AUDIOLOGY

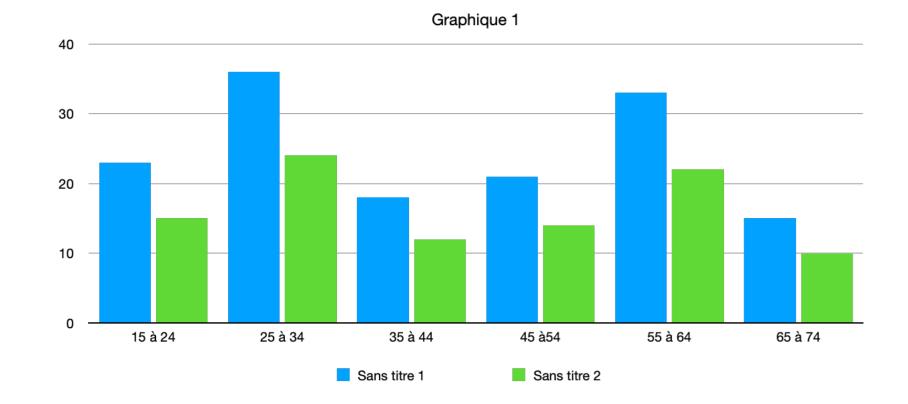
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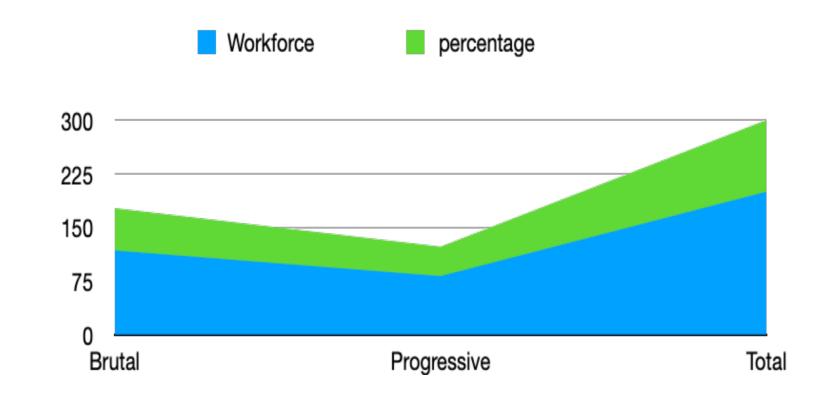
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Tinnitus is a very common audiological symptom that affects approximately 10% of the general population. Whether it is audible to those around you and/or recordable (objective tinnitus) or perceived only by the patient (subjective tinnitus), it corresponds to an elementary auditory perception of internal origin





AIMS

MAIN:

Determine the epidemiological and diagnostic aspect of tinnitus.

SECONDARY:

- 1. Determine the sociodemographic profile of patients consulting for tinnitus.
 - 2. Identify commonly encountered causes.

METHODS et Matériels

Population; Type and period of study:

The study was prospective and lasted one year from January 2023 to December 2023.

The study concerned patients seen in the ENT - CCF department for tinnitus.

Sample size: We have identified a total of 200 cases of tinnitus.

Inclusion criteria: All people seen in consultation in the tinnitus service or the cause.

All patients for whom the survey form was correctly completed.

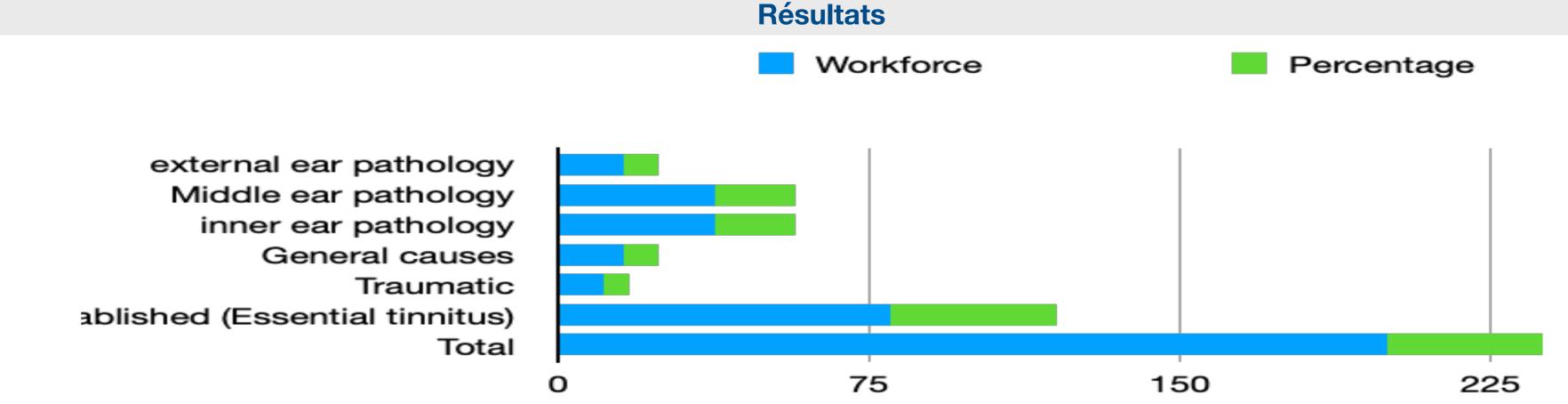
Non-inclusion criteria: Any patient who has not consulted the service Any patient who consults for another reason Any patient for whom the survey form was not correctly completed..

Data collection technique:

A complete ENT examination was performed in all patients.

The data was recorded on a survey sheet designed for this purpose.

Ethics: Confidentiality of patient information was required; Inclusions were made after informed consent from patients



Results: From January to December 2023, i.e. one year, 200 tinnitus patients were recorded or 3.2% of patients.

There is a male predominance at 59%. The sex ratio was equal to 2.33 in favor of the male sex.

Distribution of patients according to the duration of progression of tinnitus. Divided according to a Time of appearance into two groups greater than 06 months and less

Distribution of patients according to the mode of onset of tinnitus, sudden or progressive.

The brutal installation method was the most common in our series, i.e. 60% of cases.

Interpretation: The age group from 22 to 36 was the most represented in our study with 28%. Age The average age of the patients was 47 years with extremes ranging from 15 years to 89 years.

There is a predominance of the male sex.

Acute tinnitus was the most frequent in our patients, i.e. 69% of cases. In our series, bilateral tinnitus was the most common site with 79 cases, i.e.

Spontaneous tinnitus was the most represented in the series with 109 cases, or 54.5%, followed by post-traumatic tinnitus, or 39%.

Monotonal tinnitus was the most represented in our series with 150 cases, i.e. 75 % of cases. Cases of tinnitus with no known influencing factors were the most represented with 120 cases, or 59%.

Conclusion

Generally well tolerated, tinnitus can take on a very intrusive and disabling nature in certain patients which requires specifically dedicated therapy. The diagnostic approach remains based on careful questioning possibly supplemented by standardized questionnaires, on general clinical and otolaryngological examination including complete visualization of the tympanic membranes and on a complementary examination of simple performance: tonal audiometry and voice. Other complementary audiovestibular examinations (auditory evoked potentials, videonystagmography) or radiological examinations (brain magnetic resonance imaging, rock scanning) are not systematic and must be part of a reasoned approach. Therapeutic care is based, if possible, on the treatment of the causal lesion and, for the most disabled patients, on a multidisciplinary approach involving a general practitioner, otolaryngologist, hearing aid specialist and psychologist. It includes, in addition to palliative drug treatments, sound enrichment (noise generators, hearing aids) and cognitive-behavioral techniques (relaxation, cognitive restructuring). Progress in understanding the pathophysiology of tinnitus should enable the development of innovative specific treatments in the short term.

Références

- 1. M. Pienkowski, « Loud Music and Leisure Noise Is a Common Cause of Chronic Hearing Loss, Tinnitus and Hyperacusis," Int J Environ Res Public Health, vol. 18, no. 8, Apr 16 2021 2. Shulman A et al (2021) Neuroinflammation and tinnitus. Curr Top Behav Neurosci 51:161–174
 - Tunkel DE, Bauer CA, Sun GH, Rosenfeld RM, Chandrasekhar SS, Cunningham ER, Jr, et al. Clinical practice guideline: tinnitus. Otolaryngol Head Neck Surg. 2014;151(2 Suppl):S1-40.
- Bhatt JM, Bhattacharyya N, Lin HW. Relationships between tinnitus and the prevalence of anxiety and depression. Laryngoscope. 2017;127(2):466-9. Publ. en ligne du 15 juin 2016
- 5. BC Building Trades. Permanent disability awards for tinnitus. BC Building Trades position. Burnaby, CB: British Columbia and Yukon Territory Building and Construction Trades Council; 2011. 4.Accessible à : www.bcbuildingtrades.org/files/WCB_Sub-Ti

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