

Atypical Presentation of Viral Pneumonia (H1N1) as Sudden Sensorineural Hearing Loss: A Case Report

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1. Introduction

Sudden sensorineural hearing loss is subjective sensation of hearing impairment in a period of 72 hours or less, of about > 30dB in atleast three consecutive frequencies.. Incidence is 5-30 per lakh. Majority are idiopathic and unilateral. Idiopathic SSNHL is mostly due to viral infections like mumps, measles and influenza. Other causes include vascular occlusion, intracochlear membrane rupture and autoimmune inner ear disease. Treatment includes steroid administration either systemic or intratympanic, hyperbaric oxygen therapy and others like vasodilators, antivirals, calcium antagonists. Recovery is spontaneous in most cases.

2. Case Report

A 60 year old male, came with complaint of b/l sudden hearing loss of 2 days duration. On examination tympanic membrane was retracted bilaterally and congested on left side. PTA showed profound mixed hearing loss on right side (98.3dB) and severe mixed hearing loss on left side (83.3dB).CT temporal bone showed secretions in mastoid air cells. Patient was started on antivirals, oral corticosteroids. On 2nd day patient developed respiratory distress, oxygen inhalation was given. On 3rd day as the patient was still dyspneic and O₂ saturation was 69% with oxygen inhalation, he was intubated Very low titres of H1N1 was detected by RT PCR. Patient was treated with antiviral (oseltamivir), antibiotics, antihypertensives, diuretics. Patient gradually improved, weaned of from intubation and then from CPAP. At the time of discharge patients hearing improved, PTA showed moderate mixed hearing loss in right ear (41dB) and mild mixed hearing loss in left ear (30dB)

3. Conclusion

Sudden sensorineural hearing loss is usually unilateral and can be associated with tinnitus and vertigo. A careful examination is needed to exclude life threatening or treatable causes such as vascular events and malignant diseases, and patients should be referred urgently for further assessment. About half of patients completely recover, usually in about 2 weeks. Many treatments are used, including corticosteroids, antiviral drugs, and vasoactive and oxygen-based treatments.

References

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