index Medicus

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Document 38 of 200

Endolymphatic sac tumor presenting with Ménière's disease.

Author: Lee, Kimberly J1; Kirsch, Claudia F E; Lai, Chi; Ishiyama, Akira1 Department of Surgery, Division of Head and Neck Surgery, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA. kimlee@stanfordalumni.org

Publication info: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery 142.6 (Jun 2010): 915-916.

ProQuest document link

Abstract: None available.

MeSH: Magnetic Resonance Imaging, Humans, Endolymphatic Sac -- pathology, Adult, Tinnitus -- etiology, Vertigo -- etiology, Male, Ear Neoplasms (major) -- diagnosis, Ear Neoplasms (major) -- pathology, Meniere Disease (major) -- diagnosis, Vestibular Diseases (major) -- diagnosis, Vestibular Diseases (major) -- pathology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Lee, Kimberly J

Publication title: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery

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Document type: Case Reports, Journal Article

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Accession number: pmid-20493370

ProQuest document ID: 742786084

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Last updated: 2010-09-25

Database: ComDisDome

Systematic screening for nonspecific autoantibodies in idiopathic sensorineural hearing loss: no association with steroid response.

Author: Hervier, Baptiste1; Bordure, Philippe; Audrain, Marie; Calais, Catherine; Masseau, Agathe; Hamidou, Mohamed1 Department of Internal medicine, Hôtel Dieu, Place Alexis Ricordeau, France. bhervier@yahoo.fr

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.4 (Jun 2010): 687-690.

ProQuest document link

Abstract: OBJECTIVE: An autoimmune pathogenesis has been suggested for idiopathic sensorineural hearing loss (iSHL). Specific tests have been developed to detect inner ear autoantibodies and have been shown to correlate with treatment outcome. However, the disease is rare, and specific tests are not easily available. We aimed to analyze the correlation between positive systemic autoimmune test results and steroid treatment outcome in patients with iSHL. STUDY DESIGN: Prospective, single-center, open trial. SETTING: All patients younger than 60 years seen in the ENT department from 1999 to 2007 and fulfilling the criteria for iSHL were tested for systemic autoimmunity. PATIENTS: Patients were classified into 2 groups, according to the presence or absence of autoimmunity. INTERVENTION:: Clinical evaluation and audiologic tests. MAIN OUTCOME MEASURES: The outcomes of steroid treatment were compared between these 2 groups. RESULTS: Forty-nine patients were included; the mean age at iSHL onset was 36.1 years. Hearing loss was often bilateral (89.8%). Tinnitus and vertigo were present in 75.5% and 51%, respectively. On audiograms, disease severity was correlated with disease duration. Nine patients (18.4%) had positive autoimmune tests: anti-neutrophil cytoplasmic antibody (n = 1), antinuclear antibody (n = 3), rheumatoid factor (n = 3), and antiphospholipid (n = 2). Twenty-five courses of oral steroids were

evaluated after 1 month: 52% of cases experienced some improvement. There were no differences in outcome associated with autoimmune status (p = 0.85). CONCLUSION: The results of this study suggest that positive autoimmune tests in patients with iSHL are not predictive of improvement after a 1-month steroid course. Therefore, systematic screening does not seem to be useful, and specific inner ear autoantibody tests need to be developed.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Hervier, Baptiste

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

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Issue: 4

Pages: 687-690

Number of pages: 4

Publication year: 2010

Year: 2010

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Document type: Journal Article

Subfile: Index Medicus

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Accession number: pmid-20400925

ProQuest document ID: 742785943

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Last updated: 2010-09-25

Database: ComDisDome

Document 40 of 200

Fatal case of tumor-associated hemorrhage in a large vestibular schwannoma.

Author: Yates, Charles W1; Weinberg, Mitchell; Packer, Mark J; Jacob, Abraham1 The Ohio State University, Dept of Otolaryngology-Head and Neck Surgery, OSU Eye and Ear Institute, 915 Olentangy River Rd, Columbus, OH 43212, USA.

Publication info: The Annals of otology, rhinology, and laryngology 119.6 (Jun 2010): 402-405.

ProQuest document link

Abstract: Vestibular schwannomas are benign neoplasms that arise from Schwann cells of the eighth cranial nerve. Most manifest clinically with tinnitus, unilateral sensorineural hearing loss, and dysequilibrium secondary to compression of the vestibulocochlear nerve; major adverse events such as intratumoral hemorrhage causing acute neurologic deterioration are rare. We report the case of a 69-year-old man

with a large vestibular schwannoma who required anticoagulation for several medical comorbidities. The patient began having progressively worsening neurologic symptoms, including facial nerve paralysis and dysequilibrium, which confined him to a wheelchair. After presentation, the patient was admitted to the hospital. Several days after alteration of his anticoagulation therapy in preparation for surgery, he developed intracranial hemorrhage. Attempts were made to stabilize the patient, including posterior fossa craniectomy and evacuation of hematoma; however, the intracranial hemorrhage ultimately resulted in a fatal outcome. During this procedure, a biopsy specimen was obtained, showing benign vestibular schwannoma. The literature for intratumoral hemorrhage into vestibular schwannoma and the pathologic findings in our case are reviewed.

Subject: Aged; Anticoagulants: therapeutic use; Comorbidity; Disease Progression; Fatal Outcome; Heart Valve Prosthesis; Humans; Immunohistochemistry; *Intracranial Hemorrhages: etiology; Magnetic Resonance Imaging; Male; *Neuroma, Acoustic: complications; Neuroma, Acoustic: epidemiology; Neuroma, Acoustic: metabolism; Retrospective Studies; Warfarin: therapeutic use

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Yates, Charles W

Publication title: The Annals of otology, rhinology, and laryngology

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Number of pages: 4

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Location: United States

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ProQuest document ID: 754147749

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Last updated: 2012-07-13

Database: ComDisDome

Document 41 of 200

Test-retest tinnitus characteristics in patients with noise-induced hearing loss.

Author: Nageris, Ben I1; Attias, Joseph; Raveh, Eyal1 Department of Otolaryngology-Head and Neck Surgery, Rabin Medical Center, Petah Tiqwa, Israel. bennyn@clalit.org.il

Publication info: American journal of otolaryngology 31.3 (May 2010): 181-184.

ProQuest document link

Abstract: PURPOSE: The purpose of the study was to examine the test-retest value of tinnitus pitch and loudness in patients with tinnitus and noise-induced hearing loss (NIHL). MATERIALS AND METHODS: The study sample consisted of 30 patients of mean age 35 +/- 6.7 years with long-standing tinnitus and hearing loss due to exposure to noise during military service. Ten patients had unilateral tinnitus, and 20 had bilateral tinnitus. All presented with a typical NIHL audiogram on the affected side(s). None of the patients was receiving drug therapy. RESULTS: There was no statistically significant difference in tinnitus pitch or loudness between the 2 tests for the whole group and separately in patients with unilateral or bilateral tinnitus. CONCLUSION: Subjective testing of pitch and loudness of tinnitus secondary to NIHL is accurate and reproducible, making it a valuable tool for diagnosis and follow-up. The lack of differences between patients with unilateral or bilateral tinnitus indicates that both types may be managed in a similar manner.Copyright (c) 2010 Elsevier Inc. All rights reserved.

MeSH: Severity of Illness Index, Reproducibility of Results, Auditory Threshold -- physiology, Humans, Pitch Perception -- physiology, Hearing Loss, Noise-Induced -- diagnosis, Hearing Loss, Noise-Induced -- etiology, Hearing Loss, Noise-Induced -- physiopathology, Military Personnel, Adult, Hearing Tests, Loudness Perception -- physiology, Middle Aged, Female, Male, Tinnitus (major) -- etiology, Tinnitus (major) -- physiopathology, Noise, Occupational (major) -- adverse effects

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Nageris, Ben I

Publication title: American journal of otolaryngology

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Peer reviewed: Yes

Format availability: Internet

Language of publication: English (eng)

Document type: Journal Article

Subfile: Index Medicus

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Document 42 of 200

Neuro-otological findings in tinnitus patients with normal hearing.

Author: Morales-Garcia, C1; Quiroz, G; Matamala, J M; Tapia, C1 Department of Neuro-Otology, University of Chile School of Medicine, Salvador Hospital, Santiago, Chile. cvmoralesg@vtr.net

Publication info: The Journal of laryngology and otology 124.5 (May 2010): 474-476.

ProQuest document link

Abstract: INTRODUCTION: Tinnitus is usually associated with hearing loss, and patients with tinnitus and normal hearing are unusual. Neuro-otological findings have not previously been described in tinnitus patients with normal hearing.Aim:To analyse neuro-otological examination results from a group of tinnitus patients with normal hearing. MATERIALS AND METHODS: Seventeen normal-hearing tinnitus patients seen over a 10-year period were retrospectively evaluated. Their results were compared with those of a control group of 17 normal subjects without tinnitus. RESULTS: The main neuro-otological finding in the tinnitus patients was caloric test abnormality: a unilateral canal paresis was present in 15 of the 17 patients. Caloric tests were normal in 15 of the 17 control subjects. CONCLUSION: We may infer from these results that tinnitus could be the only clinical manifestation of a cochlear - and presumably cochleo-vestibular - lesion, and that unilateral canal paresis may be the only abnormal finding on neuro-otological examination.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Morales-Garcia, C

Publication title: The Journal of laryngology and otology

Volume: 124

Issue: 5

Pages: 474-476

Number of pages: 3

Publication year: 2010

Year: 2010

ISSN: 0022-2151

eISSN: 1748-5460

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Peer reviewed: Yes

Format availability: Internet

Language of publication: English (eng)

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Accession number: pmid-20003596

ProQuest document ID: 742783562

Document URL: http://search.proquest.com/docview/742783562?accountid=50982

Last updated: 2010-08-14

Database: ComDisDome

Document 43 of 200

Neuro-Behçet's disease with dizziness.

Author: Sugita-Kitajima, Akemi1; Koizuka, Izumi1 Department of Otolaryngology, St. Marianna University, School of Medicine, 2-16-1 Sugao, Miyamae-ku, Kawasaki, Kanagawa, Japan. akemiffy@bk2.so-

net.ne.jp

Publication info: Auris, nasus, larynx 37.2 (Apr 2010): 229-232.

ProQuest document link

Abstract: A 30-year-old man had complete-type Behçet's disease since he was 23 years old. Disease signs and symptoms were well controlled. After experiencing no symptoms for some years, however, he experienced dizziness, headache, fever, dysarthria, right facial nerve palsy, and right tinnitus. He showed spontaneous horizontal-rotatory nystagmus directed toward the right side, and upbeat nystagmus. T2-weighted and fluid-attenuated inversion recovery MRI showed slight hyperintense signals in the medulla oblongata, pons, and left midbrain. Neurological involvement in Behçet's disease was diagnosed.

MeSH: Humans, Adult, Neurologic Examination, Male, Behcet Syndrome (major) -- diagnosis, Mesencephalon (major), Dizziness (major) -- etiology, Medulla Oblongata (major), Brain Diseases (major) -- diagnosis, Pons (major), Nystagmus, Pathologic (major) -- etiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Sugita-Kitajima, Akemi

Publication title: Auris, nasus, larynx

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Document type: Case Reports, Journal Article

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Accession number: pmid-19695801

ProQuest document ID: 742785485

Document URL: http://search.proquest.com/docview/742785485?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 44 of 200

Long-term prognosis of low-frequency hearing loss and predictive factors for the 10-year outcome.

Author: Oishi, Naoki1; Inoue, Yasuhiro; Saito, Hideyuki; Kanzaki, Sho; Kanzaki, Jin; Ogawa, Kaoru1 Department of Otolaryngology, Keio University School of Medicine, Tokyo, Japan.

o-ishi@mub.biglobe.ne.jp

Publication info: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery 142.4 (Apr 2010): 565-569.

ProQuest document link

Abstract: OBJECTIVES: To determine the long-term prognosis of low-frequency hearing loss and predictive factors for the 10-year outcome of low-frequency hearing loss. STUDY DESIGN: Case series with chart review. SETTING: Tertiary referral center. SUBJECTS AND METHODS: From 1979 to 1998, 466 consecutive patients with low-frequency hearing loss received initial treatment at the Hearing and Tinnitus Clinic of Keio University Hospital. Of the 49 eligible patients, pure-tone threshold data obtained over a period of 10 years after onset of low-frequency hearing loss were available for analysis. To determine the progression of hearing loss, we analyzed audiometric pattern changes. We also examined how the following factors affected 10-year prognosis: sex, age, side of hearing loss, accompanying dizziness, pre-therapeutic hearing thresholds at low frequencies, initial therapy results, and fluctuation of hearing during the first year after onset. RESULTS: High- and pan-frequency hearing loss increased as time progressed. About half of the cases developed high- or pan-frequency hearing loss within 10 years of onset. Audiometric patterns measured at 10 years significantly correlated with those measured at one ($r = 0.57$), three ($r = 0.73$), and five years ($r = 0.85$). The 10-year prognosis significantly correlated with only two factors: initial therapy results ($r = 0.49$) and fluctuation of hearing during the first year ($r = 0.43$). CONCLUSIONS: About half of the cases in our study developed high- or pan-frequency hearing loss within 10 years of onset of low-frequency hearing loss. The initial therapy results and fluctuation of hearing during the first year may indicate the long-term prognosis of patients presenting with low-frequency hearing loss.

MeSH: Audiometry, Humans, Adult, Treatment Outcome, Prognosis, Disease Progression, Aged, Middle Aged, Male, Female, Hearing Loss (major) -- diagnosis, Hearing Loss (major) -- physiopathology, Hearing Loss (major) -- therapy

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Oishi, Naoki

Publication title: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery

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Document type: Journal Article

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ProQuest document ID: 742784896

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Last updated: 2010-09-25

Database: ComDisDome

Document 45 of 200

A novel surgical technique for management of tinnitus due to high dehiscent jugular bulb.

Author: El-Begermy, Mohamed A1; Rabie, Amr N1 Otolaryngology Department, Ain Shams University, Cairo, Egypt.

Publication info: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery 142.4 (Apr 2010): 576-581.

ProQuest document link

Abstract: OBJECTIVES: To assess the effectiveness of middle ear floor reconstruction in management of vascular tinnitus due to high jugular bulb with dehiscent middle ear floor. STUDY DESIGN: Case series with chart review. SETTING: Tertiary academic medical center. SUBJECTS AND METHODS: We reviewed the medical records of seven patients with high dehiscent jugular bulb, presenting with incapacitating pulsatile roaring tinnitus that was abolished by digital compression of the ipsilateral jugular vein, from January 2002 to December 2006. The diagnosis was confirmed by CT scan of the temporal bone (bone window, coronal views). The seven patients were surgically explored, five under local anesthesia (to monitor the results with possible intraoperative revision) and two under general endotracheal anesthesia, for middle ear floor reconstruction that was done using bone dust, perichondrium, and tragal cartilage (mean follow-up 28 months). RESULTS: Of the seven patients, tinnitus disappeared in four (57%) and decreased in one. The overall improvement was five of seven (71%). One patient had postoperative increased intracranial pressure. CONCLUSION: The preliminary results suggest that surgical reconstruction of the middle ear floor under local anesthesia offers valuable treatment for patients with incapacitating tinnitus due to dehiscent middle ear floor. However, the risk of sigmoid sinus thrombosis should be considered. To our knowledge, this is the first trial of multilayer reconstruction of the middle ear floor dehiscence to manage high jugular bulb causing tinnitus.

MeSH: Humans, Adult, Treatment Outcome, Otorhinolaryngologic Surgical Procedures -- methods, Male, Female, Jugular Veins (major) -- abnormalities, Ear, Middle (major) -- surgery, Tinnitus (major) -- etiology, Tinnitus (major) -- surgery

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: El-Begermy, Mohamed A

Publication title: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery

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ProQuest document ID: 742784591

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Last updated: 2010-09-25

Database: ComDisDome

Document 46 of 200

Worldwide experience with sequential phase-shift sound cancellation treatment of predominant tone tinnitus.

Author: Choy, D S1; Lipman, R A; Tassi, G P1 Tinnitus Control Center, New York, USA.

Publication info: The Journal of laryngology and otology 124.4 (Apr 2010): 366-369.

ProQuest document link

Abstract: OBJECTIVE:To report clinical data from six centres in the US, Western Europe and Asia which have used phase-shift sound wave cancellation for treatment of predominant tone tinnitus, from the first treatment in 2000 to 2009. METHOD:Clinical data were obtained from New York City, London, Erie (Pennsylvania, USA), Antwerp, Grottamare (Italy) and Kuala Lumpur, and summarised. RESULTS:A total of 493 patients were treated. A reduction in tinnitus volume (defined as > or =6 dB) was seen in 49-72 per cent of patients.

MeSH: Prospective Studies, Humans, Adult, Aged, Middle Aged, Acoustic Stimulation -- instrumentation, Acoustic Stimulation -- methods, Male, Female, Sound (major), Tinnitus (major) -- therapy

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Choy, D S

Publication title: The Journal of laryngology and otology

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Pages: 366-369

Number of pages: 4

Publication year: 2010

Year: 2010

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Language of publication: English (eng)

Document type: Journal Article

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Accession number: pmid-20067647

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Last updated: 2010-09-25

Database: ComDisDome

Document 47 of 200

Radiology quiz case 1. Sigmoid sinus diverticulum.

Author: Filho, Jairo Barros1; Bahmad, Fayez; Oliveira, Carlos A C P1 Brasilia University School of Medicine, Brazil.

Publication info: Archives of otolaryngology--head & neck surgery 136.3 (Mar 2010): 306, 308.

ProQuest document link

Abstract: None available.

MeSH: Humans, Adult, Tomography, X-Ray Computed, Tinnitus -- etiology, Female, Diverticulum (major) -- radiography, Cranial Sinuses (major) -- radiography, Temporal Bone (major) -- radiography

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Filho, Jairo Barros

Publication title: Archives of otolaryngology--head & neck surgery

Volume: 136

Issue: 3

Pages: 306, 308

Number of pages: 2

Publication year: 2010

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ISSN: 0886-4470

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Language of publication: English (eng)

Document type: Case Reports, Journal Article

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Accession number: pmid-20231654

ProQuest document ID: 742785085

Document URL: http://search.proquest.com/docview/742785085?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 48 of 200

Myxoma of the temporal bone: an uncommon neoplasm.

Author: Sareen, Deepika1; Sethi, Ashwani; Mrig, Sumit; Nigam, Sonu; Agarwal, A K1 Department of ENT, Maulana Azad Medical College and Associated Hospitals, E-80, Naraina Vihar, New Delhi-110028, India.

Publication info: Ear, nose, & throat journal 89.3 (Mar 2010): E18-E20.

ProQuest document link

Abstract: We report the case of an 11-year-old girl who presented with a soft-tissue mass that filled the left external auditory canal and a discharge that resembled chronic suppurative otitis media. The patient underwent mastoid exploration with complete excision of the mass. Findings on the excision biopsy were consistent with a myxoma of the temporal bone. At follow-up 2 years postoperatively, the patient remained disease-free. To the best of our knowledge, this is only the 12th case of a myxoma of the temporal bone to be reported in the English-language literature.

MeSH: Skull Neoplasms -- complications, Skull Neoplasms -- pathology, Hearing Disorders -- diagnosis, Hearing Disorders -- etiology, Myxoma -- complications, Myxoma -- pathology, Humans, Cerebrospinal Fluid Otorrhea -- diagnosis, Cerebrospinal Fluid Otorrhea -- etiology, Headache -- diagnosis, Headache -- etiology, Child, Tinnitus -- diagnosis, Tinnitus -- etiology, Vertigo -- diagnosis, Vertigo -- etiology, Female, Temporal Bone (major) -- pathology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Sareen, Deepika

Publication title: Ear, nose, & throat journal

Volume: 89

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Number of pages: 1

Publication year: 2010

Year: 2010

ISSN: 0145-5613

eISSN: 1942-7522

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Document type: Case Reports, Journal Article

Subfile: Index Medicus

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ProQuest document ID: 742783862

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Last updated: 2010-09-25

Database: ComDisDome

Document 49 of 200

The relationship between tinnitus pitch and the edge frequency of the audiogram in individuals with hearing impairment and tonal tinnitus.

Author: Moore, Brian C J1; Vinay; Sandhya1 Department of Experimental Psychology, Cambridge University, Downing Street, Cambridge CB23EB, UK. bcjm@cam.ac.uk

Publication info: Hearing research 261.1-2 (Mar 2010): 51-56.

ProQuest document link

Abstract: Some theories of mechanisms of tinnitus generation lead to the prediction that the pitch associated with tonal tinnitus should be related to the "edge frequency" of the audiogram, f(e), the frequency at which hearing loss worsens relatively abruptly. However, previous studies testing this prediction have provided little or no support for it. Here, we reexamined the relationship between tinnitus pitch and f(e), using 11 subjects selected to have mild-to-moderate hearing loss and tonal tinnitus. Subjects were asked to compare the pitch of their tinnitus to that of a sinusoidal tone whose frequency and level were adjusted by the experimenter. Prior to testing in the main experiment, subjects were given specific training to help them to avoid octave errors in their pitch matches. Pitch matches made after this training were generally lower in frequency than matches made before such training, often by one or two octaves. The matches following training were highly reproducible. A clear relationship was found between the values of f(e) and the mean pitch matches following training; the correlation was 0.94. Generally, the pitch matches were close in value to the values of f(e).

MeSH: Cochlea -- physiopathology, Audiometry, Auditory Threshold -- physiology, Humans, Aged, Adult, Middle Aged, Female, Male, Auditory Pathways (major) -- physiopathology, Pitch Discrimination (major) -- physiology, Tinnitus (major) -- physiopathology, Sound (major), Hearing Loss (major) -- physiopathology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Moore, Brian C J

Publication title: Hearing research

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ProQuest document ID: 742785971

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Database: ComDisDome

Document 50 of 200

Vestibular schwannoma: when to look for it?

Author: Gimsing, S11 Department of Audiology, Vejle Hospital, Denmark. juul_gimsing@dadlnet.dk

Publication info: The Journal of laryngology and otology 124.3 (Mar 2010): 258-264.

ProQuest document link

Abstract: OBJECTIVES: (1) To compare audiometric parameters in patients with vestibular schwannoma and in those with asymmetric hearing loss from other causes; and (2) to assess proposed screening criteria by comparing published protocols. METHODS: Audiometric data from 199 vestibular schwannoma patients and 225 non-tumour patients were compared. Eight screening protocols were tested on these 424 patients. RESULTS: Vestibular schwannoma and non-tumour patients with little or no hearing loss in the unaffected ear were inseparable; however, vestibular schwannoma patients with hearing loss in the unaffected ear had greater audiometric asymmetry, compared with non-tumour patients with the same pattern of hearing loss. The sensitivity of screening protocols varied from 73 to 100 per cent; parallelism was observed between sensitivity and screening rate. CONCLUSION: As regards vestibular schwannoma screening protocols, the best compromise between sensitivity and screening rate was offered by a criterion comprising either: (1) > or =20 dB asymmetry at two neighbouring frequencies, or unilateral tinnitus, or (2) > or =15 dB asymmetry at two frequencies between 2 and 8 kHz.

MeSH: Magnetic Resonance Imaging, Sensitivity and Specificity, Humans, Aged, Hearing Loss, Sensorineural -- diagnosis, Hearing Loss, Sensorineural -- etiology, Hearing Loss, Sensorineural -- physiopathology, Patient Selection, Tinnitus -- etiology, Speech Discrimination Tests, Stapedius -- physiology, Denmark, Middle Aged, Sex Distribution, Female, Male, Audiometry (major), Neuroma, Acoustic (major) -- diagnosis, Neuroma, Acoustic (major) -- physiopathology, Hearing Loss, Unilateral (major) -- diagnosis, Hearing Loss, Unilateral (major) -- etiology, Hearing Loss, Unilateral (major) -- physiopathology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Gimsing, S

Publication title: The Journal of laryngology and otology

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Number of pages: 7

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Language of publication: English (eng)

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ProQuest document ID: 742786033

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Database: ComDisDome

Document 51 of 200

Head rotation evoked tinnitus due to superior semicircular canal dehiscence.

Author: Nam, E-C1; Lewis, R; Nakajima, H H; Merchant, S N; Levine, R A1 Department of Otolaryngology, School of Medicine, Kangwon National University, Chunchon, South Korea.

Publication info: The Journal of laryngology and otology 124.3 (Mar 2010): 333-335.

ProQuest document link

Abstract: INTRODUCTION: Superior semicircular canal dehiscence affects the auditory and vestibular systems due to a partial defect in the canal's bony wall. In most cases, sound- and pressure-induced vertigo are present, and are sometimes accompanied by pulse-synchronous tinnitus. CASE PRESENTATION: We describe a 50-year-old man with superior semicircular canal dehiscence whose only complaints were head rotation induced tinnitus and autophony. Head rotation in the plane of the right semicircular canal with an angular velocity exceeding 600 degrees/second repeatedly induced a 'cricket' sound in the patient's right ear. High resolution temporal bone computed tomography changes, and an elevated umbo velocity, supported the diagnosis of superior semicircular canal dehiscence. CONCLUSION: In addition to pulse-synchronous or continuous tinnitus, head rotation induced tinnitus can be the only presenting symptom of superior semicircular canal dehiscence without vestibular complaints. We suggest that, in our patient, the bony defect of the superior semicircular canal ('third window') might have enhanced the flow of inner ear fluid, possibly producing tinnitus.

MeSH: Head, Humans, Tomography, X-Ray Computed, Hearing Loss, Conductive -- diagnosis, Hearing Loss, Sensorineural -- diagnosis, Bone Conduction -- physiology, Hearing Tests, Middle Aged, Temporal Bone -- radiography, Male, Tinnitus (major) -- etiology, Semicircular Canals (major) -- pathology, Semicircular Canals (major) -- radiography, Rotation (major) -- adverse effects, Labyrinthine Fluids (major) -- physiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Nam, E-C

Publication title: The Journal of laryngology and otology

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Report number: NIHMS149723, PMC2822878

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ProQuest document ID: 742787229

Document URL: http://search.proquest.com/docview/742787229?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 52 of 200

The current status of audiologic rehabilitation for profound unilateral sensorineural hearing loss.

Author: Bishop, Charles E1; Eby, Thomas L1 Department of Otolaryngology and Communicative Sciences, University of Mississippi Medical Center, Jackson, Mississippi 39216, USA. cebishop@ent.umsmed.edu

Publication info: The Laryngoscope 120.3 (Mar 2010): 552-556.

ProQuest document link

Abstract: OBJECTIVES/HYPOTHESIS: Audiologic rehabilitation of individuals with profound unilateral sensorineural hearing loss (USNHL) has traditionally been limited to the use of air-conduction contralateral routing of sound (CROS) hearing aids. Treatment for these individuals has expanded with new applications of the bone-anchored hearing aid (BAHA), transcranial hearing aid (t-CROS), and the cochlear implant. In this article, the authors review the literature that addresses these various treatment options. STUDY DESIGN: Contemporary review RESULTS: Historical information is available that describes the limited efficacy of air-conduction CROS hearing aids in lifting hearing handicap associated with USNHL. Current investigations on providing cross hearing are generally focused on use of the BAHA. Little is known at present whether new developments in hearing aid technology can improve on conventional air-conduction CROS or t-CROS approaches. Interestingly, the cochlear implant seems to be a viable option for individuals with USNHL and tinnitus who also have intact auditory nerve pathways. CONCLUSIONS: There is indication in the literature that BAHA provides greater relief of hearing handicap associated with USNHL than CROS hearing aids; however, both have been found to provide limited patient satisfaction and seemingly fall short of restoring true sound localization. Adequate trials have not been performed comparing BAHA with the best CROS hearing aid technology. Transcranial hearing aids and cochlear implants are experimental methods to treat USNHL and hold promise, although there remains a lack of studies available to fully support this.

MeSH: Humans, Hearing Aids, Cochlear Implants, Audiology (major) -- methods, Hearing Loss, Sensorineural (major) -- rehabilitation, Hearing Loss, Unilateral (major) -- rehabilitation

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Bishop, Charles E

Publication title: The Laryngoscope

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Issue: 3

Pages: 552-556

Number of pages: 5

Publication year: 2010

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ISSN: 0023-852X

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ProQuest document ID: 742785876

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Database: ComDisDome

Document 53 of 200

Gorham-Stout disease of the temporal bone.

Author: Mowry, Sarah1; Canalis, Rinaldo1 Division of Otolaryngology-Head and Neck Surgery, University of California at Los Angeles, Los Angeles, California 93003, USA. smowry1978@gmail.com

Publication info: The Laryngoscope 120.3 (Mar 2010): 598-600.

ProQuest document link

Abstract: Gorham-Stout (GS) disease is a rare disease of the bone and is also known as massive osteolysis. Less than 200 cases have been reported in the world literature. A 29-year-old female with a diagnosis of GS disease was identified. She complained of aural fullness and tinnitus bilaterally. Demineralization and moth-eaten changes of the osseous structures of the skull base and posterior fossa were prominent. The left mastoid air cells were opacified and erosion extended to the left jugular foramen, left hypoglossal canal, left stylomastoid process, and left eustachian tube. The radiographic findings and brief literature review are presented.

MeSH: Humans, Adult, Tomography, X-Ray Computed, Female, Skull Base (major) -- radiography, Temporal Bone (major) -- radiography, Osteolysis, Essential (major) -- radiography

Record owner: National Library of Medicine

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Correspondence author: Mowry, Sarah

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Document type: Case Reports, Journal Article

Subfile: Index Medicus

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ProQuest document ID: 742786861

Document URL: http://search.proquest.com/docview/742786861?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Complications in retrosigmoid cranial nerve surgery.

Author: Li, Dajian1; Wang, Haibo; Fan, Zhaomin; Fan, Zhong1 Department of Otorhinolaryngology Head and Neck Surgery, Shandong Provincial Hospital, Shandong University, Jinan 250021, China.

Publication info: Acta oto-laryngologica 130.2 (Feb 2010): 247-252.

ProQuest document link

Abstract: CONCLUSIONS: Although microvascular decompression (MVD), facial nerve splitting (FNS) and neurectomy procedures were safe treatments for hemifacial spasm (HFS), trigeminal neuralgia (TN) and glossopharyngeal neuralgia (GPN) in retrosigmoid cranial nerve surgery, fatal and severe complications may occur. It is essential to pay great attention to the entire procedure to avoid these complications. OBJECTIVE: To report the complications of cranial nerve surgery via the retrosigmoid approach. PATIENTS AND METHODS: We reviewed 516 cases of cranial nerve surgery via the retrosigmoid approach for HFS, TN and GPN. There were 208 cases of HFS, of which 117 cases underwent FNS alone and 91 cases underwent combined MVD and FNS. There were 273 cases of TN treated by MVD and selective neurectomy. There were 35 cases of GPN treated by neurectomy. RESULTS: Of the cases with complications, two (0.4%) died. Hearing impairment ranging from mild to severe occurred in 31 (6.0%) patients; 4 of these (0.8%) presented total hearing loss. Postoperative cerebrospinal fluid leakage occurred in 29 (5.6%) cases.

MeSH: Severity of Illness Index, Young Adult, Fatal Outcome, Glossopharyngeal Nerve Diseases -- surgery, Cerebral Hemorrhage -- diagnosis, Cerebral Hemorrhage -- etiology, Humans, Cerebrospinal Fluid Rhinorrhea -- diagnosis, Cerebrospinal Fluid Rhinorrhea -- epidemiology, Cerebrospinal Fluid Rhinorrhea -- etiology, Aged, Hearing Loss, Sensorineural -- diagnosis, Hearing Loss, Sensorineural -- epidemiology, Hearing Loss, Sensorineural -- etiology, Tinnitus -- diagnosis, Tinnitus -- epidemiology, Tinnitus -- etiology, Microsurgery, Hemifacial Spasm -- surgery, Facial Nerve -- surgery, Cerebrospinal

Fluid Otorrhea -- diagnosis, Cerebrospinal Fluid Otorrhea -- epidemiology, Cerebrospinal Fluid Otorrhea -- etiology, Adult, Middle Aged, Trigeminal Neuralgia -- surgery, Male, Female, Postoperative Complications (major) -- epidemiology, Cranial Nerves (major) -- surgery

Record owner: National Library of Medicine

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Correspondence author: Li, Dajian

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Database: ComDisDome

Document 55 of 200

Low heritability of tinnitus: results from the second Nord-Trøndelag health study.

Author: Kvestad, Ellen1; Czajkowski, Nikolai; Engdahl, Bo; Hoffman, Howard J; Tambs, Kristian1 Norwegian Institute of Public Health, Oslo, Norway. ellen.kvestad@fhi.no

Publication info: Archives of otolaryngology--head & neck surgery 136.2 (Feb 2010): 178-182.

ProQuest document link

Abstract: OBJECTIVE: To estimate the heritability of tinnitus. DESIGN: Self-report questionnaire data collected from August 1, 1995, through June 30, 1997, from individuals in the Nord-Trøndelag Hearing Loss Study (an integrated part of the Nord-Trøndelag Health Study) were used. The study also included information on first-degree family relationships, and age-corrected polychoric correlations of relatives' tinnitus status were calculated. A structural equation model was fit to the data, and the relative contributions of genes and unique environmental effects were estimated. Models that included sex-specific effects were also tested. SETTING: Nord-Trøndelag County, Norway. PATIENTS: A population-based sample of 12 940 spouses, 27 607 parent-offspring, and 11 498 siblings was used. A total of 28 066

respondents were tested twice, yielding a test-retest correlation of 0.65 for the report of tinnitus. MAIN OUTCOME MEASURE: Heritability of tinnitus. RESULTS: Correlations for parent-offspring ranged from 0.01 to 0.07 for the various sex combinations, sibling correlation ranged from 0.06 to 0.14, and the spouse correlation was 0.04. This family correlation pattern implies an upper limit for heritability of 0.11 with no sex differences in the heritability estimates. CONCLUSIONS: This is the first large population-based family study, to our knowledge, to report on the heritability of tinnitus. In contrast to previous speculations in the literature, this low heritability indicates that additive genetic effects explain only a small proportion of the variance of tinnitus in the population.

MeSH: Young Adult, Humans, Aged, Nuclear Family, Aged, 80 and over, Adult, Middle Aged, Genetic Predisposition to Disease, Norway, Female, Male, Models, Theoretical, Questionnaires (major), Tinnitus (major) -- genetics

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Kvestad, Ellen

Publication title: Archives of otolaryngology--head & neck surgery

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Last updated: 2010-09-25

Database: ComDisDome

Document 56 of 200

DPOAE in estimation of the function of the cochlea in tinnitus patients with normal hearing.

Author: Sztuka, Aleksandra1; Pospiech, Lucyna; Gawron, Wojciech; Dudek, Krzysztof1 Wroclaw Medical University, ENT Department, Borowska 213, Wroclaw, Poland.

Publication info: Auris, nasus, larynx 37.1 (Feb 2010): 55-60.

ProQuest document link

Abstract: OBJECTIVE: The most probable place generating tinnitus in the auditory pathway is the outer

hair cells (OHCs) inside the cochlea. Otoacoustic emissions are used to assess their activity. The objective of the investigation was to measure the features of distortion product otoacoustic emissions (DPOAE) in a group of tinnitus patients without hearing loss, estimate the diagnostic value of the parameters for the analysis of cochlear function in the patients, emphasizing those most useful in localizing tinnitus generators, and determine the hypothetical influence of hyperacusis and misophony on DPOAE parameters in tinnitus patients. PATIENTS AND METHODS: The material consisted of 44 patients with tinnitus and without hearing loss. In the control group were 33 patients without tinnitus with the same state of hearing. The tinnitus patients were divided into three subgroups: those with hyperacusis, those with misophonia, and those with neither. After collecting medical history and performing clinical examination of all the patients, tonal and impedance audiometry, ABR, and discomfort level were evaluated. Then DPOAE were measured using three procedures. First the amplitudes of two points per octave were assessed, second the "fine structure" method with 16-20 points per octave (f2/f1=1.22, L1=L2=70 dB), and the third procedure included recording the growth function in three series for input tones of f2=2002, 4004, and 6006Hz (f2/f1=1.22) and L1=L2 levels increasing by increments of 5 dB in each series. RESULTS AND CONCLUSIONS: Hyperacusis was found in 63% and misophonia in 10% of the tinnitus patients with no hearing loss. DPOAE amplitudes in recordings with two points per octave and the fine structure method are very valuable parameters for estimating cochlear function in tinnitus patients with normal hearing. Function growth rate cannot be the only parameter in measuring DPOAE in tinnitus patients, including subjects with hyperacusis and misophonia. The markedly higher DPOAE amplitudes in the group of tinnitus patients without hearing loss suggest that tinnitus may be caused by increased motility of the OHCs induced by decreasing efferent fiber activity, and not by OHC failure. Hyperacusis significantly increases the amplitude of DPOAE in tinnitus patients with no hearing loss.

MeSH: Audiometry, Pure-Tone, Humans, Adult, Hyperacusis -- diagnosis, Hyperacusis -- physiopathology, Hair Cells, Auditory, Outer -- pathology, Tinnitus -- pathology, Tinnitus -- physiopathology, Male, Female, Cochlea (major) -- physiopathology, Otoacoustic Emissions, Spontaneous (major) -- physiology, Hearing (major) -- physiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Sztuka, Aleksandra

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Database: ComDisDome

Document 57 of 200

Bimodal hearing benefit for speech recognition with competing voice in cochlear implant subject with normal hearing in contralateral ear.

Author: Cullington, Helen E1; Zeng, Fan-Gang1 South of England Cochlear Implant Centre, Institute of Sound and Vibration Research, University of Southampton, SO17 1BJ, United Kingdom. h.cullington@soton.ac.uk

Publication info: Ear and hearing 31.1 (Feb 2010): 70-73.

ProQuest document link

Abstract: OBJECTIVES: This project assessed electroacoustic benefit for speech recognition with a competing talker. DESIGN: Using a cochlear implant subject with normal hearing in the contralateral ear, the contribution of low-pass and high-pass natural sound to speech recognition was systematically measured. RESULTS: High-frequency sound did not improve performance, but low-frequency sound did, even when unintelligible and limited to frequencies below 150 Hz. CONCLUSIONS: The low-frequency sound assists separation of the two talkers, presumably using the fundamental frequency cue. Extrapolating this finding to regular cochlear implant users may suggest that using a hearing aid on the contralateral ear will improve performance, even with limited residual hearing.

MeSH: Combined Modality Therapy, Humans, Sound Spectrography, Hearing Aids, Tinnitus -- rehabilitation, Cues, Prosthesis Design, Middle Aged, Male, Voice (major), Cochlear Implants (major), Hearing Loss, Unilateral (major) -- rehabilitation, Audiometry, Speech (major), Perceptual Masking (major)

Record owner: National Library of Medicine

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Correspondence author: Cullington, Helen E

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Document 58 of 200

Conservative management of advanced external auditory canal cholesteatoma.

Author: Darr, E Ashlie1; Linstrom, Christopher J1 Department of Otolaryngology, New York Eye & Ear Infirmary, 310 E 14th St, 6th Flr, New York,NY 10003, USA. adarr@nyee.edu

Publication info: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery 142.2 (Feb 2010): 278-280.

ProQuest document link

Abstract: OBJECTIVE: To investigate the spectrum of disease presentation and clinical management of primary external auditory canal cholesteatoma (EACC). STUDY DESIGN: Case series with chart review. SETTING: Specialty teaching hospital. SUBJECTS AND METHODS: Ten cases of primary EACC were identified in nine patients treated over 14 years (1995-2009). Cases were reviewed with regard to demographics, presentation, physical examination, CT findings, and clinical management. RESULTS: The most common symptoms were otalgia and hearing loss, followed by otorrhea and tinnitus. Erosion was present in the mastoid air cells in seven patients, middle ear in six, temporomandibular joint in two, otic capsule in two, and fallopian canal in one patient. Eight of nine patients were managed with serial debridement. CONCLUSIONS: EACC is associated with adjacent bony erosion, most often involving the inferior EAC. Despite the potentially destructive nature of these lesions, most cases can be successfully managed with serial debridement.

MeSH: Severity of Illness Index, Medical Records, Humans, Retrospective Studies, Aged, Tinnitus -- etiology, Cholesteatoma, Middle Ear -- complications, Cholesteatoma, Middle Ear -- diagnosis, Cholesteatoma, Middle Ear -- pathology, Cholesteatoma, Middle Ear -- surgery, Adult, Treatment Outcome, Earache -- etiology, Middle Aged, Hearing Loss -- etiology, Hospitals, Teaching, Female, Male, Ear Canal (major) -- pathology, Ear Canal (major) -- surgery, Debridement (major)

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Darr, E Ashlie

Publication title: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery

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Database: ComDisDome

Document 59 of 200

Sensitization to masked tones following notched-noise correlates with estimates of cochlear function using distortion product otoacoustic emissions.

Author: Zhou, Xiang1; Henin, Simon; Thompson, Suzanne E; Long, Glenis R; Parra, Lucas C1
Department of Biomedical Engineering, The City College of the City University of New York, Steinman Hall, Room T-401, Convent Avenue, 140th Street, New York, New York 10031, USA.

Publication info: The Journal of the Acoustical Society of America 127.2 (Feb 2010): 970-976.

ProQuest document link

Abstract: Neuronal gain adaptation has been proposed as the underlying mechanism leading to the perception of phantom sounds such as Zwicker tones and tinnitus. In this gain-adaptation theory, cochlear compression plays a significant role with weaker compression leading to stronger phantom percepts. The specific aim of this study was to find a link between the strength of neuronal gain adaptation and cochlear compression. Compression was assessed using distortion product otoacoustic emissions (DPOAEs). Gain adaptation is hypothesized to manifest itself in the sensitization observed for the detection of masked tones when preceded by notched noise. Perceptual thresholds for pure tones in notched noise were measured at multiple frequencies following various priming signals. The observed sensitization was larger than expected from the combined effect of the various maskers. However, there was no link between sensitization and compression. Instead, across subjects, stronger sensitization correlated with stronger DPOAEs evoked by low-level primaries. In addition, growth of DPOAEs correlated reliably with perceptual thresholds across frequencies within subjects. Together, the data suggest that short-term dynamic adaptation leading to perceptual sensitization is the result of an active process mediated by the outer hair cells, which are thought to modulate the gain of the cochlear amplifier via efferent feedback.

MeSH: Young Adult, Auditory Threshold, Humans, Evoked Potentials, Adult, Nonlinear Dynamics, Psychoacoustics, Acoustic Stimulation, Middle Aged, Hair Cells, Auditory, Outer -- physiology, Cochlea (major) -- physiology, Auditory Perception (major) -- physiology, Otoacoustic Emissions, Spontaneous (major), Noise (major)

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Zhou, Xiang

Publication title: The Journal of the Acoustical Society of America

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Document 60 of 200

Clinical spectrum of patients with erosion of the inner ear by jugular bulb abnormalities.

Author: Friedmann, David R1; Le, B Thuy; Pramanik, Bidyut K; Lalwani, Anil K1 Department of Otolaryngology, New York University School of Medicine, New York, New York 10016, USA.

Publication info: The Laryngoscope 120.2 (Feb 2010): 365-372.

ProQuest document link

Abstract: OBJECTIVES/HYPOTHESIS: Anatomic variants of the jugular bulb (JB) are common; however, abnormalities such as large high riding JB and JB diverticulum (JBD) are uncommon. Rarely, the abnormal JB may erode into the inner ear. The goal of our study is to report a large series of patients with symptomatic JB erosion into the inner ear. STUDY DESIGN: Retrospective review in an academic medical center. METHODS: Eleven patients with JB abnormality eroding into the inner ear were identified on computed tomography (CT) scan of the temporal bone. RESULTS: Age at presentation was from 5 years to 82 years with six males and five females. The large JB or JBD eroded into the vestibular aqueduct (n = 9) or the posterior semicircular canal (n = 4). The official radiology report usually identified the JB abnormality; however, erosion into these structures by the JB was not mentioned in all but one case. All patients were symptomatic with five having conductive hearing loss (CHL) and three complaining of pulsatile tinnitus. Those with pulsatile tinnitus and four of five with CHL had erosion into the vestibular aqueduct. Vestibular evoked myogenic potential (VEMP) findings in three of six patients were consistent with dehiscence of the inner ear. CONCLUSIONS: High riding large JB or JBD can erode into the inner ear and may be associated with CHL and/or pulsatile tinnitus. CT scan is diagnostic and should be examined specifically for these lesions. As patients with pulsatile tinnitus may initially undergo a magnetic resonance imaging scan, identification of JB abnormality should prompt CT scan or VEMP testing to evaluate for inner ear erosion.

MeSH: Reflex, Acoustic, Young Adult, Humans, Vascular Diseases -- complications, Vascular Diseases -- radiography, Tomography, X-Ray Computed, Hearing Loss, Conductive -- etiology, Aged, Child, Diverticulum -- complications, Diverticulum -- radiography, Tinnitus -- etiology, Child, Preschool, Aged, 80 and over, Evoked Potentials, Motor, Adult, Middle Aged, Vestibular Function Tests, Adolescent, Female,

Male, Jugular Veins (major) -- abnormalities, Jugular Veins (major) -- radiography, Semicircular Canals (major) -- pathology, Semicircular Canals (major) -- radiography, Vestibular Aqueduct (major) -- pathology, Vestibular Aqueduct (major) -- radiography

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Friedmann, David R

Publication title: The Laryngoscope

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Document 61 of 200

Sustained delivery of lidocaine into the cochlea using poly lactic/glycolic acid microparticles.

Author: Horie, Rie T1; Sakamoto, Tatsunori; Nakagawa, Takayuki; Tabata, Yasuhiko; Okamura, Noboru; Tomiyama, Naoki; Tachibana, Mitsuhiro; Ito, Juichi1 Department of Otolaryngology, Head and Neck Surgery, Graduate School of Medicine, Kyoto University, Kyoto, Japan.

Publication info: The Laryngoscope 120.2 (Feb 2010): 377-383.

ProQuest document link

Abstract: OBJECTIVES/HYPOTHESIS: Lidocaine is a local anesthetic that is known to suppress tinnitus via systemic or local application; however, this effect has only limited duration. The current study aimed to establish a method for the sustained delivery of lidocaine into the cochlea using poly lactic/glycolic acid (PLGA) microparticles. STUDY DESIGN: Experimental study. METHODS: Lidocaine-loaded PLGA microparticles were produced and their in vitro-release profiles were examined. The lidocaine concentrations in the perilymph were measured at different time points following the application of the lidocaine-loaded PLGA microparticles to the round-window membranes of guinea pigs. The possible

adverse effects of the local application of lidocaine-loaded PLGA microparticles were also examined. RESULTS: The in vitro analyses revealed that the microparticles were capable of the sustained delivery of lidocaine. The in vivo experiments demonstrated the sustained delivery of lidocaine into the cochlear fluid, and the maintenance of high lidocaine concentrations in the perilymph for up to 3 days after application. Nystagmus and inflammation in the middle ear mucosa were not detected after the local application of lidocaine-loaded PLGA microparticles, although temporary hearing loss was observed. CONCLUSIONS: Lidocaine-loaded PLGA microparticles were shown to be capable of the sustained delivery of lidocaine into the cochlea, suggesting that they could be used for the attenuation of peripheral tinnitus.

MeSH: Animals, Evoked Potentials, Auditory, Brain Stem -- drug effects, Guinea Pigs, Ear, Middle -- drug effects, Ear, Middle -- pathology, Lactic Acid -- adverse effects, Biocompatible Materials, Microspheres, Polyglycolic Acid -- adverse effects, Vestibular Function Tests, Drug Carriers -- adverse effects, Female, Surface Properties, Cochlea (major), Drug Delivery Systems (major), Lidocaine (major) -- administration & dosage, Lidocaine (major) -- adverse effects, Lidocaine (major) -- pharmacokinetics, Anesthetics, Local (major) -- administration & dosage, Anesthetics, Local (major) -- adverse effects, Anesthetics, Local (major) -- pharmacokinetics

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Horie, Rie T

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Database: ComDisDome

Document 62 of 200

Tinnitus as a prognostic factor of sudden deafness.

Author: Hikita-Watanabe, Noriko1; Kitahara, Tadashi; Horii, Arata; Kawashima, Takayuki; Doi, Katsumi;

Okumura, Shin-Ichi1 Department of Otolaryngology, Tondabayashi Hospital, Osaka, Japan.

Publication info: Acta oto-laryngologica 130.1 (2010): 79-83.

ProQuest document link

Abstract: CONCLUSIONS: The 'tinnitus-rare' group had a poorer prognosis for hearing than the 'tinnitus-often' group in all sudden sensorineural hearing loss (SSNHL), although the 'shorter duration' group had better prognosis than the 'longer duration' when restricted to SSNHL accompanied by tinnitus. This indicates that tinnitus itself may not be a sign for poor hearing prognosis but might be an essential sound for the initiation of repair of a damaged auditory system. OBJECTIVES: We examined the hearing improvement rate (HIR) and tinnitus at the onset of SSNHL to elucidate the prognostic value of tinnitus accompanying SSNHL. PATIENTS AND METHODS: Fifty patients with SSNHL were treated with systemic administration of steroids. Hearing recovery was determined by comparing the hearing levels before and after treatment. Tinnitus was subjectively evaluated by the tinnitus scoring questionnaire. The score for the five-step evaluation of the subjective tinnitus feelings 'loudness', 'duration' and 'annoyance' was obtained at the onset. RESULTS: In terms of 'duration', when we divided all the cases into 'tinnitus-rare' group and 'tinnitus-often' group, HIR in the 'tinnitus-rare' group was significantly lower than that in 'tinnitus-often' group. When restricted to the 'tinnitus-often' group, HIR for 'shorter duration' was significantly higher than that for 'longer duration'.

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Hikita-Watanabe, Noriko

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Database: ComDisDome

Document 63 of 200

A critical evaluation of Web sites offering patient information on tinnitus.

Author: Kieran, Stephen M1; Skinner, Liam J; Donnelly, Martin; Smyth, David A1 Department of Otolaryngology, Head and Neck Surgery, Waterford Regional Hospital, Co. Waterford, Ireland. skieran@rcsi.ie

Publication info: Ear, nose, & throat journal 89.1 (Jan 2010): E11-E14.

ProQuest document link

Abstract: The Internet is a vast information resource for both patients and healthcare professionals. However, the quality and content often lack formal scrutiny, so we examined the quality of patient information regarding tinnitus on the Internet. Using the three most popular search engines (google.com, yahoo.com, and msn.com), we found pertinent Web sites using the search term tinnitus. Web sites' accountability and authorship were evaluated using previously published criteria. The quality of patient information about tinnitus was assessed using a new 10-point scale, the Tinnitus Information Value (TIV). Statistical analysis was performed using the independent sample t-test (p

MeSH: Humans, Patient Education as Topic (major), Information Dissemination (major), Tinnitus (major), Internet (major)

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Kieran, Stephen M

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Database: ComDisDome

Document 64 of 200

Variety of audiologic manifestations in patients with superior semicircular canal dehiscence.

Author: Chi, Fang-Lu1; Ren, Dong-Dong; Dai, Chun-Fu1 Department of Otology & Skull Base Surgery, Eye and ENT Hospital, Fudan University, Shanghai, People's Republic of China. chifanglu@yahoo.com.cn

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.1 (Jan 2010): 2-10.

ProQuest document link

Abstract: OBJECTIVE: To present diverse symptoms, signs, and findings on diagnostic tests of 11 patients with superior semicircular canal dehiscence (SSCD) syndrome and surgical treatments for dehiscence of 3 patients. STUDY DESIGN: Retrospective case review. SETTING: Tertiary neurotologic and audiologic center. PATIENTS: Patients with SSCD documented by history, physical examination, vestibular function testing, and high-resolution computed tomographic scans. INTERVENTION: Two patients underwent surgical procedures through middle fossa approach, and 1 patient underwent transmastoid repair. The rest underwent conservative treatments. RESULTS: Eleven patients were identified as SSCD. The variety of clinical manifestations, including 1) hearing presentations: mix hearing loss (4 of 11), conductive hearing loss (3 of 11), profound sensorineural hearing loss (2 of 11), and normal hearing (2 of 11); 2) vestibular manifestations: chronic disequilibrium (8 of 11), Tullio phenomenon (7 of 11), Hennebert sign (8 of 11), tinnitus (3 of 11), and autophony (3 of 11); and 3) accompanying disorders: encephalomeningocele (1 of 11). Abnormal nystagmus was identified in 3 patients. Dehiscence of bone overlying superior semicircular canal was confirmed by high-resolution computed tomographic scan in all cases. Three patients underwent operative management. (2 through the middle fossa approach and 1 through a transmastoid repair). CONCLUSION: Superior semicircular canal dehiscence demonstrates diverse and complex clinical features. Tegmental or petrosal bone rarefaction or mild dehiscences can be a harbinger or an aggressive cause of developing SSCD. No correlation was observed between the size of dehiscence and the severity of vestibular symptoms or the degree of hearing loss. Surgical repair of dehiscence can relieve symptoms with low morbidity.

MeSH: Audiometry, Humans, Hearing Loss, Conductive -- complications, Hearing Loss, Conductive -- physiopathology, Hearing Loss, Conductive -- radiography, Hearing Loss, Conductive -- surgery, Retrospective Studies, Aged, Vestibular Diseases -- complications, Vestibular Diseases -- physiopathology, Vestibular Diseases -- radiography, Vestibular Diseases -- surgery, Bone Conduction -- physiology, Syndrome, Adult, Middle Aged, Vestibular Function Tests, Temporal Bone -- radiography, Temporal Bone -- surgery, Female, Male, Tinnitus (major) -- etiology, Tinnitus (major) -- physiopathology, Tinnitus (major) -- radiography, Tinnitus (major) -- surgery, Semicircular Canals (major) -- abnormalities, Semicircular Canals (major) -- physiopathology, Semicircular Canals (major) -- surgery

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Chi, Fang-Lu

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The impact of Type D personality on health-related quality of life in tinnitus patients is mainly mediated by anxiety and depression.

Author: Bartels, Hilke1; Pedersen, Susanne S; van der Laan, Bernard F A M; Staal, Michiel J; Albers, Frans W J; Middel, Berrie1 Department of Otorhinolaryngology, University Medical Center, University of Groningen, Groningen, The Netherlands. h.bartels@kno.umcg.nl

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.1 (Jan 2010): 11-18.

ProQuest document link

Abstract: OBJECTIVE: To evaluate the impact of Type D personality on health-related quality of life (HRQoL) and self-reported tinnitus-related distress in chronic tinnitus patients and whether this relationship is mediated by indicators of psychological distress (i.e., vital exhaustion, anxiety, and depression). MATERIALS AND METHODS: Using a cross-sectional study design, 265 consecutive tinnitus patients were asked to complete the Hospital Anxiety and Depression Scale, the Maastricht Questionnaire, the Type D Scale (DS14), the Short-Form Health Survey 36, and the Tinnitus Reaction Questionnaire. RESULTS: The prevalence of Type D was 35.5%. Type D patients were significantly more anxious, depressed, and vitally exhausted, and experienced more impaired HRQoL and increased tinnitus-related distress compared with non-Type D patients. Structural equation modeling showed that Type D personality directly increased symptoms of depression and anxiety, but not vital exhaustion. Type D was also a direct predictor of poor mental and physical HRQoL and increased tinnitus-related distress, although this influence was mainly mediated by symptoms of depression and anxiety. Anxiety, depression, and vital exhaustion had a direct influence on HRQoL and self-reported tinnitus-related distress, with a higher impact on mental HRQoL (R2 = 0.74) compared with physical HRQoL (R2 = 0.33). Vital exhaustion was a predictor of HRQoL and self-reported tinnitus-related distress; however, its influence was moderated by enhanced levels of anxiety and depression. CONCLUSION: Tinnitus patients with a Type D personality were more likely to be anxious and depressed and to experience poor HRQoL and increased self-reported tinnitus-related distress, with the impact of Type D mainly being mediated by symptoms of anxiety and depression, although Type D also exerted a direct influence on these outcomes. These findings underline that to reduce the impact of tinnitus on HRQoL and self-reported tinnitus-related distress, treatment should be directed toward reducing anxiety and depression, especially in patients with a Type D personality.

MeSH: Models, Psychological, Questionnaires, Fatigue -- psychology, Chi-Square Distribution, Humans, Aged, Cross-Sectional Studies, Psychiatric Status Rating Scales, Aged, 80 and over, Adult, Middle Aged, Chronic Disease, Personality Assessment, Female, Male, Depression (major) -- psychology, Anxiety (major) -- psychology, Health Status (major), Personality (major), Quality of Life (major) -- psychology, Tinnitus (major) -- psychology

Record owner: National Library of Medicine

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Correspondence author: Bartels, Hilke

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Document 66 of 200

Significance of serotonin transporter gene polymorphism in tinnitus.

Author: Deniz, Murat1; Bayazit, Yildirim A; Celenk, Fatih; Karabulut, Hayriye; Yilmaz, Akin; Gunduz, Bulent; Saridogan, Cagil; Dagli, Muharrerm; Erdal, Emin; Menevse, Adnan1 Department of Audiology, Faculty of Medicine, Gazi University, Besevler, Ankara, Turkey.

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.1 (Jan 2010): 19-24.

ProQuest document link

Abstract: OBJECTIVES: To assess the role of serotonin transporter gene (SLC6A4) polymorphism in tinnitus. MATERIALS AND METHODS: Fifty-four consecutive patients experiencing subjective tinnitus and 174 healthy controls were allocated for the study. Psychoacoustic parameters of tinnitus were measured. Beck Depression Inventory was used to assess the depression level of the patients. Tinnitus Handicap Inventory was used to assess the severity of tinnitus. A visual analog scale was designed to measure the impact of tinnitus on quality of life of the patients. The 44-bp insertion-deletion in the promoter region (5-HTTLPR) and 17-bp variable number tandem repeats in the second intron of the serotonin transporter gene were assessed. RESULTS: No difference was found between the genotypes and allele frequencies of the patients and controls regarding variable number tandem repeats and 5-HTTLPR polymorphisms ($p > 0.05$). There was no association between the psychoacoustic parameters of tinnitus and SLC6A4

polymorphism ($p > 0.05$). There was a significant association between the 5-HTTLPR polymorphism and scores from the visual analog scale of the patients ($p < 0.05$). CONCLUSION: Generation of tinnitus signal is not associated with SLC6A4 polymorphism and possibly with serotonergic mechanisms. However, the "ll" genotype variant of the SLC6A4 polymorphic promoter region seems associated with the limbic and autonomic nervous system symptoms of the patients with tinnitus. Therefore, serotonergic mechanisms may help explain the neurophysiological model of tinnitus, and serotonin replacement or serotonin reuptake inhibitors may increase the success rate of tinnitus treatment modalities based on the neurophysiologic model of tinnitus.

MeSH: Severity of Illness Index, Analysis of Variance, Gene Frequency, Audiometry, Pure-Tone, Trinucleotide Repeats -- genetics, Chi-Square Distribution, Humans, Quality of Life, Patient Selection, Polymerase Chain Reaction, Alleles, Psychiatric Status Rating Scales, Adult, Middle Aged, Female, Male, Polymorphism, Single Nucleotide (major) -- genetics, Tinnitus (major) -- genetics, Serotonin (major) -- genetics, Serotonin Plasma Membrane Transport Proteins (major) -- genetics, Genetic Predisposition to Disease (major) -- genetics

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Deniz, Murat

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Database: ComDisDome

Document 67 of 200

Is there a correlation between vascular loops in the cerebellopontine angle and unexplained unilateral hearing loss?

Author: Gorrie, Adam1; Warren, Frank M; de la Garza, Amy N; Shelton, Clough; Wiggins, Richard H1 School of Medicine & Dentistry, University of Aberdeen, Aberdeen, Scotland.

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.1 (Jan 2010): 48-52.

ProQuest document link

Abstract: OBJECTIVE: This study was a retrospective analysis of patients who had received magnetic resonance imaging scans of the internal auditory canal (IAC) to evaluate unexplained asymmetric hearing loss. The study aimed to correlate structural features of vascular loops formed by the anterior inferior cerebellar artery (AICA) within the cerebellopontine angle and IAC with asymmetric hearing loss. STUDY DESIGN: High-resolution thin-section T2 fast spin echo magnetic resonance imaging scans of 58 patients with asymmetric sensorineural hearing loss were obtained; the structure of the AICA was graded on both sides using 2 scoring systems. The grading senior head and neck radiologist was blinded to the clinical history. The first scoring system used was the Chavda classification, which is based on the anatomic location of the AICA loop. This system identified 92 loops within the cerebellopontine angle; 22 loops extending less than halfway into the IAC and 2 loops extending more than halfway into the IAC. A second classification system was used simultaneously to describe the extent of contact between the AICA loop and the vestibulocochlear nerve. The second system identified 24 loops that were not in contact with the nerve, 60 in which the loop was running adjacent to the nerve but not displacing it; 12 loops were identified that were displacing the vestibulocochlear nerve, and 24 loops were identified running between the facial and the vestibulocochlear nerve. Four loops were classified as both displacing the vestibulocochlear nerve and running between the facial and vestibulocochlear nerves. Tinnitus was present in addition to hearing loss. In 48 of the 58 patients, the statistical analysis was repeated for these patients. RESULTS: No statistically significant association was found between loops classified by the Chavda system and hearing loss. No statistically significant association was present between loops that made no contact with the nerve, ran adjacent to the nerve, or displaced the nerve. A statistically significant association was found between loops that ran between the facial and vestibulocochlear nerve and hearing loss, with a p value of 0.0162. The subset who had tinnitus in addition to hearing loss had similar results, with the only significant association being found between loops running between the facial nerve and the vestibulocochlear nerve, and a p value of 0.0433 was obtained. CONCLUSION: A correlation between vascular loops and hearing loss did not exist in the majority of the patients in this study. The subset of patients that had a vessel between the facial and vestibular cochlear nerves deserve further investigation.

MeSH: Magnetic Resonance Imaging, Audiometry, Pure-Tone, Humans, Retrospective Studies, Aged, Patient Selection, Tinnitus -- pathology, Cerebellopontine Angle -- blood supply, Cerebellopontine Angle -- pathology, Aged, 80 and over, Adult, Middle Aged, Adolescent, Image Processing, Computer-Assisted, Male, Female, Arteries (major) -- pathology, Cerebellum (major) -- blood supply, Hearing Loss, Unilateral (major) -- pathology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Gorrie, Adam

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Document 68 of 200

Transtympanic steroids for Ménière's disease.

Author: Herraiz, Carlos1; Plaza, Guillermo; Aparicio, Jose M; Gallego, Inmaculada; Marcos, Sol; Ruiz, Carlos1 Servicio de Otorrinolaringología, Hospital Universitario Fundación Alcorcón, Madrid, Spain. cherraizp@seorl.net

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.1 (Jan 2010): 162-167.

ProQuest document link

Abstract: OBJECTIVE: To describe the long-term efficacy of transtympanic steroids (TTS) using methyl-prednisolone in the treatment of Ménière's disease (MD). DESIGN: Descriptive prospective study. MAIN OUTCOME MEASURES: Pure-tone average (PTA) corresponding to the conversational frequencies on the audiogram (0.5, 1, 2, and 3 kHz), visual analog scale on tinnitus annoyance, and number of vertigo spells 24 months after treatment. RESULTS: Thirty-four MD patients referred to a tertiary center were treated with TTS. All patients were diagnosed as probable or definitive MD (following American Academy of Otolaryngology-Head and Neck Surgery 1995 criteria) and treated by TTS (3 consecutive doses). Data from 32 patients were achieved after 12 months. Forty-eight percent of the patients reduced the PTA in 10 or more decibels, average improvement was 8.6 dB compared with initial PTA ($p = 0.004$). Tinnitus relief was achieved by 81.5% of the patients. Number of vertigo spells was reduced from 4.3 to 0.3 after 12 months ($p = 0.002$); 81% of the patients were free of vertigo spells, and 92.6% had 1 or less spells of vertigo. Data from 29 patients were achieved after 24 months. A reduction of PTA in 10 or more decibels was shown by the 33.3% of the sample, and PTA improved in 3.3 dB compared with initial PTA (nonsignificant). Tinnitus relief was achieved in 78% of the patients. Number of vertigo spells was reduced from 4.3 to 0.5 ($p = 0.033$). Seventy-eight percent of the cases were free of vertigo, and 96% had none or 1 spell. Because of an increase in any of the symptoms, 12 patients (35.2%) required retreatment with 1 or 2 series of TTS (1-3 doses) along the 2-year period. Two patients of the sample (6.25%) required transtympanic gentamicin for vertigo control due to lack of benefit with TTS (14 and 18 mo since TTS). CONCLUSION: Transtympanic steroids in this cohort were associated with good preservation of hearing. Tinnitus control is achieved in more than 70% of the patients, and number of vertigo spells can be dramatically reduced in more than 90% of the patients after a 24-month follow-up.

MeSH: Audiometry, Pure-Tone, Chi-Square Distribution, Humans, Aged, Patient Selection, Glucocorticoids -- therapeutic use, Drug Administration Routes, Prospective Studies, Aged, 80 and over, Adult, Treatment Outcome, Middle Aged, Follow-Up Studies, Female, Male, Tympanic Membrane (major) -- drug effects, Methylprednisolone (major) -- administration & dosage, Meniere Disease (major) -- drug therapy, Tinnitus (major) -- drug therapy, Vertigo (major) -- drug therapy

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Herraiz, Carlos

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Database: ComDisDome

An unusual middle-ear mass.

Author: Muller, M1; Zammit-Maempel, I; Hill, J; Wilkins, B1 Department of Radiology, Freeman Hospital, Newcastle upon Tyne, UK. michelle.muller@nuth.nhs.uk

Publication info: The Journal of laryngology and otology 124.1 (Jan 2010): 108-110.

ProQuest document link

Abstract: OBJECTIVE: We describe a case of endolymphatic sac tumour confined to the middle ear, which radiologically mimicked a glomus tympanicum, in a 58-year-old woman with tinnitus. CASE REPORT: A 58-year-old woman presented with a one-year history of right-sided tinnitus. The clinical, radiological and surgical features were felt to be in keeping with a glomus tympanicum. However, the histopathological picture was that of a low grade papillary carcinoma of the endolymphatic sac, i.e. an endolymphatic sac tumour. CONCLUSION: Endolymphatic sac tumours are classically locally aggressive and centred around the petrous temporal bone. Further growth results in complete replacement of the mastoid and petrous pyramid by tumour. To the best of our knowledge, there have been no previous reports of an endolymphatic sac tumour located solely within the hypo- and epitympanum of the middle ear.

MeSH: Diagnosis, Differential, Humans, Glomus Tympanicum Tumor -- diagnosis, Treatment Outcome, Middle Aged, Laser Therapy, Tinnitus -- etiology, Female, Ear Neoplasms (major) -- diagnosis, Ear Neoplasms (major) -- surgery, Endolymphatic Sac (major), Ear, Middle (major), Carcinoma, Papillary (major) -- diagnosis, Carcinoma, Papillary (major) -- surgery

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Correspondence author: Muller, M

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Document 70 of 200

Measuring tinnitus loudness using constrained psychophysical scaling.

Author: Ward, Lawrence M1; Baumann, Michael1 Department of Psychology, University of British Columbia, 2136 West Mall, Vancouver, BC, Canada. lward@psych.ubc.ca

Publication info: American journal of audiology 18.2 (Dec 2009): 119-128.

ProQuest document link

Abstract: PURPOSE: We measured tinnitus loudness using a new method of psychophysical scaling with the aim of introducing a potentially useful new procedure to the literature. METHOD: Fourteen adults reporting tinnitus were trained to use a standardized loudness scale, and then they used that response scale to assess loudness of nonstandard stimuli and of their tinnitus. We also measured tinnitus loudness and pitch using a computer-based matching procedure, and we measured the impact of tinnitus on daily living using the Tinnitus Handicap Inventory (THI; C. W. Newman, G. P. Jacobson, & J. B. Spitzer, 1996) for those 14 individuals and an additional 2 participants. Results and Conclusions Our 14 trained participants judged loudness similarly to normal hearing participants for pure tones at normal hearing, nontinnitus frequencies-implying that their judgments of tinnitus loudness were valid. Constrained scaling of

tinnitus loudness yielded measurements that were substantially greater than the sensation level of sounds matched to tinnitus loudness. Our total of 16 participants fell into 2 groups on the basis of hearing loss, extent of abnormal loudness growth at the tinnitus frequency, and several aspects of tinnitus experience. Finally, as previously found, there was little correlation between tinnitus loudness, no matter how measured, and the impact of tinnitus on daily life as measured by the THI.

MeSH: Audiometry, Humans, Diagnosis, Computer-Assisted, Pitch Perception, Aged, Tinnitus -- complications, Tinnitus -- diagnosis, Tinnitus -- psychology, Aged, 80 and over, Adult, Middle Aged, Hearing Loss -- complications, Hearing Loss -- diagnosis, Female, Male, Psychophysics (major) -- methods, Loudness Perception (major)

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Ward, Lawrence M

Publication title: American journal of audiology

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Document 71 of 200

Changes in the tinnitus handicap questionnaire after cochlear implantation.

Author: Pan, Tao1; Tyler, Richard S; Ji, Haihong; Coelho, Claudia; Gehringer, Anne K; Gogel, Stephanie A1 Department of Otolaryngology, University of Iowa, 200 Hawkins Drive, Iowa City, IA 52242-1009, USA. tao-pan@uiowa.edu

Publication info: American journal of audiology 18.2 (Dec 2009): 144-151.

ProQuest document link

Abstract: PURPOSE: To determine (a) changes in the Tinnitus Handicap Questionnaire (THQ) for patients

using cochlear implants, (b) differences between patients who receive total or partial relief, and (c) identifiable characteristics of those who report tinnitus after implantation. METHOD: Pre- and postoperatively, 244 adults were administered the THQ when they reported tinnitus. RESULTS: Of the 153 patients who had tinnitus preoperatively, 94 (61%) patients reported total suppression and 59 (39%) reported a partial reduction. In 91 patients who did not have tinnitus before implantation, 11 (12%) reported tinnitus postimplantation. The THQ score decreased from 41% preimplant to 30% postimplant. The largest reductions involved social handicap and hearing. Patients with a more severe hearing loss might be more likely to experience an exacerbation of their tinnitus. We were not able to clearly identify differences between patients who received total or partial relief and the characteristics of patients who reported tinnitus after implantation. Those who acquired tinnitus had the shortest duration hearing loss (5.6 years) and were the oldest (63 years). The average THQ score of patients getting tinnitus was 29%. CONCLUSIONS: Most tinnitus patients benefit from receiving a cochlear implant.

MeSH: Young Adult, Cochlear Implantation -- adverse effects, Humans, Aged, Postoperative Period, Aged, 80 and over, Adult, Treatment Outcome, Middle Aged, Adolescent, Female, Male, Questionnaires (major), Tinnitus (major) -- physiopathology, Tinnitus (major) -- surgery, Disabled Persons (major)

Record owner: National Library of Medicine

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Correspondence author: Pan, Tao

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Document 72 of 200

The hearing status in 12 female and 15 male Japanese Fabry patients.

Author: Sakurai, Yuika1; Kojima, Hiromi; Shiwa, Masanori; Ohashi, Toya; Eto, Yoshikatsu; Moriyama, Hiroshi1 Department of Otorhinolaryngology, The Jikei University School of Medicine, 3-25-8 Nishishinbashi, Minato-ku, Tokyo 105-8461, Japan. yuika@jikei.ac.jp

Publication info: Auris, nasus, larynx 36.6 (Dec 2009): 627-632.

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Abstract: OBJECTIVE: Fabry disease (FD) is an x-linked inherited disease that causes a lack of a lysosomal enzyme, alpha-galactosidaseA, leading to cellular accumulation of glycosphingolipids of the whole body. This accumulation in the inner ear causes hearing loss also. However, FD is rare, and the frequency is lower in females than in males. Thus, there have been few comparative studies between women and men for hearing loss in FD. Accordingly, we examined the hearing status of both male and female FD patients and elucidated the similarities and differences. We also analyzed for correlations between the hearing status and renal and heart disorders. METHODS: 12 women and 15 men were studied by means of pure tone audiometry, the relationships between the hearing status and the renal and cardiac functions. RESULTS: The audiogram type was the flat type in a majority of both women and men, followed by the high type and low type, while the U-shaped type was rare. Examination of the thresholds average showed abnormality in one woman and four men. Comparison to threshold for each age bracket of normal subjects showed abnormality in three women and nine men. No correlations were found between the hearing loss and either the renal or cardiac function. All the patients with renal dysfunction had abnormal hearing. CONCLUSIONS: The frequency of hearing loss in FD was higher in men than in women. Also, there may be some relationship between renal function and hearing loss in FD.

MeSH: Young Adult, Sex Factors, Audiometry, Pure-Tone, Auditory Threshold, Humans, Kidney Failure, Chronic -- diagnosis, Kidney Failure, Chronic -- epidemiology, Kidney Failure, Chronic -- genetics, Aged, Child, Hearing Loss, Sensorineural -- diagnosis, Hearing Loss, Sensorineural -- epidemiology, Hearing Loss, Sensorineural -- genetics, Tinnitus -- diagnosis, Tinnitus -- epidemiology, Tinnitus -- genetics, Cardiomyopathies -- diagnosis, Cardiomyopathies -- epidemiology, Cardiomyopathies -- genetics, Cross-Sectional Studies, Adult, Fabry Disease -- diagnosis, Fabry Disease -- epidemiology, Fabry Disease -- genetics, Incidence, Middle Aged, Statistics as Topic, Adolescent, Male, Female

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Sakurai, Yuika

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Database: ComDisDome

Document 73 of 200

Evaluation of tinnitus patients with normal hearing sensitivity using TEOAEs and TEN test.

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Publication info: Auris, nasus, larynx 36.6 (Dec 2009): 633-636.

ProQuest document link

Abstract: OBJECTIVES: This study was designed to investigate the possibility of underlying cochlear damage whether outer hair cells (OHCs) or inner hair cells (IHCs) in tinnitus suffering patients with normal hearing sensitivity, using transient evoked otoacoustic emission (TEOAEs) and threshold equalizing noise (TEN) test, if any. METHODS: Twenty patients suffering from unilateral tinnitus with normal hearing sensitivity participated in this study. Their other ear acted as control ears. They were subjected to full history taking, otoscopy, basic audiologic evaluation, TEOAEs and TEN test. RESULTS: TEOAEs were abnormal in 85% of the tinnitus ears compared to 20% in control ears; this difference was statistically significant. The abnormal TEOAEs frequency bands in the tinnitus ears were statistically significant above 2000 Hz when compared to the control ears and were more common for the 4000 and 5000 Hz. This suggests that OHCs dysfunction may be important in the generation of tinnitus. TEN test demonstrated dead regions in the cochlea in 15% of the tinnitus ears only. This might be attributed to increased resistance of IHCs to damage compared to OHCs vulnerability. The affected frequency location was at 500 Hz in 5%, 3000 and 4000 Hz in 10% of tinnitus ears. CONCLUSION: This work has shown a higher prevalence of OAE abnormalities in tinnitus patients with normal hearing in contrast to TEN test denoting the more vulnerability of OHCs to damage.

MeSH: Young Adult, Humans, Adult, Noise, Hair Cells, Auditory, Inner -- physiology, Middle Aged, Hair Cells, Auditory, Outer -- physiology, Adolescent, Female, Male, Audiometry, Pure-Tone (major), Auditory Threshold (major) -- physiology, Tinnitus (major) -- diagnosis, Tinnitus (major) -- physiopathology, Otoacoustic Emissions, Spontaneous (major) -- physiology, Perceptual Masking (major) -- physiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Thabet, Elsaeid Mohamed

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Tinnitus in children without hearing impairment.

Author: Savastano, Marina1; Marioni, Gino; de Filippis, Cosimo1 Department of Medical-Surgical Specialities, University of Padua, Padua, Italy. marina.savastano@unipd.it

Publication info: International journal of pediatric otorhinolaryngology 73 1 (Dec 2009): S13-S15.

ProQuest document link

Abstract: OBJECTIVE: Tinnitus is not an uncommon symptom in the pediatric population and, despite its incidence, is still an unrecognized problem, particularly in normal hearing children. As tinnitus is frequently described by adults without evidence of ear disease, reports of tinnitus can be obtained also from a group of children without otological pathology. The present review has been performed in order to emphasize the great importance to try to identify children suffering from tinnitus and to recognize the difference between the tinnitus characteristics in children with ear pathology and those one without otological problems. METHODS: A review of the literature regarding the nature of pediatric tinnitus and the practical diagnostic approach to this symptom has been carried out. RESULTS: Children rarely complain spontaneously of tinnitus but are able to describe it when questioned. In our experience the total percentage of children with tinnitus rises from 6.5% (tinnitus reported spontaneously), to 34% when children are specifically questioned. Most children, more than 50%, have normal hearing; in those with hearing impairment, no particular type or severity of hearing loss has been found. An important point that must be considered much more seriously is tinnitus sequela following head injuries to which children are particularly exposed during their daily activities. Due to the serious consequences that may be caused by tinnitus, it is of great importance to identify and analyze it, so as to minimize its damage, utilizing a protocol of study of pediatric tinnitus which allows to collect interesting informations about tinnitus characteristics. CONCLUSIONS: In considering that tinnitus in children exists and may provoke serious consequences, even in absence of ear pathology, it is necessary to investigate and understand more about this symptom in children. From this viewpoint, it is very important to recognize the value of a global evaluation of a child suffering from tinnitus. There is no reason why such an important symptom well reported in adults should not be investigated in the pediatric population in which it seems to be as frequent as in the adult one. It is reasonable to believe that also in children tinnitus may have significant implications for medical and rehabilitative management.

MeSH: Severity of Illness Index, Humans, Incidence, Child, Tinnitus -- diagnosis, Tinnitus -- epidemiology, Tinnitus -- physiopathology, Child, Preschool, Hearing (major) -- physiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Savastano, Marina

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Last updated: 2010-09-25

Database: ComDisDome

Document 75 of 200

Complications and pitfalls of cochlear implantation in otosclerosis: a 6-year follow-up cohort study.

Author: Sainz, Manuel1; Garcia-Valdecasas, Juan; Ballesteros, Jose Manuel1 Otolaryngology Service, Hospital Universitario San Cecilio, Granada, Spain.

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.8 (Dec 2009): 1044-1048.

ProQuest document link

Abstract: OBJECTIVE: To describe and discuss the midterm complications and pitfalls reported in patients with otosclerosis who received a cochlear implant. STUDY DESIGN: Prospective cohort study. SETTING: Tertiary referral center. PATIENTS: Fifteen patients who received a cochlear implant for otosclerosis, followed up for a minimum of 6 years. Onset of hearing loss occurred at a mean age (+/-standard deviation [SD]) of 32.6 +/- 8.6 years. Mean duration (+/-SD) of hearing loss was 26.8 +/- 7.9 years, and mean age (+/-SD) at implant surgery was 58.7 +/- 9.5 years. INTERVENTIONS: Before cochlear implantation, hearing thresholds were tested, and temporal bone anatomy and otosclerotic lesions were documented by high-resolution computed tomography and magnetic resonance imaging. All patients were implanted with a Med-El Combi 40 + device and a Standard Electrode Array. MAIN OUTCOME MEASURES: The number of inserted electrodes was checked by x-ray. After cochlear implantation, hearing skills were tested, fitting parameters were recorded, and complications were noted. RESULTS: As the disease progressed, the number of electrodes decreased, and the electrical thresholds, maximum comfort levels, and electric charge increased; these changes were more evident in the middle electrodes. Although facial nerve stimulation rate was lower than previously reported (13.3%), it increased during follow-up. Two patients (13.3%) had untreatable tinnitus. Nevertheless, all speech discrimination parameters improved significantly in all patients. CONCLUSION: Despite the need for special fitting strategies and the appearance of complications, facial nerve stimulation, and tinnitus, improvements in speech discrimination tests support the use of cochlear implantation for patients with otosclerosis.

MeSH: Prosthesis Failure, Auditory Threshold -- physiology, Facial Nerve Injuries -- etiology, Humans, Tinnitus -- etiology, Auditory Perception -- physiology, Speech Perception -- physiology, Prospective Studies, Speech Discrimination Tests, Adult, Cohort Studies, Treatment Outcome, Middle Aged, Follow-Up Studies, Hearing -- physiology, Hearing Loss -- etiology, Hearing Loss -- surgery, Female, Male, Cochlear Implantation (major) -- adverse effects, Otosclerosis (major) -- surgery, Cochlear Implants (major) -- adverse effects

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Sainz, Manuel

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

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Database: ComDisDome

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Audiovestibular function in patients with otosclerosis and balance disorders.

Author: Grayeli, Alexis Bozorg1; Sterkers, Olivier; Toupet, Michel1 Otolaryngology, Head and Neck Surgery Department, APHP, Hôpital Beaujon, Clichy, and Inserm, UMRS-867, Université Paris 7, France. alexis.bozorg-grayeli@bjn.aphp.fr

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.8 (Dec 2009): 1085-1091.

ProQuest document link

Abstract: OBJECTIVE: The aim of this study was to investigate the clinical aspects of balance disorders and to assess the audiovestibular functions of patients with otosclerosis. MATERIALS AND METHODS:

Among 13,800 patients examined for balance disorders between 2002 and 2006, 98 (0.7%) presented with otosclerosis. Seventy-three patients (28 treated nonoperatively, 27 operated on unilaterally, and 18 operated on bilaterally for otosclerosis) with an audiovestibular assessment were included in this retrospective study. RESULTS: Complaints were dizziness in 42 patients (56%), benign paroxysmal positional vertigo in 37 patients (51%), and rotatory vertigo in 21 patients (29%), with no difference between patients operated on and those treated nonoperatively. In patients treated nonoperatively, despite the absence of correlation for hearing loss between the right and left ears, a strong correlation was observed for the bithermic caloric response (BCR; Y = 2.54 + 0.73X, Y = left, X = right, R2 = 0.71, n = 26, p < 0.0001, analysis of variance). In contrast, the correlation between the ipsilateral and contralateral ears in BCR was weak in patients operated on 1 side (Y = 15.1 + 0.66X, Y = contralateral, X = ipsilateral, n = 27, R2 = 0.20, p < 0.05), and this was associated to a caloric paresis suggesting a surgery-induced deficit. There was no correlation between hearing thresholds and the BCR. CONCLUSION: The proportion of patients with otosclerosis among those with balance disorders was similar to the estimated prevalence of otosclerosis in the general population. Despite the asymmetric hearing loss, BCR was symmetrical in patients treated nonoperatively. In contrast, the loss of vestibular function symmetry in patients suggested a surgery-induced vestibular trauma.

MeSH: Cochlear Implantation, Dizziness -- etiology, Humans, Caloric Tests, Retrospective Studies, Meniere Disease -- etiology, Aged, Tinnitus -- etiology, Vertigo -- etiology, Postural Balance -- physiology, Aged, 80 and over, Stapes Surgery, Adult, Middle Aged, Follow-Up Studies, Vestibular Function Tests, Hearing Loss -- etiology, Female, Functional Laterality -- physiology, Male, Audiometry (major), Otosclerosis (major) -- complications, Otosclerosis (major) -- physiopathology, Otosclerosis (major) -- therapy, Vestibular Diseases (major) -- complications, Vestibular Diseases (major) -- physiopathology, Vestibular Diseases (major) -- therapy, Vestibule, Labyrinth (major) -- physiopathology

Record owner: National Library of Medicine

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Correspondence author: Grayeli, Alexis Bozorg

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Database: ComDisDome

Document 77 of 200

Revision stapedectomy: an analysis of 201 operations.

Author: Schmid, Philipp1; Häusler, Rudolf1 University Department of Otorhinolaryngology, Head and Neck Surgery, Inselspital Bern, Bern, Switzerland.

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.8 (Dec 2009): 1092-1100.

ProQuest document link

Abstract: INTRODUCTION: Recurrent or persistent conductive hearing impairment as well as vertigo or tinnitus after a stapes operation can be treated by means of stapes revision surgery. We analyzed stapes revisions performed during the last 15 years at our institution. The aim was to ascertain the causes that led to the failure, to analyze the postrevision results, and to compare them with data from the literature. MATERIALS AND METHODS: This retrospective study analyzes 201 stapes revisions performed in 175 patients between 1992 and 2006. The indications, intraoperative findings, and surgical techniques were analyzed. Functional results were evaluated by means of hearing tests before and after surgery (1-15 yr). Revisions were mainly performed by the transcanal approach through the fixed speculum under local anesthesia using the fiber-optic argon laser and the Skeeter microdrill. RESULTS: Indications for revision in 172 operations included lack of hearing improvement or recurrent conductive hearing loss. Six patients additionally had symptoms of vertigo. Sixteen patients experienced isolated vertigo despite improved hearing, 1 patient experienced intolerable tinnitus, and in 6 patients, the indication was deafness after stapedotomy.The most common intraoperative observations were prosthesis lateralization (53%), partial or total incus necrosis (33%), reossification of the footplate (31%), and loosening of the loop on the incus (9%). Hearing improved postoperatively in 88% of the patients. In 55% of the patients, there was a residual air-bone gap of 10 dB or less, and in 84%, the gap was 20 dB or less. DISCUSSION: Stapes revisions are more challenging procedures with less perfect results compared with primary operations. Nevertheless, a postoperative hearing improvement was achieved in 88% of our patients. Modern techniques, such as the laser and microdrill, demonstrate their full usefulness.

MeSH: Young Adult, Treatment Failure, Prosthesis Failure, Humans, Retrospective Studies, Hearing Loss, Conductive -- epidemiology, Aged, Cochlear Implants, Granuloma -- surgery, Tinnitus -- epidemiology, Vertigo -- epidemiology, Recurrence, Necrosis, Postoperative Complications -- epidemiology, Postoperative Complications -- surgery, Adult, Treatment Outcome, Middle Aged, Intraoperative Period, Adolescent, Female, Male, Reoperation (major) -- statistics & numerical data, Stapes Surgery (major) -- statistics & numerical data

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Schmid, Philipp

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

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Accession number: pmid-19752766

ProQuest document ID: 742783183

Document URL: http://search.proquest.com/docview/742783183?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 78 of 200

Hearing results using the SMart piston prosthesis.

Author: Fayad, Jose N1; Semaan, Maroun T; Meier, Josh C; House, John W1 House Ear Institute and House Ear Clinic, Los Angeles, California 90057, USA. jfayad@hei.org

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.8 (Dec 2009): 1122-1127.

ProQuest document link

Abstract: OBJECTIVE: SMart, a newly introduced piston prosthesis for stapedotomy, is a nitinol-based, heat-activated, self-crimping prosthesis. We review our hearing results and postoperative complications using this self-crimped piston prosthesis and compare them with those obtained using stainless steel or platinum piston prostheses. HYPOTHESIS: Audiometric results using the SMart piston are identical to those obtained using a conventional piston prosthesis. STUDY DESIGN: Retrospective chart review. SETTING: Private neurotologic tertiary referral center. PATIENTS: The 416 ears reviewed included 306 with a SMart prosthesis and 110 conventional prostheses. 61% were women. Mean follow-up time was 5.6 (standard deviation [SD], 6.3 mo) and 6.9 months (SD, 7.0 mo) for the 2 groups, respectively. INTERVENTION: Stapedotomy using the SMart or a conventional (non-SMart) prosthesis. MAIN OUTCOME MEASURES: Audiometric hearing results, including pure-tone average (PTA) and air-bone gap (ABG), and prevalence of postoperative complications. RESULTS: Mean postoperative PTA was 32.6 (SD, 16.8) dB for the SMart group and 29.4 (SD, 13.5) dB for the non-SMart group, with ABGs of 7.6 (SD, 8.9) and 6.0 (SD, 5.2) dB, respectively. Mean change (decrease) in ABG was 18.7 (SD, 13.1) dB for the SMart group and 19.9 (SD, 10.3) dB for the non-SMart group. High-frequency bone PTAs showed overclosure of 2.0 (SD, 7.9) dB for the SMart group and 3.6 (SD, 8.6) dB for the non-SMart group. Postoperative vertigo and tinnitus were infrequent. No significant differences in these audiometric outcomes or complication rates were noted between groups. There was no significant difference in rate of gap closure to within 10 dB (78.3 versus 84.2%, SMart and non-SMart, respectively) or 20 dB (94.2 and 98.0%). CONCLUSION: Compared with conventional stapes prostheses, the nitinol-based SMart is a safe and reliable stapes prosthesis that eliminates manual crimping without significantly altering the audiometric outcome. Complications are rare, but longer follow-up is needed before establishing long-term stability.

MeSH: Stapes -- anatomy & histology, Cochlear Implantation -- adverse effects, Audiometry, Pure-Tone, Humans, Retrospective Studies, Hearing Loss, Sensorineural -- epidemiology, Cochlear Implants -- adverse effects, Tinnitus -- epidemiology, Tinnitus -- etiology, Vertigo -- epidemiology, Taste Disorders -- epidemiology, Taste Disorders -- etiology, Postoperative Complications -- epidemiology, Postoperative Complications -- etiology, Stapes Surgery, Adult, Treatment Outcome, Follow-Up Studies, Middle Aged,

Female, Functional Laterality -- physiology, Male, Hearing (major) -- physiology

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Identifier / keyword: National Library of Medicine

Correspondence author: Fayad, Jose N

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

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Document 79 of 200

Endolymphatic hydrops and therapeutic effects are visualized in 'atypical' Meniere's disease.

Author: Miyagawa, Maiko1; Fukuoka, Hisakuni; Tsukada, Keita; Oguchi, Tomohiro; Takumi, Yutaka; Sugiura, Makoto; Ueda, Hitoshi; Kadoya, Masumi; Usami, Shin-ichi1 Department of Otorhinolaryngology, Shinshu University School of Medicine, Matsumoto, Japan.

Publication info: Acta oto-laryngologica 129.11 (Nov 2009): 1326-1329.

ProQuest document link

Abstract: A 53-year-old male with fluctuating low frequency sensorineural hearing loss and tinnitus, but without vertigo, was evaluated by MRI obtained by intratympanic injection of a gadolinium-based contrast agent (GBCA) before and after the administration of isosorbide. The endolymphatic hydrops was semi-quantitatively evaluated by a 3.0-T MR scanner. For quantification, the affected side/contralateral side ratios were calculated. A gadodiamide (a kind of GBCA)-enhanced space surrounding the endolymph in the affected side with a 0.50 ratio (which may have represented endolymphatic hydrops) improved after isosorbide therapy to a 0.98 ratio. Thus, endolymphatic hydrops was demonstrated in a patient with

'atypical' Meniere's disease (MD), suggesting that at least some atypical MD may share similar etiology with, and therefore be a continuum of, MD. Also, therapeutic effects could be visualized by using MRI. Therefore, MRI-based diagnosis of MD-related disease will be a powerful tool not only because of its precision but also its usefulness for therapeutic evaluation.

MeSH: Anti-Inflammatory Agents -- administration & dosage, Isosorbide -- administration & dosage, Hydrocortisone -- administration & dosage, Hydrocortisone -- analogs & derivatives, Diuretics, Osmotic -- administration & dosage, Humans, Contrast Media -- administration & dosage, Hearing Loss, Sensorineural -- etiology, Tinnitus -- etiology, Drug Therapy, Combination, Gadolinium DTPA -- diagnostic use, Endolymph -- drug effects, Perilymph -- drug effects, Middle Aged, Male, Magnetic Resonance Imaging (major), Meniere Disease (major) -- diagnosis, Meniere Disease (major) -- drug therapy, Endolymphatic Hydrops (major) -- diagnosis, Endolymphatic Hydrops (major) -- drug therapy, Image Enhancement (major), Image Processing, Computer-Assisted (major)

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Miyagawa, Maiko

Publication title: Acta oto-laryngologica

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Document URL: http://search.proquest.com/docview/742780111?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 80 of 200

The auditory midbrain of people with tinnitus: abnormal sound-evoked activity revisited.

Author: Melcher, Jennifer R1; Levine, Robert A; Bergevin, Christopher; Norris, Barbara1 Eaton-Peabody Laboratory, Massachusetts Eye and Ear Infirmary, Boston, MA 02114, USA. jennifer_melcher@meei.harvard.edu

Publication info: Hearing research 257.1-2 (Nov 2009): 63-74.

ProQuest document link

Abstract: Sound-evoked fMRI activation of the inferior colliculi (IC) was compared between tinnitus and non-tinnitus subjects matched in threshold (normal), age, depression, and anxiety. Subjects were stimulated with broadband sound in an "on/off" fMRI paradigm with and without on-going sound from the scanner coolant pump. (1) With pump sounds off, the tinnitus group showed greater stimulus-evoked activation of the IC than the non-tinnitus group, suggesting abnormal gain within the auditory pathway of tinnitus subjects. (2) Having pump sounds on reduced activation in the tinnitus, but not the non-tinnitus group. This result suggests response saturation in tinnitus subjects, possibly occurring because abnormal gain increased response amplitude to an upper limit. (3) In contrast to Melcher et al. (2000), the ratio of activation between right and left IC did not differ significantly between tinnitus and non-tinnitus subjects or in a manner dependent on tinnitus laterality. However, new data from subjects imaged previously by Melcher et al. suggest a possible tinnitus subgroup with abnormally asymmetric function of the IC. The present and previous data together suggest elevated responses to sound in the IC are common among those with tinnitus and normal thresholds, while abnormally asymmetric activation is not, even among those with lateralized tinnitus.

MeSH: Magnetic Resonance Imaging, Young Adult, Inferior Colliculi -- pathology, Inferior Colliculi -- physiopathology, Audiometry, Pure-Tone, Auditory Pathways -- pathology, Auditory Pathways -- physiopathology, Auditory Threshold, Humans, Sound Spectrography, Tinnitus -- pathology, Tinnitus -- physiopathology, Brain Mapping -- methods, Adult, Noise -- adverse effects, Case-Control Studies, Middle Aged, Acoustic Stimulation, Perceptual Masking, Male, Female, Functional Laterality, Evoked Potentials, Auditory (major)

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Melcher, Jennifer R

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Subfile: Index Medicus

Report number: NIHMS140480 [Available on 11/01/10], PMC2760154 [Available on 11/01/10]

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ProQuest document ID: 742783532

Document URL: http://search.proquest.com/docview/742783532?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 81 of 200

Intratympanic methylprednisolone injections for subjective tinnitus.

Author: Topak, M1; Sahin-Yilmaz, A; Ozdoganoglu, T; Yilmaz, H B; Ozbay, M; Kulekci, M1
Otolaryngology Clinic, Taksim Education and Research Hospital, Istanbul, Turkey.

Publication info: The Journal of laryngology and otology 123.11 (Nov 2009): 1221-1225.

ProQuest document link

Abstract: OBJECTIVES: This study aimed to determine whether intratympanically injected methylprednisolone is effective in treating subjective tinnitus refractory to medical treatment. STUDY DESIGN: Prospective, randomised, placebo-controlled, single-blinded study. METHODS: Seventy adult patients with subjective tinnitus of cochlear origin were randomly assigned to receive intratympanic injection of either methylprednisolone or saline solution. The treatment protocol comprised three intratympanic injections, one per week for three weeks. Improvement in tinnitus severity was measured by a self-rated tinnitus loudness scale and by the tinnitus severity index, at baseline and two weeks after the last injection. RESULTS: Data for 59 patients were available for analysis. There was no significant difference between the two treatment groups regarding age, sex, pure tone average, pretreatment tinnitus intensity, tinnitus laterality or tinnitus duration. There was a significant post-treatment improvement in self-rated tinnitus loudness scale results in both groups. No significant post-treatment changes in the tinnitus severity index individual and total scores were observed in either group. The most frequently encountered side effects were pain during injection, vertigo, a burning sensation around the ear and in the throat, and a bitter taste. A burning sensation and bitter taste were observed more often in the methylprednisolone group compared with the placebo group. CONCLUSION: The results of this study indicate that intratympanic methylprednisolone has no benefit, compared with placebo, for the treatment of subjective tinnitus of cochlear origin refractory to medical treatment.

Subject: Audiometry, Pure-Tone; Drug Administration Schedule; Female; *Glucocorticoids: administration & dosage; Humans; Injections: methods; Male; *Methylprednisolone: administration & dosage; Methylprednisolone: adverse effects; Middle Aged; Prospective Studies; Single-Blind Method; *Tinnitus: drug therapy; Treatment Outcome

Record owner: National Library of Medicine

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Correspondence author: Topak, M

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Last updated: 2012-04-12

Database: ComDisDome

Document 82 of 200

Association between tinnitus retraining therapy and a tinnitus control instrument.

Author: Ito, Mari1; Soma, Keiko; Ando, Reiko1 Department of Otolaryngology, Nippon Kokan Hospital and Kokan Clinic, Kokan-tori, Kawasaki-ku, Kawasaki, Japan. mari-ito@ca2.so-net.ne.jp

Publication info: Auris, nasus, larynx 36.5 (Oct 2009): 536-540.

ProQuest document link

Abstract: OBJECTIVE: Tinnitus retraining therapy (TRT), which is an adaptation therapy for tinnitus based on the neurophysiological model proposed by Jastreboff in 1990,consists of directive counseling and acoustic therapy with a tinnitus control instrument (TCI) or other devices. For the past 5 years, our hospital has administered TRT characterized by the use of a TCI. METHOD: In this study, we reviewed the clinical course of patients with tinnitus who presented to our outpatient clinic for tinnitus and hearing loss during the 3-year period from April 2004 to March 2007 and underwent TRT with a TCI. Among 188 patients with tinnitus (105 males and 83 females), 88 patients (51 males and 37 females, excluding dropouts) who purchased a TCI and continued therapy were included in the study. RESULTS: Significant improvement in Tinnitus Handicap Inventory (THI) and Visual Analogue Scale (VAS) scores was found as early as 1 month of treatment and later compared with those on initial examination, suggesting that TRT with a TCI may be an effective treatment for tinnitus. Among the noises generated by the TCI, the sound pressure output from the TCI was set at just below tinnitus loudness level both of the first adjustment and the second adjustment. Speech noise and white noise were frequently selected, whereas high-frequency noise and pink noise were infrequently selected. Speech noise was most frequently selected at the first adjustment, and the number of patients selecting white noise increased at the second adjustment. The results that we compared the two also revealed that the mean hearing level and tinnitus loudness levels were higher in the white noise group than in the speech noise group, which suggested that the inner ear disorder was more harder in the white noise group. Both the THI score and VAS grade improved after 1 month of treatment in the speech noise group, whereas improvement in these parameters was observed in the white noise group after 6 months of treatment. These results suggest that it took much longer the patients in the white noise group to improve. CONCLUSION: : Significant improvement in THI and VAS scores was found as early as 1 month of treatment and later compared with those on initial examination, suggesting that TRT with a TCI may be an effective treatment for tinnitus. It resulted that many patients chose the speech noise or the white noise. And also it was indicated that noise generators set at just below mixing point with tinnitus are more effective. In this study, however, speech noise was often selected probably because of the reduced output at high frequencies and the level of comfort. As white noise produces greater sound volume, patients tended to switch from other therapeutic sound to white noise at the second adjustment. These findings may help administer acoustic therapy in the future.

MeSH: Audiometry, Pure-Tone, Humans, Pain Measurement, Tinnitus -- complications, Tinnitus -- diagnosis, Tinnitus -- physiopathology, Tinnitus -- rehabilitation, Treatment Outcome, Noise, Disabled Persons, Hearing Loss -- complications, Hearing Loss -- rehabilitation, Speech, Female, Male, Counseling (major), Adaptation, Psychological (major), Acoustic Stimulation (major) -- instrumentation, Acoustic Stimulation (major) -- methods

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Ito, Mari

Publication title: Auris, nasus, larynx

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ISSN: 0385-8146

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Document type: Comparative Study, Journal Article

Subfile: Index Medicus

Update: 2010-04-13

Accession number: pmid-19269119

ProQuest document ID: 742784739

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Last updated: 2010-09-25

Database: ComDisDome

Document 83 of 200

Correlation of central auditory processing deficits and vascular loop syndrome.

Author: Shinn, Jennifer B1; Bush, Matthew L; Jones, Raleigh O1 Department of Surgery (Otolaryngology), University of Kentucky College of Medicine, Lexington, Ky, USA.

Publication info: Ear, nose, & throat journal 88.10 (Oct 2009): E34-E37.

ProQuest document link

Abstract: We report a case involving a 49-year-old woman with vascular loop syndrome. The patient was evaluated because of complaints of decreased hearing sensitivity in her right ear. Central auditory tests were performed. The patient was found to have an asymmetry on pure-tone audiometry and an auditory processing deficit, suggesting central pathology. Magnetic resonance imaging confirmed central involvement, revealing a vascular loop extending into the right internal auditory canal. This case report demonstrates that auditory deficits may result from vascular loop compression and that these deficits may benefit from a battery of tests to help identify and localize the pathology.

MeSH: Magnetic Resonance Imaging, Diagnosis, Differential, Evoked Potentials, Auditory, Brain Stem, Audiometry, Pure-Tone, Auditory Threshold -- physiology, Humans, Tinnitus -- diagnosis, Syndrome, Hearing Tests, Middle Aged, Female, Vestibulocochlear Nerve Diseases (major) -- diagnosis, Intracranial Arteriovenous Malformations (major) -- diagnosis, Cerebellum (major) -- blood supply, Nerve Compression Syndromes (major) -- diagnosis, Auditory Perceptual Disorders (major) -- diagnosis

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Shinn, Jennifer B

Publication title: Ear, nose, & throat journal

Volume: 88

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Number of pages: 1

Publication year: 2009

Year: 2009

ISSN: 0145-5613

eISSN: 1942-7522

Source type: Scholarly Journals

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Document type: Case Reports, Journal Article

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Accession number: pmid-19826989

ProQuest document ID: 742781513

Document URL: http://search.proquest.com/docview/742781513?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

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Treatment of dural arteriovenous fistulas presenting as pulsatile tinnitus.

Author: Delgado, Fernando1; Muñoz, Francisco; Bravo-Rodríguez, Francisco; Jurado-Ramos, Alfredo; Oteros, Rafael1 Department of Neuroradiology, Reina Sofía University Hospital, Department of Medicine (Dermatology, Medicine, and Otolaryngology), School of Medicine, University of Cordova, Cordova, Spain. fernando.delgado.sspa@juntadeandalucia.es

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.7 (Oct 2009): 897-902.

ProQuest document link

Abstract: OBJECTIVE: To describe the clinical picture and treatment of dural arteriovenous fistulas (DAVFs) presenting as pulsatile subjective tinnitus. STUDY DESIGN: Review of prospectively collected data. SETTING: Academic referral center. PATIENTS: Fourteen patients with clinically and radiographically diagnosed DAVFs. INTERVENTIONS: Treated by endovascular route. MAIN OUTCOME MEASURES: Treatments, clinical course, complications, and evolution were evaluated. RESULTS: All patients presented with sleep-disruptive pulsatile tinnitus. Other symptoms included severe headaches, papilledema, proptosis, blepharoptosis, visual disturbances, and hemiparesis. Cortical venous drainage was present in 4 cases. Endovascular treatment was performed at least once by the arterial route in 14 patients and the venous route in 4 patients. The origin of tinnitus was always a vessel in or above the petrous bone. When these arteries or veins could not be visualized in the final control, the tinnitus

disappeared. In the patients whose tinnitus returned, a vessel in the petrous bone could always be seen. There was no mortality. CONCLUSION: Endovascular treatment is an effective and safe treatment of DAVFs presenting as tinnitus.

MeSH: Papilledema -- etiology, Papilledema -- physiopathology, Paresis -- etiology, Paresis -- physiopathology, Embolization, Therapeutic, Humans, Sleep Disorders -- etiology, Sleep Disorders -- physiopathology, Aged, Exophthalmos -- etiology, Exophthalmos -- physiopathology, Prospective Studies, Aged, 80 and over, Petrous Bone -- blood supply, Adult, Headache -- etiology, Headache -- physiopathology, Treatment Outcome, Middle Aged, Female, Male, Blepharoptosis -- etiology, Blepharoptosis -- physiopathology, Central Nervous System Vascular Malformations (major) -- complications, Central Nervous System Vascular Malformations (major) -- physiopathology, Central Nervous System Vascular Malformations (major) -- therapy, Tinnitus (major) -- etiology, Tinnitus (major) -- physiopathology, Tinnitus (major) -- therapy

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Delgado, Fernando

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

Volume: 30

Issue: 7

Pages: 897-902

Number of pages: 6

Publication year: 2009

Year: 2009

ISSN: 1531-7129

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Document type: Journal Article

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ProQuest document ID: 742783895

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Last updated: 2010-09-25

Database: ComDisDome

Document 85 of 200

Neural activity underlying tinnitus generation: results from PET and fMRI.

Author: Lanting, C P1; de Kleine, E; van Dijk, P1 Department of Otorhinolaryngology/Head and Neck Surgery, University Medical Center Groningen, The Netherlands. c.p.lanting@med.umcg.nl

Publication info: Hearing research 255.1-2 (Sep 2009): 1-13.

ProQuest document link

Abstract: Tinnitus is the percept of sound that is not related to an acoustic source outside the body. For many forms of tinnitus, mechanisms in the central nervous system are believed to play an important role in the pathology. Specifically, three mechanisms have been proposed to underlie tinnitus: (1) changes in the level of spontaneous neural activity in the central auditory system, (2) changes in the temporal pattern of neural activity, and (3) reorganization of tonotopic maps. The neuroimaging methods fMRI and PET measure signals that presumably reflect the firing rates of multiple neurons and are assumed to be sensitive to changes in the level of neural activity. There are two basic paradigms that have been applied in functional neuroimaging of tinnitus. Firstly, sound-evoked responses as well as steady state neural activity have been measured to compare tinnitus patients to healthy controls. Secondly, paradigms that involve modulation of tinnitus by a controlled stimulus allow for a within-subject comparison that identifies neural activity that may be correlated to the tinnitus percept. Even though there are many differences across studies, the general trend emerging from the neuroimaging studies, is that tinnitus in humans may correspond to enhanced neural activity across several centers of the central auditory system. Also, neural activity in non-auditory areas including the frontal areas, the limbic system and the cerebellum seems associated with the perception of tinnitus. These results indicate that in addition to the auditory system, non-auditory systems may represent a neural correlate of tinnitus. Although the currently published neuroimaging studies typically show a correspondence between tinnitus and enhanced neural activity, it will be important to perform future studies on subject groups that are closely matched for characteristics such as age, gender and hearing loss in order to rule out the contribution of these factors to the abnormalities specifically ascribed to tinnitus.

MeSH: Somatosensory Cortex -- physiopathology, Auditory Cortex -- blood supply, Auditory Cortex -- physiopathology, Magnetic Resonance Imaging, Eye Movements, Positron-Emission Tomography, Auditory Pathways -- physiopathology, Humans, Lidocaine -- therapeutic use, Movement, Regional Blood Flow, Vestibulocochlear Nerve -- physiopathology, Noise, Acoustic Stimulation, Female, Male, Tinnitus (major) -- etiology, Tinnitus (major) -- physiopathology, Tinnitus (major) -- radionuclide imaging, Tinnitus (major) -- therapy

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Lanting, C P

Publication title: Hearing research

Volume: 255

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Pages: 1-13

Number of pages: 13

Publication year: 2009

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ISSN: 0378-5955

eISSN: 1878-5891

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Peer reviewed: Yes

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Language of publication: English (eng)

Document type: Journal Article, Research Support, Non-U.S. Gov't, Review

Subfile: Index Medicus

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Accession number: pmid-19545617

ProQuest document ID: 742779664

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Last updated: 2010-09-25

Database: ComDisDome

Document 86 of 200

Influence of tonic and burst transcranial magnetic stimulation characteristics on acute inhibition of subjective tinnitus.

Author: Meeus, Olivier1; Blaivie, Catherine; Ost, Jan; De Ridder, Dirk; Van de Heyning, Paul1 University Department of Otorhinolaryngology and Head and Neck Surgery, Antwerp University Hospital, University of Antwerp, Antwerp, Belgium. olivier.meeus@uza.be

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.6 (Sep 2009): 697-703.

ProQuest document link

Abstract: OBJECTIVE: Transcranial magnetic stimulation (TMS) is already broadly used in different areas of neuroscience research. In the last years, special attention was drawn to TMS in tinnitus. The aim of our study is to investigate the stimulation characteristics of TMS in tinnitus patients, in particular the effect of tonic and burst stimulation of the superior temporal lobe. STUDY DESIGN: Prospective sham-controlled study. SETTING: Tertiary referral center. PATIENTS: Fifty tinnitus patients were included in the study. Thirty-one patients had pure-tone tinnitus, and 19 patients had noise-like tinnitus. STUDY DESIGN: Transcranial magnetic stimulation was performed in 1 session of 200 pulses at different frequencies. Stimuli were delivered to the auditory cortex region contralateral to the tinnitus side. Tonic and burst stimulations were delivered at different frequencies. Patients were asked to rate the acute tinnitus reduction after TMS on a visual analog scale. MAIN OUTCOME MEASURE: Acutely perceived tinnitus reduction immediately after TMS, scored by the patient on a visual analogue scale ranging from 0 to 100%. RESULTS: Tinnitus reduction increased when stimulation intensity was higher relative to the patient's motor threshold. Nevertheless, this stimulation intensity was shown only to account for 10% of this increased tinnitus reduction, meaning that up to 90% of this effect should be ascribed to other factors than stimulation intensity alone. Different reactions on TMS were found in bilateral tinnitus patients compared with unilateral tinnitus patients. CONCLUSION: Several parameters determine the amount of tinnitus reduction after TMS. An increased stimulation intensity relative to the patient's motor threshold only accounts for 10% of this effect. Our data also suggest different pathophysiologic mechanisms for unilateral and bilateral tinnitus.

MeSH: Young Adult, Humans, Linear Models, Aged, Motor Cortex -- physiology, Prospective Studies, Adult, Acoustic Stimulation, Middle Aged, Female, Functional Laterality -- physiology, Male, Tinnitus (major) -- physiopathology, Tinnitus (major) -- therapy, Transcranial Magnetic Stimulation (major) -- methods

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Meeus, Olivier

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

Volume: 30

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Pages: 697-703

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Document type: Journal Article

Subfile: Index Medicus

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Accession number: pmid-19623097

ProQuest document ID: 742778605

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Last updated: 2010-09-25

Database: ComDisDome

Document 87 of 200

Recurrent hearing loss and vertigo in a patient with ulcerative colitis.

Author: Jin, Yu; Ni, Jiaona

Publication info: The American journal of gastroenterology 104. 9. (Sep 2009).

ProQuest document link

Abstract: None available.

MeSH: Vomiting -- etiology, Humans, Middle Aged, Tinnitus -- etiology, Recurrence, Male, Colitis, Ulcerative (major) -- complications, Hearing Loss (major) -- etiology, Vertigo (major) -- etiology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Jin, Yu

Publication title: The American journal of gastroenterology

Volume: 104

Issue: 9

Pages: 2362-2363

Number of pages: 2

Publication year: 2009

Year: 2009

ISSN: 0002-9270

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Document type: Case Reports, Letter

Subfile: Index Medicus

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Accession number: pmid-19727101

ProQuest document ID: 742777501

Document URL: http://search.proquest.com/docview/742777501?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 88 of 200

Effects of hearing aid fitting on the perceptual characteristics of tinnitus.

Author: Moffat, G1; Adjout, K; Gallego, S; Thai-Van, H; Collet, L; Noreña, A J1 Laboratoire de neurobiologie intégrative et adaptative, UMR CNRS 6149, 3 Place Victor Hugo, Marseille, F-13331 Cedex 03, France.

Publication info: Hearing research 254.1-2 (Aug 2009): 82-91.

ProQuest document link

Abstract: Restoration of auditory input through the use of hearing aids has been proposed as a potentially important means of altering tinnitus among those tinnitus sufferers who experience significant sensorineural hearing loss. In animal models of neural plasticity induced by noise trauma, high-frequency stimulation in deafferented regions of the auditory spectrum has been shown to modulate cortical reorganization after hearing loss, a result which suggests that the neural basis of tinnitus is subject to interference by acoustic stimulation. This study drew on deafferentation models to investigate the effect of hearing aids on the psychoacoustic properties of the tinnitus sensation, using both conventional amplification and high-bandwidth amplification regimes. The tinnitus percept was affected only weakly in the conventional amplification group, and was not at all affected in the high-bandwidth group. The changes observed under conventional, low-to-medium frequency amplification may indicate that the perceptual characteristics of tinnitus depend on the pattern of sensory inputs - notably a contrast in activity between adjacent central auditory regions of more and less afferent activity - while the absence of modifications in the high-bandwidth amplification group suggests limit on the tractability of the tinnitus percept. This limit to the malleability of the tinnitus percept may arise from either the extent of hearing deficits or the duration and robustness of the neuroplastic changes that originally give rise to tinnitus.

MeSH: Auditory Threshold -- physiology, Humans, Aged, Perception, Aged, 80 and over, Adult, Case-Control Studies, Hearing Tests, Psychoacoustics, Acoustic Stimulation, Middle Aged, Hearing, Female, Male, Hearing Aids (major), Tinnitus (major) -- rehabilitation

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Moffat, G

Publication title: Hearing research

Volume: 254

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Subfile: Index Medicus

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ProQuest document ID: 742778993

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Last updated: 2010-09-25

Database: ComDisDome

Document 89 of 200

Subjective tinnitus and hearing problems in adolescents.

Author: Bulbul, Selda Fatma1; Muluk, Nuray Bayar; Cakir, Elif Pinar; Tufan, Erennur1 Kirikkale University, Faculty of Medicine, Pediatry Department, Turkey.

Publication info: International journal of pediatric otorhinolaryngology 73.8 (Aug 2009): 1124-1131.

ProQuest document link

Abstract: OBJECTIVES: We investigated the hearing problems and tinnitus frequencies in adolescents at three public primary and two high schools. METHODS: This study was carried out at three public primary and two high schools. 428 Turkish school children (244 girls, 184 boys) were asked to voluntarily answer a set of questionnaires in their classrooms at the beginning of the training program. There were 250 students (105 male, 145 female) in Primary School and 178 (79 male, 99 female) students in High School. We used questionnaire to evaluate subjective tinnitus and hearing problems. Walkman usage, listening loud and noisy music, intra-familial physical trauma, concentration difficulty in class and school success were also evaluated. RESULTS: In age-related groups (Group 1=11-13 years; Group 2=13-15 years; Group 3=16-18 years), hearing loss was present in 32.1% of Group 1, 19% of Group 2 and 28.3% of Group 3. Listening loud and noisy music was reported in 81.8% of Group 1, 95.4% of Group 2 and 87% of Group 3. Tinnitus was present 36.8% in Group 2, 33.5% in Group 1 and 31.5% in Group 3. Tinnitus after listening loud music was present in 42.7% of Group 2, 36.1% of Group 3 and 25.6% of Group 1. Among all students with tinnitus, 19.5% considered their school success as very good, 41.1% as good and 39.4% as bad. In students, using Walkman, tinnitus was seen both in the right and left ears. CONCLUSION: Tinnitus may be seen in adolescents at primary and high schools. Listening loud and noisy music and Walkman usage may cause an increase in the frequency of tinnitus manifestation. Adolescents should be educated about the hazardous effects of loud music. Education should include families, teachers, students, and whole community. These issues should be taken into public health policy of the countries.

MeSH: Life Style, Questionnaires, Humans, Music, Child, Health Education, Adolescent, Male, Female, Hearing Disorders (major) -- physiopathology, Tinnitus (major) -- physiopathology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Bulbul, Selda Fatma

Publication title: International journal of pediatric otorhinolaryngology

Volume: 73

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Accession number: pmid-19467720

ProQuest document ID: 742779897

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Last updated: 2010-09-25

Database: ComDisDome

Document 90 of 200

Deep brain stimulation effects in patients with tinnitus.

Author: Shi, Yongbing1; Burchiel, Kim J; Anderson, Valerie C; Martin, William Hal1 Department of Otolaryngology-Head and Neck Surgery, Oregon Hearing Research Center, Portland, OR 97201, USA.

Publication info: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery 141.2 (Aug 2009): 285-287.

ProQuest document link

Abstract: To report deep brain stimulation (DBS) effects in patients with tinnitus.Case series with chart review.Tertiary medical center.Seven patients implanted with DBS systems for movement disorders who also reported having tinnitus were interviewed about their tinnitus conditions. Four were available for testing in a specialized tinnitus clinic with their DBS systems turned off or on. Testing included matching of self-rated and psychoacoustically measured tinnitus loudness to measure the impact of DBS on tinnitus.Three of the seven patients reported reduced tinnitus loudness when DBS was turned on. Of the four patients tested in the clinic, results indicated that DBS of the ventralis intermedius nucleus of the thalamus caused decreases in tinnitus loudness in two patients with relatively prolonged residual inhibition.These results suggest that DBS of nonauditory thalamus structures may provide tinnitus relief for some patients.

Subject: Aged; Aged, 80 and over; Audiometry: methods; *Deep Brain Stimulation: methods; Electrodes, Implanted; Female; Hospitals, University; Humans; Male; Medical Records; Middle Aged; Movement Disorders: etiology; *Movement Disorders: therapy; Parkinson Disease: therapy; Quality of Life;

Questionnaires; Tinnitus: etiology; *Tinnitus: therapy; Treatment Outcome; Ventral Thalamic Nuclei: surgery

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Shi, Yongbing

Publication title: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery

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Number of pages: 3

Publication year: 2009

Year: 2009

Location: United States

ISSN: 0194-5998

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Peer reviewed: Yes

Format availability: Print

Language of publication: English (eng)

Document type: Comparative Study, Non-u.s. Gov't, Journal Article, Research Support

Subfile: Index Medicus

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Accession number: pmid-19643267

ProQuest document ID: 85381801

Document URL: http://search.proquest.com/docview/85381801?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

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Tinnitus treatment with piribedil guided by electrocochleography and acoustic otoemissions.

Author: de Azevedo, Andréia Aparecida1; Langguth, Berthold; de Oliveira, Patricia Mello; Rodrigues Figueiredo, Ricardo1 OTOSUL, Otorrinolaringologia Sul-Fluminense, Volta Redonda, Rio de Janeiro, Brazil. aaazevedo@otosul.com.br

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.5 (Aug 2009): 676-680.

ProQuest document link

Abstract: INTRODUCTION: Tinnitus is a frequent disorder and very difficult to treat. Both animal studies and clinical observations suggest that dopaminergic substances might have potential for the treatment of tinnitus. Here, we investigated the dopamine agonist piribedil for the treatment of chronic tinnitus. In all participants, we performed audiometry, electrocochleography (ECoG), and otoacoustic emissions before treatment began. OBJECTIVE: To assess the efficacy and safety of the dopaminergic drug piribedil for

the treatment of tinnitus and to evaluate whether ECoG and acoustic otoemissions might be useful for predicting treatment response. STUDY DESIGN: Prospective randomized double-blind crossover study. SUBJECTS AND METHOD: One hundred patients with tinnitus were randomized into a double-blind, placebo-controlled, prospective crossover study. All patients underwent distortion product acoustic otoemissions with and without contralateral suppression and ECoG. Patients received 50 mg piribedil and placebo for 90 days each, separated by a 30-day washout period. Treatment effects were assessed by using the Tinnitus Handicap Inventory and a visual analog scale. Fifty-six patients completed the trial. RESULTS: There was no significant improvement of Tinnitus Handicap Inventory and visual analog scale score after piribedil treatment as compared with placebo. However, results were characterized by high interindividual variability. Post hoc analysis of piribedil effects revealed that piribedil treatment responders differed from nonresponders by the occurrence of a double peak in the ECoG. In addition, normal distortion product acoustic otoemission suppression patterns indicated better treatment response with piribedil. The incidence of side effects during piribedil treatment was 23.3%, leading to interruption of treatment in all cases. CONCLUSION: Piribedil is not superior to placebo in the treatment of tinnitus. Piribedil treatment responders differed from nonresponders by specific findings in the ECoG and in the distortion product acoustic otoacoustic emissions, suggesting a beneficial effect of piribedil in an electrophysiologically characterized tinnitus subgroup.

MeSH: Double-Blind Method, Humans, Cross-Over Studies, Aged, Middle Aged, Tinnitus -- diagnosis, Tinnitus -- drug therapy, Male, Female, Otoacoustic Emissions, Spontaneous (major) -- physiology, Piribedil (major) -- administration & dosage, Piribedil (major) -- therapeutic use, Dopamine Agents (major) -- administration & dosage, Dopamine Agents (major) -- therapeutic use, Audiometry, Evoked Response (major)

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Identifier / keyword: National Library of Medicine

Correspondence author: de Azevedo, Andréia Aparecida

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

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Number of pages: 5

Publication year: 2009

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ISSN: 1531-7129

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Peer reviewed: Yes

Format availability: Internet

Language of publication: English (eng)

Document type: Journal Article, Randomized Controlled Trial, Research Support, Non-U.S. Gov't

Subfile: Index Medicus

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Accession number: pmid-19574947

ProQuest document ID: 742781428

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Last updated: 2010-09-25

Database: ComDisDome

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The mechanisms of tinnitus: perspectives from human functional neuroimaging.

Author: Adjamian, Peyman1; Sereda, Magdalena; Hall, Deborah A1 MRC Institute of Hearing Research, University Park, Nottingham NG7 2RD, United Kingdom. peyman@ihr.mrc.ac.uk

Publication info: Hearing research 253.1-2 (Jul 2009): 15-31.

ProQuest document link

Abstract: In this review, we highlight the contribution of advances in human neuroimaging to the current understanding of central mechanisms underpinning tinnitus and explain how interpretations of neuroimaging data have been guided by animal models. The primary motivation for studying the neural substrates of tinnitus in humans has been to demonstrate objectively its representation in the central auditory system and to develop a better understanding of its diverse pathophysiology and of the functional interplay between sensory, cognitive and affective systems. The ultimate goal of neuroimaging is to identify subtypes of tinnitus in order to better inform treatment strategies. The three neural mechanisms considered in this review may provide a basis for TI classification. While human neuroimaging evidence strongly implicates the central auditory system and emotional centres in TI, evidence for the precise contribution from the three mechanisms is unclear because the data are somewhat inconsistent. We consider a number of methodological issues limiting the field of human neuroimaging and recommend approaches to overcome potential inconsistency in results arising from poorly matched participants, lack of appropriate controls and low statistical power.

MeSH: Auditory Cortex -- physiopathology, Magnetoencephalography, Animals, Humans, Electroencephalography, Lidocaine -- therapeutic use, Disease Models, Animal, Action Potentials, Models, Neurological, Perceptual Masking, Electrophysiological Phenomena, Tinnitus (major) -- etiology, Tinnitus (major) -- physiopathology, Tinnitus (major) -- psychology, Tinnitus (major) -- therapy

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Adjamian, Peyman

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Document 93 of 200

Acute high-intensity sound exposure alters responses of place cells in hippocampus.

Author: Goble, T J1; Møller, A R; Thompson, L T1 School of Behavioral and Brain Sciences, The University of Texas at Dallas, 800 W. Campbell Rd, Richardson, Dallas, TX 75080, USA.

Publication info: Hearing research 253.1-2 (Jul 2009): 52-59.

ProQuest document link

Abstract: Overstimulation is known to activate neural plasticity in the auditory nervous system causing changes in function and re-organization. It has been shown earlier that overstimulation using high-intensity noise or tones can induce signs of tinnitus. Here we show in studies in rats that overstimulation causes changes in the way place cells of the hippocampus respond as rats search for rewards in a spatial maze. In familiar environments, a subset of hippocampal pyramidal neurons, known as place cells, respond when the animal moves through specific locations but are relatively silent in others. This place-field activity (i.e. location-specific firing) is stable in a fixed environment. The present study shows that activation of neural plasticity through overstimulation by sound can alter the response of these place cells. Rats implanted with chronic drivable dorsal hippocampal tetrodes (four microelectrodes) were assessed for stable single-unit place-field responses that were extracted from multiunit responses using NeuroExplorer computer spike-sorting software. Rats then underwent either 30 min exposure to a 4 kHz tone at 104 dB SPL or a control period in the same sound chamber. The place-field activity was significantly altered after sound exposure showing that plastic changes induced by overstimulation are not limited to the auditory nervous system but extend to other parts of the CNS, in this case to the hippocampus, a brain region often studied in the context of plasticity.

MeSH: Maze Learning -- physiology, Animals, Pyramidal Cells -- pathology, Pyramidal Cells -- physiopathology, Rats, Long-Evans, Hippocampus -- pathology, Hippocampus -- physiopathology, Disease Models, Animal, Tinnitus -- etiology, Tinnitus -- pathology, Tinnitus -- physiopathology, Rats, Evoked Potentials, Auditory, Acoustic Stimulation -- adverse effects, Neuronal Plasticity, Electrophysiological Phenomena, Microelectrodes, Noise (major) -- adverse effects

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Goble, T J

Publication title: Hearing research

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Number of pages: 8

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ProQuest document ID: 742780158

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Database: ComDisDome

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Differential effects of sodium salicylate on current-evoked firing of pyramidal neurons and fast-spiking interneurons in slices of rat auditory cortex.

Author: Su, Yan-Yan1; Luo, Bin; Wang, Hai-Tao; Chen, Lin1 Hefei National Laboratory for Physical Sciences at Microscale and School of Life Sciences, University of Science and Technology of China, Hefei 230027, China.

Publication info: Hearing research 253.1-2 (Jul 2009): 60-66.

ProQuest document link

Abstract: Sodium salicylate (SS) can penetrate the blood-brain barrier to target neurons in the central auditory system. Understanding how SS alters functional behaviors of different types of central auditory neurons will provide insights into the neural mechanisms of SS-induced tinnitus. Here, we report the differential effects of SS on current-evoked firing of pyramidal neurons and fast-spiking interneurons in layer II/III of auditory cortex slices in young rats (P12-P19). The two neuronal types were identified according to their characteristic patterns of current-evoked firing as recorded with whole-cell patch-clamp techniques and by their morphological features. Following perfusion of the brain slice with 1.4mM SS, the threshold current needed to evoke an action potential remained unchanged for pyramidal neurons (68.96+/-10.68 pA vs 70.39+/-12.14 pA, n=7, P>0.05), but significantly increased for fast-spiking interneurons (56.9+/-13.69 pA vs 74.04+/-15.73 pA, n=7, P<0.05). The drug perfusion caused no significant change in current-evoked firing rates in pyramidal neurons (-2.43+/-7.07%, n=14, P>0.05); however, it drastically and reversibly depressed those in fast-spiking interneurons by up to -49.88+/-10.39% (n=14, P<0.05). Our results suggest that functionally impairing fast-spiking interneurons, which are GABAergic and inhibitory, is probably one of the pathways through which SS raises excitability in the central auditory system and consequently produces tinnitus.

MeSH: Animals, Disease Models, Animal, Electric Stimulation, Tinnitus -- chemically induced, Tinnitus -- physiopathology, Rats, Interneurons -- drug effects, Interneurons -- physiology, Rats, Sprague-Dawley, Patch-Clamp Techniques, Female, Male, Auditory Cortex (major) -- drug effects, Auditory Cortex (major) -- physiopathology, Pyramidal Cells (major) -- drug effects, Pyramidal Cells (major) -- physiopathology, Sodium Salicylate (major) -- toxicity, Evoked Potentials (major) -- drug effects

Record owner: National Library of Medicine

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Correspondence author: Su, Yan-Yan

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Last updated: 2010-09-25

Database: ComDisDome

Could an underlying hearing loss be a significant factor in the handicap caused by tinnitus?

Author: Ratnayake, S A B1; Jayarajan, V; Bartlett, J1 Department of Audiological Medicine, Royal Surrey County Hospital, Guildford, United Kingdom.

Publication info: Noise & health 11.44 (Jul 2009): 156-160.

ProQuest document link

Abstract: There have been several studies that have demonstrated a link between the hearing loss of subjects and tinnitus. However, there has been no systematic evaluation of the link between perceived tinnitus distress and an underlying hearing loss. The purpose of the current study is to explore this association, and ascertain whether a subject's hearing loss contributes to the handicap caused by tinnitus. A group of 96 adults were evaluated with Pure Tone Audiometry and a questionnaire that included the Tinnitus Handicap Inventory (THI). In 58% of the subjects, the side of the unilateral or worse tinnitus corresponded with the ear with poorer hearing thresholds. A subset of the THI, the Two Question Mean (TQM) that was related to questions with regard to communication, correlated significantly with the hearing thresholds in the better hearing ear ($P < 0.01$). There was also a significant correlation between the THI and TQM scores ($P < 0.01$). These results suggested that in tinnitus subjects with impaired hearing, the underlying hearing loss may be a significant factor in the perceived distress.

Subject: Audiometry, Pure-Tone; Cohort Studies; Disability Evaluation; Female; Health Status Indicators; *Hearing Loss: complications; Hearing Loss: psychology; Humans; Male; Middle Aged; Prospective Studies; Questionnaires; Risk Factors; Statistics as Topic; Tinnitus: psychology

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Ratnayake, S A B

Publication title: Noise & health

Volume: 11

Issue: 44

Pages: 156-160

Number of pages: 5

Publication year: 2009

Year: 2009

Location: India

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Document type: Journal Article

Subfile: Index Medicus

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Accession number: pmid-19602769

ProQuest document ID: 85381914

Document URL: http://search.proquest.com/docview/85381914?accountid=50982

Last updated: 2012-07-13

Database: ComDisDome

Document 96 of 200

Spontaneous intracranial hypotension presenting to the ENT surgeon: case report.

Author: Street, S1; Fagan, P; Roche, J1 Department of ENT, Royal Glamorgan Hospital, Llantrissant, Wales, UK. sarastreet@doctors.org.uk

Publication info: The Journal of laryngology and otology 123.7 (Jul 2009): 804-806.

ProQuest document link

Abstract: OBJECTIVE: To highlight a case of spontaneous intracranial hypotension presenting to the ENT surgeon. METHOD: We present a case report and a review of the literature concerning spontaneous intracranial hypotension. RESULTS: Spontaneous intracranial hypotension is a rare diagnosis, particularly to the ENT surgeon. We report a patient with tinnitus, hearing loss and headache, symptoms suggestive of an ENT diagnosis such as Ménière's disease or vestibular schwannoma. However, magnetic resonance imaging revealed the characteristic findings of spontaneous intracranial hypotension. The patient's symptoms resolved, except for a mild residual tinnitus, with conservative management alone. CONCLUSION: This case highlights the importance of considering spontaneous intracranial hypotension as a differential diagnosis of certain ENT symptoms.

MeSH: Magnetic Resonance Imaging, Diagnosis, Differential, Humans, Headache -- etiology, Meniere Disease -- diagnosis, Middle Aged, Tinnitus -- etiology, Female, Intracranial Hypotension -- cerebrospinal fluid, Intracranial Hypotension -- diagnosis

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Street, S

Publication title: The Journal of laryngology and otology

Volume: 123

Issue: 7

Pages: 804-806

Number of pages: 3

Publication year: 2009

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Language of publication: English (eng)

Document type: Case Reports, Journal Article, Review

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Accession number: pmid-18926003

ProQuest document ID: 742783810

Document URL: http://search.proquest.com/docview/742783810?accountid=50982

Last updated: 2010-09-25

Database: ComDisDome

Document 97 of 200

Estimation of factors influencing the results of tinnitus retraining therapy.

Author: Koizumi, Toshizo1; Nishimura, Tadashi; Sakaguchi, Takefumi; Okamoto, Masanori; Hosoi, Hiroshi1 Department of Otolaryngology, Nara Medical University, Nara, Japan. tkoizumi@naramed-u.ac.jp

Publication info: Acta oto-laryngologica. Supplementum 562 (Jun 2009): 40-45.

ProQuest document link

Abstract: The factors of tinnitus loudness and Tinnitus Handicap Inventory (THI) score in tinnitus patients have the potential to relate to therapeutic results of tinnitus retraining therapy (TRT).To confirm what factors in tinnitus influence the results of TRT.Twelve factors were investigated in 53 patients with tinnitus, examining the relationship between these factors and the results of TRT. A THI score was determined before and 6 months after TRT introduction (pre- and post-TRT). Moreover, the change of THI score from pre- to post-TRT (delta THI) was referred to as the therapeutic effect of TRT. Based on the 12 factors, subjects were respectively divided into two groups, comparing delta THI between groups.Two groups of greater tinnitus loudness and higher THI score showed significant increases in delta THI, indicating that two factors of tinnitus loudness and THI score were related to the therapeutic effect of TRT.

Subject: Counseling: methods; Female; Humans; Hyperacusis: physiopathology; Male; Middle Aged; Severity of Illness Index; Tinnitus: physiopathology; *Tinnitus: rehabilitation; Treatment Outcome

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Koizumi, Toshizo

Publication title: Acta oto-laryngologica. Supplementum

Issue: 562

Pages: 40-45

Number of pages: 6

Publication year: 2009

Year: 2009

Location: Norway

ISSN: 0365-5237

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Format availability: Print

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Subfile: Index Medicus

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ProQuest document ID: 85415152

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Last updated: 2012-07-13

Database: ComDisDome

Document 98 of 200

Patient-centered tinnitus management tool: a clinical audit.

Author: Aazh, Hashir1; Moore, Brian C J; Roberts, Pete1 Audiology Department, Ealing Hospital, Uxbridge Road, Southall, London UB1 3HW, United Kingdom. hashir.aazh@nhs.net

Publication info: American journal of audiology 18.1 (Jun 2009): 7-13.

ProQuest document link

Abstract: To evaluate the impact of an educational poster describing treatment options available to patients experiencing tinnitus.A patient-centered tinnitus management tool (PCTMT) was developed in the form of an educational poster that encouraged patients to decide how they wanted to deal with their tinnitus from the following options: (a) ignore the tinnitus and forget about it, (b) use a sound generator, (c) undertake tinnitus counseling with an expert, or (d) deal with the tinnitus using hearing aids (in the case of tinnitus and hearing loss). Fifty-five patients who were referred to the audiology department of a London hospital from the ENT department for tinnitus counseling were asked to read the PCTMT and to choose the option(s) that suited them the best.Forty-two percent of the patients wished to undertake counseling, 9% decided to try to ignore their tinnitus without help, 26% wanted to deal with their tinnitus with the help of a sound generator, and 24% decided to use hearing aids.The PCTMT reduced the number of patients who would otherwise have been referred for tinnitus counseling by 58%. This reduced the length of the waiting list and increased the time available for counseling of those patients who wanted it.

Subject: Acoustic Stimulation; Adaptation, Psychological; Attention; Choice Behavior; *Clinical Audit; Counseling; Hearing Aids; Humans; Pamphlets; *Patient Education as Topic: methods; *Patient Participation; *Patient-Centered Care: methods; Tinnitus: psychology; *Tinnitus: rehabilitation

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Correspondence author: Aazh, Hashir

Publication title: American journal of audiology

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Location: United States

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Document type: Comparative Study, Journal Article

Subfile: Index Medicus

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ProQuest document ID: 85387194

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Database: ComDisDome

Document 99 of 200

Clinical, radiographic, and audiometric predictors in conservative management of vestibular schwannoma.

Author: Malhotra, Prashant S1; Sharma, Pranav; Fishman, Michael A; Grumbine, F Lawson; Tholey, Renee; Dam, Vincent Q; Dasgupta, Abhijit; Pequignot, Edward; Willcox, Thomas O1 Department of Otolaryngology-Head and Neck Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania 19107, USA. Prashant.Malhotra@jefferson.edu

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.4 (Jun 2009): 507-514.

ProQuest document link

Abstract: OBJECTIVE: Vestibular schwannomas (VS) can be managed by observation. The goals were to examine clinical, radiographic, and audiometric variables at presentation and during observation that may predict which patients fail conservative management. METHODS: A retrospective chart review was performed of 202 patients who elected observation primarily. Data collection included presenting symptoms, symptom progression, tumor size, audiologic measures, and global clinical outcomes. Univariate and multivariate analyses were performed. RESULTS: Follow-up ranged from 1 month to 16 years (mean, 2.48 yr). Nineteen patients (9.4%) in the study group failed. Disequilibrium as a presenting symptom appeared more often in patients who failed observation (58% versus 32%; p = 0.039), as did new-onset disequilibrium. Presenting tumor size differed for patients who failed conservative management, with a mean of 14.0 versus 8.4 mm (p = 0.0006). Neurotologic complications compared favorably to those treated with primary surgery or radiotherapy. CONCLUSION: Patients with subjective disequilibrium at presentation and subjective disequilibrium developed during observation may be more likely to fail

conservative management. Increased tumor size at presentation also may indicate the same, although no threshold could be achieved.

MeSH: Neuroma, Acoustic -- complications, Neuroma, Acoustic -- diagnosis, Neuroma, Acoustic -- radiography, Neuroma, Acoustic -- therapy, Dizziness -- etiology, Humans, Retrospective Studies, Prognosis, Aged, Tinnitus -- etiology, Aged, 80 and over, Adult, Treatment Outcome, Middle Aged, Cranial Nerve Diseases -- etiology, Adolescent, Hearing Loss -- etiology, Female, Male

Record owner: National Library of Medicine

Identifier / keyword: National Library of Medicine

Supplemental data: Comment In: Otol Neurotol. 2010 Apr; 31(3):548[19887976]

Correspondence author: Malhotra, Prashant S

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

Volume: 30

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Pages: 507-514

Number of pages: 8

Publication year: 2009

Year: 2009

ISSN: 1531-7129

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Last updated: 2010-09-25

Database: ComDisDome

Document 100 of 200

Asymmetric hearing loss: rule 3,000 for screening vestibular schwannoma.

Author: Saliba, Issam1; Martineau, Geneviève; Chagnon, Miguel1 Department of Otorhinolaryngology, Montreal University, Centre Hospitalier de l'Université de Montréal, Montreal, Quebec, Canada. issam.saliba@umontreal.ca

Publication info: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 30.4 (Jun 2009): 515-521.

ProQuest document link

Abstract: OBJECTIVE: To assess the diagnostic yield of audiograms associated to electronystagmography (ENG) for screening vestibular schwannomas (VSs), to determine what definition of asymmetric sensorineural hearing loss (ASNHL) fits best for the diagnosis of VS, and to determine if cochleovestibular symptoms and atherosclerotic potential risk factors play a role in the VS screening. STUDY DESIGN: Retrospective chart review in a tertiary care center. METHODS: One hundred twenty-two patients were included in the study and divided into 2 groups: 1) patients presenting a VS (n = 74) and 2) patients without VS (n = 48). They had received an audiometry assessment, an ENG, and a posterior fossa magnetic resonance imaging (MRI). In addition, a variety of risk factors and clinical data were collected. Mean hearing threshold by frequency, mean asymmetries by frequency, speech discrimination score (SDS), ENG results, and presence or absence of vertigo are studied. Cochleovestibular symptoms and atherosclerotic potential risk factors were collected. Characteristics were studied with analysis of variance, chi2 test, or a paired t test. A receiver operating characteristic curve was obtained. A logistic regression with a step-wise selection based on the likelihood ratio was used to identify the best subgroup of predictors of the VS. RESULTS: The most revealing data were the mean ASNHL at 3,000 Hz ($p < 0.001$), the interaural SDS asymmetry ($p < 0.001$), the vestibular deficit ($p < 0.049$), and the absence of vertigo ($p < 0.001$). The ASNHL at 3,000 Hz was the most representative value of all the frequencies and for the SDS asymmetry. Interaural difference of 15 dB or more at 3,000 Hz is sufficient to consider hearing loss as asymmetric. When the cutoff for a positive test was placed at 50% probability, the receiver operating characteristic curve shows a sensitivity of 73%. The grade of the tumor was also related with the degree of ASNHL at 3,000 Hz. Caloric test does not predict the localization or the grade of the VS. Tinnitus and atherosclerotic potential risk factors were not considered significantly linked with VS. CONCLUSION: To reduce the number of negative MRI performed in the investigation of an ASNHL, we propose the "rule 3,000," ASNHL of 15 dB or more at the 3,000-Hz frequency. In this case, an investigation with MRI is crucial. If this ASNHL is less than 15 dB, we recommend a biannual audiometric follow-up.

MeSH: Sensitivity and Specificity, Atherosclerosis, Audiometry, Neuroma, Acoustic -- complications, Neuroma, Acoustic -- diagnosis, Neuroma, Acoustic -- physiopathology, Electronystagmography, Humans, Retrospective Studies, Hearing Loss, Unilateral -- diagnosis, Hearing Loss, Unilateral -- physiopathology, Tinnitus -- physiopathology, Risk Factors, Adult, Middle Aged, Female, Male, Mass Screening (major) -- methods

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Correspondence author: Saliba, Issam

Publication title: Otology & neurotology : official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology

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