

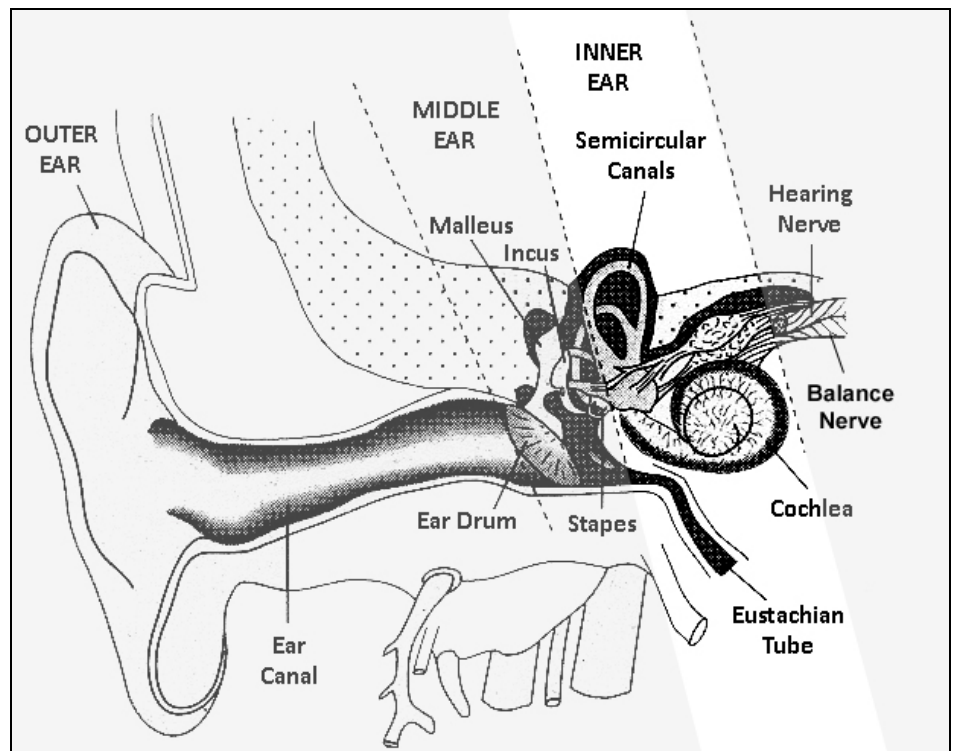
Sudden Sensorineural Hearing Loss

Symptoms, causes, and treatment

This handout explains what sudden sensorineural hearing loss is. It also gives information about its causes, symptoms, and treatments.

What is sudden sensorineural hearing loss?

Sensorineural hearing loss is caused by damage to a nerve in the inner ear. When this type of hearing loss occurs very quickly, it is called *sudden sensorineural hearing loss*, or SSHL. Hearing loss from SSHL can happen all at once or over a few days.



Sensorineural hearing loss is caused by damage to the inner ear.

SSHL usually begins as an acute loss of hearing in 1 ear. Other symptoms include:

- Pressure in your ear
- *Tinnitus* (ringing in your ear)
- *Vertigo* (dizziness)

What causes SSHL?

The cause of SSHL may include:

- A viral infection
- A brief stop in blood flow to the ear
- An autoimmune disease
- An inner ear disease such as Meniere's disease that gets worse over time (see the handout "Meniere's Disease")

How is SSHL diagnosed?

A hearing test called an *audiogram* is needed to measure your hearing and find out if your hearing loss involves the hearing nerves in your inner ear. Some kinds of hearing loss do not involve the hearing nerve.

After your audiogram, a provider who specializes in *otology* (the study of ear structures) will examine you. This provider will talk with you about your test results. If needed, you may also have other tests to help diagnose the cause of your hearing loss.

How is SSHL treated?

If the cause of your hearing loss is SSHL, your provider will likely advise you to start treatment as soon as possible. A sudden return of hearing (either complete or partial) may occur without treatment, but delaying treatment can lessen its benefits.

Steroids

Your provider may prescribe oral steroids to treat your SSHL. While you are taking these medicines, you will have more audiograms to measure any changes in your hearing. Your steroid dose will be slowly lessened over a few weeks, based on how your hearing responds.

Your provider may also prescribe *intratympanic* steroid medicine. This medicine is delivered directly into your middle ear (*tympanic cavity*). Talk with your provider to find out if this treatment is right for you. (See the handout "Chemical Perfusion of the Inner Ear.")

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

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After hours and on weekends and holidays, call 206-598-6190 and ask for the Otolaryngology resident on call to be paged.