

[PDF] ENT Secrets, 4e

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KEY POINTS

1. Tinnitus is a relatively common disorder, with up to 10% of the population suffering from some degree of bilateral perception.
2. Most subjective tinnitus is hypothesized to result from changes in peripheral auditory function leading to cortical neural hyperexcitability and cortical reorganization.
3. Though most patients with tinnitus have hearing loss, up to 50% may show no changes in hearing sensitivity on standard audiometric evaluation.
4. Most therapy for subjective tinnitus focuses on integrating perception of sound masking, retraining, and/or psychotherapy.
5. The role of surgery for management of tinnitus is limited.

Points

1. Subjective tinnitus may suggest a vascular malformation of the ear and indicate a need for imaging evaluation.
2. All tinnitus patients undergo the hearing study of choice for evaluation of tinnitus. Hearing is able to exclude the presence of a retrocochlear or the cochlear lesion.
3. Major objective tinnitus may cause a click by tinnitus procedure and can be associated with specific otitis media-related malformations.
4. High-tone tinnitus are a known cause of tinnitus and to evaluate the associated hearing loss and tinnitus.

QUESTIONS

1. What is tinnitus?
Tinnitus is an auditory perception of sound that originates in the head and is not attributable to a perceptible external source. The word tinnitus is derived from the Latin tinnire, which means to ring. Tinnitus is often described as a "ringing" sound in the ear, but also includes descriptions such as buzzing, humming, hissing, and clicking. Tinnitus is a symptom and not a disease in itself.
2. What is the prevalence of tinnitus?
It is generally accepted that about 10% to 15% of the population suffers from some degree of tinnitus, with 7% to 9% report that tinnitus has a severely negative impact on quality of life.
3. How can tinnitus be classified?
Tinnitus has historically been classified as either objective (audible to an observer other than the patient) or subjective (perceptible by the patient alone). More recent classification includes description of tinnitus as either pulsatile or nonpulsatile, or categorization by location of origin or presentation (internal ear, middle ear, or external).
4. What are somatosensory tinniti?
It is a term used to describe tinnitus that is associated with objective tinnitus, sometimes also referred to as tinnitus that is caused by the body and primarily audible to the observer. Examples of somatosensory tinnitus include perception of tinnitus as either pulsatile or nonpulsatile, or categorization by location of origin or presentation (internal ear, middle ear, or external).
5. What are the proposed mechanisms to explain subjective tinnitus?
Both central and peripheral mechanisms have been proposed to explain the origin of tinnitus, but the exact cause remains unclear. Most tinnitus is associated with a cochlear abnormality, although

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