

Sudden Sensorineural Hearing Loss

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ENT North

Sudden Sensorineural Hearing Loss ('SSNHL') is a condition where there is sudden loss of hearing in one ear. This loss may be total or only partial, and is a form of 'nerve-deafness'. It affects 5-20 people per 100,000 of the population.

Causes

It is now thought that the majority of cases are caused by a viral infection of the hearing nerve itself. In a limited number of cases, it can be caused by lack of blood supply to the hearing nerve or can be due to your own immune system attacking the hearing nerve.

Rarely, sudden hearing loss can be caused by a benign, non-cancer growth on the hearing nerve, known as an acoustic neuroma. For this reason all patients with SSNHL are advised to have an MRI scan, even if the hearing has recovered. If such a growth is discovered, you will be referred to an ENT surgeon to discuss your treatment options.

Treatment

Hearing improves by itself (without any treatment) in up to half of people with SSNHL, although this recovery may not be complete. Usually any recovery begins very soon after you experience your hearing loss. Research suggests that there will be no further improvement in your hearing after three months have passed.

Steroid (prednisolone) tablets have been shown to increase the number of people who recover their hearing compared to 'Nature', or observation, alone. [Please let your doctor know if you have diabetes, severe osteoporosis, bleeding stomach ulcers or a history of severe psychiatric disease needing hospitalization, as these may mean that steroids are unsafe for you.](#) Short-term side effects of prednisolone can include heartburn/indigestion, a rise in your blood pressure or blood sugar levels, and mood changes. These will all usually resolve when you stop using the medication. In a very small number of people, use of prednisolone has caused a condition affecting the bone of the hip joint resulting in the death of the bone of the joint.

There is ongoing debate about whether antiviral drugs help improve recovery, and in most cases they have not been shown to help more than steroids alone.

Your doctor will arrange for an MRI scan, and follow-up hearing tests to assess if your hearing has recovered. They may also arrange for blood tests if they are concerned that there may be another underlying cause for your hearing loss.

If the hearing loss doesn't improve completely you may wish to consider a trial of hearing aids to assist you with your daily communication. Discuss this with your family doctor at your ENT surgeon.

Will my other ear be affected?

Although it is theoretically possible for SSNHL to later occur in the other ear, the chance of this is exceedingly rare. If this was to occur, your doctor will investigate you thoroughly to exclude other, also rare, conditions that can mimic SSNHL.

It is important that you take good care of the other ear, and avoid other illnesses/injuries that might cause you to lose its hearing.

- Avoid excessive noise exposure, especially if repetitive (e.g. factory work, shooting, loud music). Use hearing protection at all times.
- Some medications are toxic to your inner ear. Discuss any new medications with your doctor to check if they have hearing loss as a common side effect. Aspirin is one over-the-counter medication that can occasionally be a cause of hearing loss, but usually in high doses over a long time. Other anti-inflammatory medications (e.g. ibuprofen) do not seem to have this as a side effect.
- Motor-car accidents and physical assaults are frighteningly common causes of hearing loss, usually in the setting of a significant head injury. Use common sense when out and about.