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Bilateral Reversible Sudden Deafness*
A Case Report

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Summary. A man aged 43 suffering from acute bilateral sudden deafness of sensorineural type (confirmed at repeated testings) and without signs and symptoms from the vestibular part of the inner ear regained normal hearing within 10 days. The serological examination for identification of viral antibodies in blood and liquor was negative. There was no sign of immunological disorder.

Key words: Sudden deafness (reversible) — Toxin-induced inner ear affection — Idiopathic hearing loss.

Patient History

A man aged 43 previously healthy except for mild allergic manifestations in childhood (urticaria, eczema, subglottic laryngitis) had suffered from a sore throat and rhinitis during 1 day (August 16th) when he noticed an ache in his left ear and 2 h later, also in his right ear. As he was a physician he suspected a bilateral acute otitis media and started penicillin therapy. A few hours later he felt a secretion bilaterally from his ears but as the pain disappeared he fell asleep. He awoke 10 h later with a severe bilateral roaring tinnitus and found himself completely deaf. The hearing loss was confirmed clinically by an ENT consultant at the local county hospital (August 17th).

Examination at the County Hospital

Clinical Findings

The general physical examination showed a middle-aged man in a good clinical condition. There was no disturbance of the equilibrium but the patient was com-
Fig. 1. Pure tone audiogram at the county hospital 18th of August

Completely unable to understand spoken words and Bárány’s noise-box could only just be heard when placed to the ears.
Right ear: myringitis bullosa.
Left ear: normal ear drum. No effusion at paracentesis. Pure tone audiogram on the next day (August 18th) showed a bilateral sensorineural hearing loss (Fig. 1).

Laboratory Findings

SR 20. WBC count was normal. At lumbar puncture Queckenstedt’s sign was normal and no WBC was found in liquor.

Therapy

I.v. infusion with Rheomacrodex® (Mw about 40,000), i.m. injection of the vitamin B complex (except B12 and folic acid), peroral administration of inositol, nicotin, and penicillin V (1.2 million I.U. x 4). After 24 h of therapy without improvement of hearing the patient was referred to the university hospital.

Examination at the University Hospital

Clinical Findings (August 19th)

Right ear: retraction of the ear drum at the stapedial region. Coagulated blood close to limbus otherwise normal findings.
Left ear: normal.