ABSTRACT

MRI AS SINGLE EARLY DIAGNOSTIC MODALITY FOR SUDDEN SENSORINEURAL HEARING LOSS ETIOLOGY

INTRODUCTION

From the study done by the authors, in SSNHL cases, it was evident that low-frequency hearing loss was the most common. A retro-cochlear mass lesion was seen in the cases of acoustic neuroma and acoustic neuroma-like tumors in which the SSNHL was not always the presenting complaint.

PATIENTS AND METHODS

There were 18 patients with SSNHL who underwent MRI. The MRI was done at admission, and in other cases, only CT scans were done during the first 48 hours of the clinical presentation. While in some cases, MRIs were done during the first 48 hours of the clinical presentation. The CT scans aided the diagnosis of other pathology, mainly vascular-occlusive disease. The 2 cases of longitudinal temporal bone fractures were diagnosed only by CT scans. The 2 cases of temporal lobe meningioma were diagnosed only by CT scans.

RESULTS

In the study, it was found that 12 cases (67%) had the scans done during the first 48 hours of the clinical presentation. In the cases of temporal lobe meningioma, the endolymphatic sac was seen well in the unaffected ear. Patients with clinically advanced disease, but were seen well in the early to intermediate stages of disease.

CONCLUSIONS

The authors concluded that MRI is a rapid, non-invasive, and easily available imaging modality for the evaluation of SSNHL. It is particularly useful for identifying the nature of the pathology, and it can help to diagnose other pathology, mainly vascular-occlusive disease.

DISCUSSION

In the study, it was found that 12 cases (67%) had the scans done during the first 48 hours of the clinical presentation. In the cases of temporal lobe meningioma, the endolymphatic sac was seen well in the unaffected ear. Patients with clinically advanced disease, but were seen well in the early to intermediate stages of disease.

REFERENCES


