

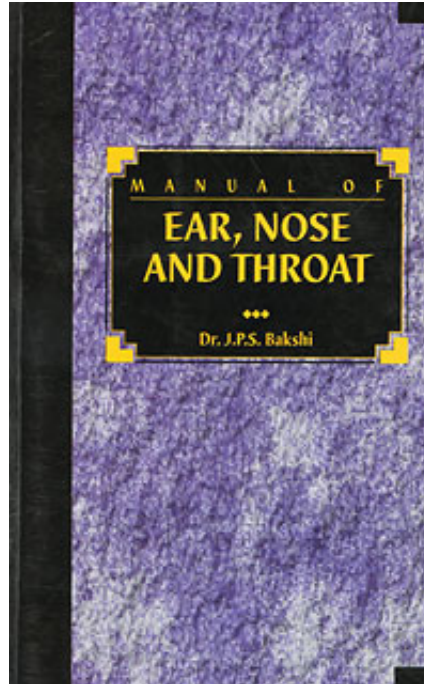
J.P.S. Bakshi

Manual of Ear, Nose and Throat

Leseprobe

[Manual of Ear, Nose and Throat](#)

von [J.P.S. Bakshi](#)



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4. Disorders of Internal Ear

- A. Labyrinthitis
- B. Meniere's disease
- C. Presbycusis
- D. Otosclerosis
- E. Ototoxicity
- F. Neuritis of the Acoustic Nerve

A. Labyrinthitis

Introduction

Labyrinthitis is the pyogenic inflammation of the labyrinth.

Etiology

1. Following acute otitis media
2. Following operation on the stapes
3. Through preformed pathway like fracture lines
4. Removal of polypi or granulations arising from promontory
5. In chronic suppurative otitis media, cholesteatoma may cause erosion of semicircular canals usually of the lateral semicircular canal or the stapes, foot plate and promontory, thus exposing the labyrinth to the infective process.

Types

1. Circumscribed (Paralabyrinthitis)
2. Diffuse

1. Circumscribed labyrinthitis

The bony capsule is eroded and membranous labyrinth is exposed (fistula formation). Labyrinthitis is localized to the area of fistula only.

2. Diffuse labyrinthitis

When inflammatory exudate is serofibrinous with only few round cells. This type is called diffuse serous labyrinthitis. If the inflammatory process continues the exudate becomes purulent, then the condition is known as diffuse purulent labyrinthitis.

Clinical Features

a. Clinical features of circumscribed labyrinthitis-

- i. Attacks of dizziness
- ii. Nausea and vomiting
- iii. Ear discharge

b. Clinical Features of diffuse labyrinthitis-

The vestibular symptoms like dizziness, vertigo, vomiting and loss of balance are more important presenting symptoms. The patient lies on the sound ear and looks towards diseased ear. The hearing is not markedly affected in serous labyrinthitis. In purulent labyrinthitis, the vestibular symptoms are more severe in nature with intense giddiness, frequent vomiting and marked deafness. Spontaneous nystagmus is present towards healthy side. Patient lies in bed curled upon the side of his healthy ear. Vomiting may persist for few days.

Management

Pharmacological Treatment

Labyrinthitis arising from an attack of acute otitis media is treated by an intensive course of antibiotics besides other general measures like bed rest and prescribing vestibular sedatives.

Surgical Intervention

Labyrinthectomy

Homeopathic Repertorial References

Direct references

Ear; INFLAMMATION; inside; labyrinth

On the basis of etiology

acute otitis media

Ear; INFLAMMATION; media, middle ear; acute

operation on the stapes

Generalities; INJURIES, blows, falls and bruises; operation, disorders from; orifices, on

chronic suppurative otitis media

*Ear; INFLAMMATION; media, middle ear; chronic
Ear; INFLAMMATION; suppurative*

On the basis of clinical features

Circumscribed labyrinthitis

dizziness

Vertigo; DIZZINESS

Vertigo; GENERAL, vertigo in; dizziness

Nausea and vomiting

Stomach; NAUSEA

Stomach; VOMITING; General; vertigo, during

Ear discharge

Ear; DISCHARGES

Diffuse labyrinthitis

dizziness

Vertigo; DIZZINESS

Vertigo; GENERAL, vertigo in; dizziness

Nausea

Stomach; NAUSEA

vomiting

Stomach; VOMITING; General; vertigo, during

deafness

Hearing; IMPAIRED

nystagmus

Eye; MOVEMENT; eyeballs; pendulum-like, from side to side

B. Meniere's Disease

Introduction

This is a disease of inner ear characterized by the sudden and recurrent attacks of vertigo often associated with nausea and vomiting together with deafness and tinnitus.

Clinical Features

1. Paroxysmal attacks of vertigo with deafness and tinnitus constitute the acute attacks of the deafness. In between acute attacks, there are remissions of varying duration.
2. Vertigo is the main complaint.

3. It is accompanied by nausea and vomiting. The attacks may last for a varying period of time and may recur at short intervals of time.

4. The remission or inactive phase - As the vertigo subsides the hearing loss and tinnitus may improve but with recurrent attacks, patient's hearing deteriorates and tinnitus becomes a constant feature.

Variations of the clinical picture may occur owing to absence of one or more of the main features that constitute the disease.

Investigations

1. Audiometry - pure tone audiometry reveals the sensorineural deafness
2. Vestibular function test
3. Plain Radiography - plain radiography of the temporal bone helps to rule out internal acoustic meatus pathology
4. Glycerol test.

Management

Pharmacological Treatment

1. Prochlorperazine (stemetil)
2. Promethazine (Avomine, Phenargan)
3. Chlorpromazine (Largactil)
4. Dimenhydrinate (Dramamine)

Surgical Intervention

1. Cervical sympathectomy
2. Myringotomy with grommet insertion
3. Operations on endolymphatic sac
4. Vestibular neurectomy
5. Labyrinth destruction, selective destruction of vestibular labyrinth by cryosurgery or ultrasound, can be done without any damage to cochlea and facial nerve.

General Treatment

The patient is put to bed rest. Any of vestibular suppressants is given to control the vestibular symptoms.

Homeopathic Repertorial References

Direct references

Vertigo; MENIERE'S disease

On the basis of presentation

Vertigo; MENIERE'S disease; Raynaud's Disease, with
Vertigo; MENIERE'S disease; raising head, sitting up agg.
Vertigo; MENIERE'S disease; seasick, as if
Vertigo; MENIERE'S disease; syphilitic
Vertigo; MENIERE'S disease; women

On the basis of clinical features

vertigo

Vertigo, PAROXYSMAL

deafness

Hearing; LOST
Hearing; IMPAIRED; paroxysmal
Hearing; IMPAIRED; vertigo, with
Hearing; IMPAIRED; noises, with

tinnitus

Ear; NOISES in; General; vertigo; with

nausea

Stomach; NAUSEA; vertigo; after

vomiting

Stomach; VOMITING; General; vertigo, during

Lermoyez's syndrome

This is a variant of Meniere's syndrome in which hearing loss and tinnitus occur first, then the vertigo suddenly occurs, and with it hearing and tinnitus improve.

Homeopathic Repertorial References

On the basis of clinical features

tinnitus ameliorated by vertigo

Ear; NOISES in; General; vertigo; before

C. Presbycusis

Introduction

This is a type of sensorineural hearing loss which results due to ageing process and is an auditory manifestation of old age.

Clinical Features

1. The patient of an elderly age group presents with a slow, progressive deafness which may be associated with tinnitus.
2. The deafness is bilateral and symmetrical, commonly affecting the high tones.

Management

General Treatment

The patient should be given understanding of his problem and may sometimes be helped by a hearing aid.

Homeopathic Repertorial References

On the basis of clinical features

progressive deafness

Hearing; IMPAIRED; old people

Hearing; IMPAIRED; noises, with

D. Otosclerosis

Introduction

Otosclerosis is primarily a disease of bony labyrinth, which produces effects upon middle ear and inner ear functioning. Primary change is the formation of new spongy bone and chief secondary effect is ankylosis of foot plate of stapes.

Precipitating Factors

Pregnancy and puerperium may initiate or increase the deafness in Otosclerosis

Types

1. Histopathological Otosclerosis
2. Clinical Otosclerosis
 - a. Stapedial Otosclerosis

- b. Cochlear otosclerosis
- c. Mixed

1. Histopathological Otosclerosis

This type of otosclerosis does not produce any symptoms during life and is revealed only at post-mortem.

2. Clinical Otosclerosis

- a. Stapedial otosclerosis - otosclerotic focus may produce the ankylosis of stapes causing conductive deafness.
- b. Cochlear otosclerosis - when otosclerosis is encroached upon membranous labyrinth producing sensorineural deafness.
- c. Mixed - otosclerosis causes both fixation of stapes as well as involvement of labyrinth, so that there is mixed hearing loss.

Clinical Features

1. Deafness is the common and outstanding symptom.
2. Paracusis willisi - A feature of deafness in majority of these cases is the presence of paracusis willisi, i.e. ability to hear speech better in a noisy surrounding, like in public transport, machine shops, engine rooms.
3. Tinnitus is usually complained by many patients.
4. Vertigo may be the occasional symptom

Investigations

1. Otoscopy reveals the tympanic membrane as intact and mobile
2. Tuning fork tests reveal conductive deafness
3. Gelle's Test is negative
4. Pure tone audiometry

Management

Surgical Intervention

1. Bypassing the ankylosed stapes
2. Mobilization of the fixed stapes
3. Removal of the stapes

Homeopathic Repertorial References

Direct references

Ear: OTOSCLEROSIS On the basis

of precipitating factors

pregnancy and puerperium

Hearing: IMPAIRED: pregnancy, during

Hearing: IMPAIRED; delivery; from

On the basis of clinical features

deafness

Hearing; IMPAIRED; bone conduction deficient or absent;

blockage; middle ear; otosclerosis, from Hearing;

IMPAIRED; bone conduction deficient or absent;

blockage; middle ear; otosclerosis, from; carriage riding,

amel. Hearing; IMPAIRED; bone conduction deficient or

absent;

blockage; middle ear; otosclerosis, from; noise, amel

Hearing; LOST; otosclerosis, from

paracusis willisi

Hearing; IMPAIRED; noise amel.

tinnitus

Ear; NOISES in; General

vertigo

Vertigo; GENERAL, vertigo in

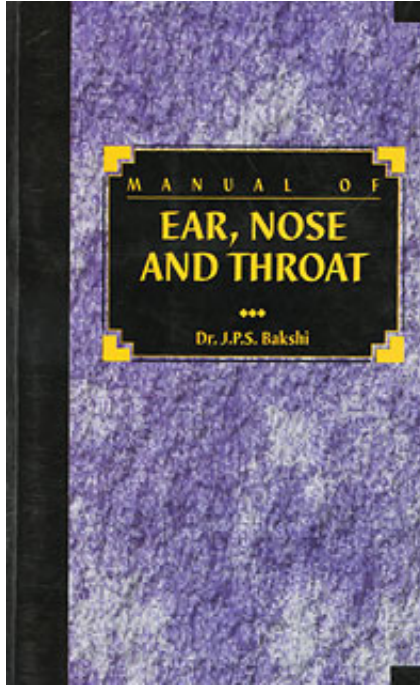
E. Ototoxicity

Introduction

Ototoxicity may be defined as the tendency of certain therapeutic agents and other chemical substances to cause functional impairment and cellular degeneration of the tissues of the inner ear and especially of the end organs and numerous cochlear and vestibular divisions of the eighth cranial nerve.

Etiology

1. Quinine and Salicylates
2. Diuretics
3. Antiheparinizing agents



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