How many times do you end the day by saying to a colleague or friend, “Did I ever see an interesting patient today!”? Although it is a statement that echoes throughout the audiolinguistic community on a daily basis, we seldom share, beyond a small circle of colleagues, the nuances of a patient’s auditory findings or the challenges of interpreting an unexpected pattern of test results. And, yet, it is through such observations that we begin to understand the heterogeneity of auditory disorder, discover new clinical entities, hone our clinical strategies, and create alternative solutions to conventional rehabilitative approaches.

With this in mind, the Editorial Board of the JAAA decided to devote a special issue of the journal to case presentations. Although the JAAA has always encouraged the submission of case reports, they felt that a special issue devoted entirely to this form of communication might provide the reader with an additional appreciation of the value of learning by example. As you read this special issue, you will notice that the nature of these case reports fall roughly into five categories.

One category of case presentation is the description of interesting patterns of audiologic results. For example, Bob Fifer describes reversible speech understanding deficits in a patient with an insular stroke. Judy Gravel and David Stapells describe the value of auditory evoked potentials and otoacoustic emissions measurements in a 7-year-old patient with a diagnosis of central auditory processing disorder. Gloria Delgado-Vilches and I describe striking audiometric changes in a patient with multiple sclerosis.

A second category of case presentation is the description of interesting disease processes or syndromes that result in auditory disorders. As an excellent example, Dan Konkle and Carol Knightly noted a delayed onset of hearing loss in two young children with respiratory distress syndrome, a finding that serves to alert us all to this potential risk factor. As another example, Robert Sweetow and Toni Will describe an unusual progression of hearing loss following completion of chemotherapy with a known ototoxin, cisplatin. Deb Carlson and Hilary Reeh describe a family with chromosomal abnormality that results in an unusual pattern of auditory disorder.

A third category of case presentation is that which describes either a point that you always wanted to make or a finding that you just knew would occur but had not yet been described very thoroughly. For example, Gary Jacobson and his colleagues describe two cases of normal auditory findings, including auditory brainstem responses, in patients with confirmed acoustic neuromas. As imaging techniques improved, we could be fairly certain that this would occur, and their cases provide just such evidence. As another example, my colleagues and I describe a case of a young child whose hearing could not be assessed by conventional means due to a compromised brain stem. We expected that otoacoustic emissions would be useful in such instances, and we evaluated a case in which this appears to be true. Finally, Jay Hall and his colleagues use a series of case studies to make the point that the audiologist should always be aware of the potential for active disease in the patient with sensorineural hearing loss.
A fourth category of case presentation is the description of a new, refined, or successful clinical testing strategy, a "how we do it" description of a clinical protocol. Wende Yellin and her colleagues use a case presentation to describe a diagnostic protocol that they have developed for dehydration testing. Kathleen Campbell and Paul Abbas describe, in a series of cases, the potential value of using postural changes during electrocochleography in the identification of perilymphatic fistulas. Susan Lynn and Robert Brey demonstrate the value of ENG with a Dix-Hallpike maneuver in the diagnosis of benign paroxysmal positioning vertigo.

A final category of case presentation is the description of a creative and successful rehabilitation strategy, a "how we did it" description of a patient with a challenging amplification dilemma. David Fabry describes a patient, whom anyone working in a hospital setting has had to contend with, whose hearing impairment and hearing aid render the use of a stethoscope less than convenient. Dr. Fabry's solution is one that is likely to benefit many audiologists who face this challenge in the future.

It is my hope as guest editor that this special issue will accomplish at least three goals. First, I hope that it will provide to those of you who practice audiology some new insight into auditory disorders, audiologic findings, and solutions to audiologic challenges. Second, I hope that it will provide to those of you who are engaged in conventional research reporting some new ideas for areas of study and an impetus to pursue some of these findings in larger numbers of patients. Third, I hope that it will encourage those of you who say, "Did I ever see an interesting patient today," to consider recording it for future issues of JAAA.

Brad A. Stach
Guest Editor