Estudio número 8

La recuperación de la sordera súbita tras la terapia con corticoides no excluye la necesidad de una RMN para descartar un schwannoma vestibular.

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Existe una idea errónea de que la mejoría de la sordera súbita tras el tratamiento con esteroides excluye el diagnóstico de un schwannoma vestibular y tales casos no justifican una RMN. Este artículo afirma que la mejora o recuperación de la sordera súbita con el tratamiento esteroideo no excluye el diagnóstico de schwannoma vestibular (SV) y no excluye la necesidad de realizar una prueba de imagen.

En este estudio retrospectivo, realizado en la Clínica Mayo, se revisaron las historias clínicas de pacientes vistos entre los años 2002 y 2017, con SV no tratados previamente, que desarrollaron una sordera súbita que mejoró (mejoría audiométrica verbal mayor o igual al 15% o una disminución mayor o igual a 15 dB en 4 frecuencias en la audiometría tonal) tras el tratamiento con corticoides. Se registraron los datos demográficos de los pacientes, las características del tumor, la dosis de esteroides y los datos relativos a la respuesta al tratamiento.

Un total de 29 pacientes cumplieron con los criterios de inclusión. En el momento del diagnóstico, 15 tumores eran puramente intracanaliculares, 26 casos (90%) recibieron tratamiento con esteroides sólo por vía oral, 2 casos (9%) recibieron tratamiento sólo con esteroides intratimpánicos y uno (3%) requirió tratamiento combinado.

Una respuesta favorable a la terapia con esteroides para la sordera brusca no excluye el diagnóstico de schwannoma vestibular. Todos los pacientes con sordera súbita deben someterse a una imagen diagnóstica adecuada para evitar retrasos en el diagnóstico y tratamiento.

Improvement or recovery from sudden sensorineural hearing loss with steroid therapy does not preclude the need for MRI to rule out vestibular schwannoma.

- **Objective:** There is a common misconception that improvement in sudden sensorineural hearing loss (SSNHL) after treatment with steroid therapy effectively excludes the diagnosis of a vestibular schwannoma (VS) and such cases do not warrant an MRI. Paralleling this, steroids are commonly withheld for SSNHL in patients with an existing diagnosis of VS, believing that this condition is not steroid-responsive. This study seeks to underscore that improvement or recovery of SSNHL with steroid therapy does not exclude the diagnosis of VS and does not preclude the need for magnetic resonance imaging.
- **Methods:** A retrospective chart review was performed (2002-2017) of patients with previously untreated sporadic VS who developed SSNHL that improved after steroid treatment. A clinically significant audiometric improvement was defined as an increase of more than or equal to 15% in word recognition score (WRS) and/or decrease of more than or equal to 15 dB in 4-frequency pure-tone average (PTA). To supplement these data, a separate population of patients with incomplete or missing audiometric data, who reported unequivocal subjective improvement in hearing after steroid treatment, were also described to reinforce the study objective. Patient demographics, tumor characteristics, steroid regimen, and data regarding treatment response were recorded.
- **Results:** A total of 29 patients (55% women; median age of 47 yr) met inclusion criteria. Fourteen (48%) cases had objective audiometric documentation of SSNHL, while 15 (52%) had either subjective report only or incomplete audiometric data available. Eighteen (62%) had a single event, while 11 (38%) had more than one episode of SSNHL that was treated with steroids. For all patients, the median time between SSNHL and diagnosis of VS was 1.3 months (range, 0.13-148.4 mo). At the time of diagnosis, 15 tumors were purely intracanalicular, while 15 tumors had cerebellopontine angle extension. Of the latter, the median cisternal tumor size was 15.9 mm (range, 5.3-33). Twenty-six (90%) cases received oral steroid therapy alone, two (9%) had intratympanic steroid therapy alone, and one (3%) required combination therapy. The median PTA improvement with steroid therapy was 21 dB HL (range, -10-101.2) and the median WRS improvement was 40% (range, 4-100%).
- **Conclusion:** A therapeutic response to steroid therapy for SSNHL does not exclude the diagnosis of VS. All patients with SSNHL should undergo appropriate diagnostic imaging to prevent delays in diagnosis and potential treatment.
- Cassandra Puccinelli; and Matthew L. Carlson. 2019.
- Otology & Neurotology 40 (5): 674–80.
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