Example of conduction deafness

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SpecialtyENT Surgery Conductive Hearing Loss (CHL) occurs when there is a problem moving sound waves anywhere along the knee through the ear, tympanic membrane (eardrum), or middle ear (ossicles). If conductive hearing loss occurs in combination with sensory hearing loss, it is called mixed hearing loss. Depending on the severity and nature of the loss of behavior, this type of hearing impairment can often be treated with surgical intervention or medication to partially or in some cases completely restore hearing acuity within a normal range. However, in cases of permanent or chronic conductive hearing loss, other treatments, such as hearing aids, may be required to improve sound and speech perception detection. Causes The most common causes of conductive hearing loss are: [1] External ear Cerumen (ear wax) or foreign body in the external auditory canal Otitis externa, infection or irritation of otitis exostosis, abnormal bone growth inside the ear canal Tumor Congenital stenosis or atresia of the external auditory canal (narrow or blocked ear canal). Ear canal stenosis & atresia may exist independently or may occur due to congenital ear malformations such as microtia or annotation. Acquired stenosis (narrowing) of the external auditory canal after surgery or radiotherapy Accumulation of middle ear fluid is the most common cause of conductive hearing loss in the middle ear, especially in children. [2] The main causes are ear infections or conditions that block the euthachic tube, such as allergies or tumours. [2] Blocking the eustachi tube leads to reduced pressure in the middle ear in relation to the outer ear, leading to decreased movement of the ossicles and simpanic membrane. [3] Acute or serous otitis media Chronic blowing otitis media (CSOM) Perforated ear drum arba ausies būgno randai Cholesteatoma Eustachian Tube Dysfunction, Dysfunction, or mass in the nasal cavity, middle ear or eusteachia tube itself Otosclerosis, abnormal bone growth in or near the middle ear tumor Ossicular withdrawal due to infection or time bone injury Congenital ossicles malformation. This can be an isolated phenomenon or can occur as part of the syndrome, when the development of the 1nd and 2nd branched arch is seen as Goldenhar syndrome, Treacher Collins syndrome, branchio-oto-kidney syndrome, etc. Barotrauma uneven air pressure in the outer and middle ear. [3] This may occur temporarily, for example due to changes in environmental pressure, e.g. when moving altitude or inside the train, when driving into the tunnel. It is controlled by any of the various ear clearing manoeuvres to smooth out pressure, such as swallowing, yawning or Valsalva manoeuvre. More severe barotrauma can cause middle ear fluid or even permanent sensory hearing loss. Inner ear The third window effect caused by: Superior channel dehiscence – which may require surgical correction. Enlarged vestibular aqueduct Labyrinth fistula Slide Conductive hearing loss makes all sounds weak or muted. Hearing loss is usually worse at lower frequencies. Congenital conductive hearing loss is identified during the hearing inspection of the newborn or can be detected because the baby has microtia or other facial disorders. Conductive hearing loss developing in childhood is usually due to otitis media with effusion and can provide a delay with speech and speech or difficulty hearing loss. Subsequent onset of conductive hearing loss may have an obvious cause, such as ear infection, trauma or upper respiratory tract infection, or may cause a treacherous onset associated with chronic middle ear disease, otscalosis or a naso-pharyngeal tumor. Ear wax is a very common cause of conductive hearing loss, which can suddenly when the wax blocks the sound from entering through the outer ear canal into the middle and inner ear. Diagnosis Diagnosis requires a detailed history, local examination of the ear, nose, throat and neck and detailed hearing tests. Children may need a more detailed examination if hearing loss is congenital. Otoscopy Examination of the external ear canal and eardrum is important and can help identify problems located in the outer ear to the simpanic membrane. Differential testing For basic screening of cord hearing loss can be detected using the Rinne test with a 256 Hz adjustment fork. Rinne's test, which asks the patient to tell you whether the vibrating alignment fork is heard louder near the ear canal (air conduction) or when touching the bone behind the ear (bone conduction), is negative, indicating that bone conduction is more effective than air conduction. A normal or positive result is when air conduction is more effective than bone Using a one-way cable component is useful for sharing the Weber and Rinne tests. If a Weber test is used, in which the vibrating alignment fork is touched at the centreline of the forehead, the person will hear the sound louder in the affected ear, because the background noise does not mask the hearing on this side. The following table compares sensory hearing loss wiring: Criterion Sensorineural Hearing Loss Conductive Hearing Loss Anatomical Location Of Internal Ears, cranial nerve VIII or central processing centers Of the middle ear (ossicular circuit), simpanic membrane or outer ear weber test Sound localized to normal ear Sound localized to the affected ear (ear with conductive loss) Rinne test Positive Rinne; air conductivity - bone conductivity (both air and bone conduction decreases equally, but the difference between them does not change). Negative Rinne; bone conductivity - air conduction (bone/air gap) tympanometry tympanometry, or acoustic immitance tests, is a simple objective test of the middle ear's ability to transmit sound waves from the eye to the middle ear and into the inner ear. This test is usually abnormal with cord hearing loss. Type B tympanogram reveals a flat response due to fluid in the middle ear (otitis media) or perforation of the eardrum. [4] Type C tympanogram indicates negative middle ear pressure, which is usually seen in the dysfunctional dysfunctional part of the euthecal tube. [4] Type As tympanogram indicates a shallow middle ear match, which is usually seen in othosclerosis. [4] Audiometry pure-tone audiometry, a standardised hearing test with a frequency set of 250 Hz to 8000 Hz, can be performed by a doctor, audiologist or audiometer, and the result is drawn separately on the audiogram for each ear. The form of the plot reveals the degree and nature of hearing loss, distinguishing the hearing loss of the wiring from other types of hearing loss. Conductive hearing loss is characterized by a difference of at least 15 decibels between the air conduction threshold and the bone conduction threshold at the same frequency. In theogram x, it represents the response in the left ear at each frequency, and rather represents the response in the right ear at each frequency. CT scan Most of the causes of conductive hearing loss can be identified during the study, but if it is important to render the bones of the middle ear or inner ear, a CT scan is required. CT scan is useful in cases of congenital conductive hearing loss, chronic purulent otitis media or cholesteatomy, ossicular damage or termination, otosclerosis and third window dehiscence. Specific MRI scans may be used to detect cholesteatoms. Patophysiology This chapter is empty. You can help by adding to it. (November 2015) Management management is divided into three ways: surgical treatment, pharmaceutical treatment and maintenance the nature and location of the specific cause. In cases of infection, antibiotics or antifungal drugs are a possibility. Some conditions may be subject to surgical interventions, such as middle ear fluid, cholesteatoma, and otosclerosis. If conductive hearing loss is due to a head injury, surgical repair is possible. [5] If the absence or deformation of ear structures cannot be corrected, or if the patient refuses surgery, hearing aids that amplify sounds are a possible treatment option. [2] Bone conductivity hearing aids are useful because they provide sound directly, through bones, to the thound or hearing organ, bypassing pathology. It can be a soft or hard headband or can be inserted surgically, bone-attached hearing aid, of which there are several types. Conventional air conductivity hearing aids may also be used. See also: Hearing loss Sensorineural hearing loss Links ^ Hearing loss. HealthCentral. Received on 8 June 2013 ^ a b c Ruben, Robert J. (April 2007). Hearing loss and deafness. Merck's guide. Received on 8 June 2013 ^ a b Page 152 to:Rex S. Haberman (2004). Middle ear and Mastoid surgery. New York: Thieme Medical Pub. ISBN 1-58890-173-4. ^ a b c Onusko, Edward M. (1.11.2004). Tympanometry. American family doctor. 70 (9): 1713–1720. ISSN 0002-838X. ^ Types, causes and treatment. Hearing Loss Association of America. Received on 8 June 2013 External links ClassificationDICD-10: H90.0-H90.2ICD-9-CM: 389.0MeSH: D006314DiseasesDB: 3043 Received from