

Letter to The Editor

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Loss of Consciousness: Can there be Unexpected Otolaryngology Etiology?

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I am honoured and enthusiastic to be a part of Otolaryngology-Open Access Journal. I will like to discuss a case of academic interest.

Thirty-four-years old male, soldier by occupation had complains of three episodes of loss of consciousness lasting for 3-4 seconds for last one year. There was no history of giddiness, ear discharge, aural fullness, autotoxin medication, tinnitus etc. His examination revealed bilateral normal tympanic membrane and tuning fork tests were suggestive of left sided Sensor Neural Hearing Loss (SNHL). Patient was unaware of hearing loss. Fistula test was negative and caloric test demonstrated left canal paresis. Rest neurotological examination was normal. Audiomertry presented left sided moderate severe SNHL. Cardiologist and neurologist evaluation was normal. MRI brain was also normal.

In view of left sided ear hearing loss and canal paresis on caloric test, high resolution CT temporal bone was performed and it clinched the diagnosis of left Superior Semicircular Canal Dehiscence (SSCD) (Figure 1). The patient was taken up for surgical closure of SSCD by middle cranial fossa approach. The defect was closed by fat and tissue glue. Presently, patient is asymptomatic for two years.

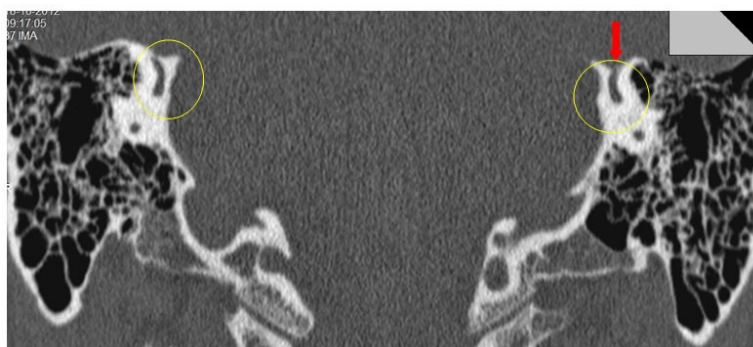


Figure 1: HRCT Temporal Bone showing coronal cuts. Yellow encircled region shows superior semicircular canal of both sides. Red pointing arrow shows dehiscence in left superior semicircular canal.

The true incidence of SSCD is unknown due its rare presentation. The etiology of this syndrome was localized to a dehiscence of the bone covering the superior semicircular canal. The abnormal communication between the superior semicircular canal and the brain can result in vertigo and oscillopsia induced by loud sounds (Tullio phenomenon), by changes in pressure in the ear canal that are transmitted to the middle ear (Hennebert sign), or by Valsalva maneuvers.¹⁻³ Our patient was not having any such presentation as described making it atypical. Our case of young adult soldier with episodes of loss of consciousness with unilateral SNHL is being reported to emphasize on complete neurotological examination and thorough workup on such patients as diseases can have unusual presentation.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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