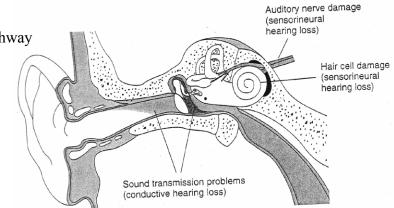
#### **AUDITORY PATHOLOGY**

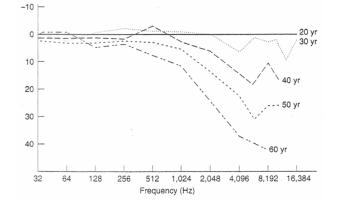
Four types of problems in hearing:

- Delivery to sound receptors
- Damage to receptors
- Damage to neural transmission system/pathway
- Damage to auditory cortex
- 1. Conductive Hearing Loss
  - a) Outer-ear disorders
    - i. Blockages
    - ii. Malformations
    - iii. Ruptured eardrum
  - b) Middle-ear disorders
    - i. Otis media
      - 1. Cholesteatoma
    - ii. Otosclerosis
      - 1. Stapedectomy
    - iii. Note: can still have bone conduction with these types of conductive hearing loss



## 2. Sensori-neural Hearing Loss

- a) Presbycusis ("old hearing")
  - i. Loss of sensitivity
  - ii. Greater loss at higher frequencies
  - iii. Accompanies aging



## b) Noise-induced hearing loss

- i. Refer back to permanent threshold shifts
- ii. Loud or continuous noises damage hair cells
- iii. Acoustic trauma

### c) Tinnitus

- i. (Latin for "tinkling")
- ii. Chronic ringing in the ears
- iii. Affects ~36 million Americans!
- iv. Treatment...

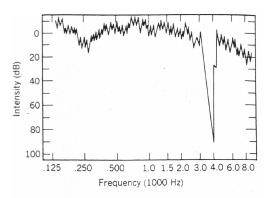


Figure 12.23 Audiometric function generated by the Békésy tracking procedure. The curve shows threshold intensity as a function of frequency. The curve reveals a tonal gap—an insensitivity to a band of tonal frequencies—at about 4000 Hz.

#### d) Meniere's Disease

- i. Disease causes buildup of fluid inside the cochlea and semicircular canals
- ii. Results in fluctuating hearing loss, tinnitus, vertigo

#### e) Neural Hearing Loss

- i. Tumors or other damage to the auditory nerve or pathway
- ii. Tumors ("acoustic neuroma") often benign, can be removed

#### f) Drugs (antibiotics)

- i. e.g., streptomycin, gentamycin, neomycin, kanamycin
  - 1. Fast-acting, but predictable damage to the hair cells
- ii. e.g., aspirin, quinine, carbon monoxide, tobacco
  - 1. Note: smoking → greater rate of hearing loss

#### 3. Neural Transmission & Cortex

- a) Tumors
- b) Lesions (damage)
- c) Head trauma, meningitis, gunshot wounds
- d) Note: auditory tract is quite deep, medial, so trauma-induced hearing loss usually accompanies other loss

# 4. Measuring Hearing Loss

- a) Audiologist
- b) Otorhinolaryngologist (ENT)
- c) Ear exam
- d) Medical history
- e) Audiogram
  - i. Pure tone
  - ii. Speech
  - iii. Threshold