ABSTRACTS

Learning Objectives: Understanding the relationship between raised intracranial pressure and oto-neurological symptoms.

Raised intracranial pressure (ICP) is often managed by neurologists and neurosurgeons based on the severity of symptoms. Patients who have very high ICP (idiopathic intracranial hypertension - IIH) are dominated by headache, lethargy and visual disturbance. Closer questioning, however, reveals a multitude of ENT symptoms including pulsatile tinnitus, imbalance, facial pain and hearing disturbance. This presentation discusses management of the otological manifestations of raised ICP and presents early evidence that raised ICP not only is a cause of meningoencephalocele and CSF otorrhoea but could also play a role in the development of superior semicircular canal dehiscence.

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What is new in Otology (R814)

ID: 814.5

Management of patients with symptoms related to raised intracranial pressure

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Learning Objectives: 
Understanding the relationship between raised intracranial pressure and oto-neurological symptoms.

Raised intracranial pressure (ICP) is often managed by neurologists and neurosurgeons based on the severity of symptoms. Patients who have very high ICP (idiopathic intracranial hypertension - IIH) are dominated by headache, lethargy and visual disturbance. Closer questioning, however, reveals a multitude of ENT symptoms including pulsatile tinnitus, imbalance, facial pain and hearing disturbance. This presentation discusses management of the otological manifestations of raised ICP and presents early evidence that raised ICP not only is a cause of meningoencephalocele and CSF otorrhoea but could also play a role in the development of superior semicircular canal dehiscence.

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Implantable hearing devices (N815)

ID: 815.1

Treatment of Single-Sided Deafness and Asymmetric Hearing Loss in Adults

Presenting Author: Susan Arndt

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Learning Objectives: Cochlear implantation treatment is significantly superior to alternative therapy options (Bi-/CROS and BCI) in terms of speech comprehension in background noise and sound localization.

In the past, unilateral hearing loss had not been perceived as a severe handicap. However, our research results show that, despite a normal hearing capacity in one ear and the ability to understand language in quiet surroundings, patients suffering from single-sided deafness (SSD) and asymmetric hearing loss (AHL) experience significant challenges in various everyday situations. This is particularly evident when the language reaches the deaf ear in additional background noise.

The limitation of the auditory function may result in a fatigue due to increased listening effort and can have a major impact on psychosocial factors. Furthermore, the localization capacity is significantly limited, as bilateral hearing is mandatory for spatial hearing. Thus, treatment of single-sided deafness has to become a relevant issue.

Patients with SSD and AHL can be rehabilitated with conventional CROS or Bi-CROS systems (contra-lateral routing of signal), bone anchored hearing systems or with a cochlear implant (CI). The indications and results of the different treatments are presented.

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