One of the most valuable ways that our knowledge progresses is through the insight derived from clinical observation. Confronted with diagnostic and rehabilitative challenges on a daily basis, the experienced clinician finds opportunities to provide fresh insight into the nature of auditory disorder or into refinement of clinical protocols. In this special issue, a number of examples highlight the importance of a clinical perspective in illuminating and modifying our audiologic practices.

An excellent example is provided by Paul Kileny et al. As most of you are aware, over the past decade we have witnessed a decline in the use of diagnostic audiometry for the identification of acoustic tumors and other disorders of the nervous system. Measures of function, such as auditory evoked potentials, have been supplanted by measures of structure, particularly magnetic resonance imaging. The exceptional sensitivity of imaging techniques to the presence of neurologic disease has left audiometric measures of function in a secondary, screening role in the otologic diagnostic process. Despite this trend, we are reminded from time to time of the role of functional measures in the audiologic contribution to otologic care. Kileny et al. describe results on a patient with a mass lesion causing a severe to profound hearing loss and abnormal auditory brainstem response. While the severity of loss might normally have dictated a surgical approach that sacrificed the cochlea, the presence of normal otoacoustic emissions suggested that the site of the disorder causing the loss was neural. As a result, the surgical team decided to use an alternative approach designed to try to spare hearing. Audiometric results obtained 3 years postoperatively showed normal hearing sensitivity and word recognition ability in the operated ear. In this case, the measurement of cochlear function aided in the determination of a surgical approach that ultimately led to hearing preservation and restoration.

Other examples of the usefulness of OAEs are illustrated in this issue. For example, my colleagues from the California Ear Institute at Stanford and I report on a case of profound hearing sensitivity loss of unusual pathogenesis, that of central nervous system miliary tuberculosis. The use of OAEs was helpful in the diagnosis of the disorder in that the sudden sensorineural hearing loss initially appeared to be unrelated to the history of tuberculosis. Without OAE results, the hearing loss might have been viewed as an idiopathic sudden hearing loss, with immediate medical intervention aimed at the possible underlying causes. However, normal OAEs suggested that the disorder was retrocochlear in nature, and clarification was sought with imaging studies. Another example of the usefulness of OAEs is described by Tom Littman et al. These authors show in a pediatric case report of the ototoxicity of cisplatin that OAEs may have the potential to predict the earliest stages of progressive hearing loss, perhaps before the loss can be detected by conventional pure-tone audiometry.

Case reports also provide insight into unusual clinical findings. Gary Jacobson et al. present a case of a left-sided peripheral vestibular system disorder with left-beating spontaneous nystagmus, a direction opposite to that which would be expected. In compelling fashion, the authors use this case to educate the reader about the nature of recovery nystagmus. As another example, Joshua Kessler et al. present tympanometric results in a patient with a small perforation.
secondary to acute otitis media. The tympanogram had a sawtooth configuration, possibly reflecting a valve-like action of the perforation.

Case reports are also useful in describing what we might learn about the nature of auditory disorders or our test results from various causative factors. For example, in a series of case reports, Callison and Horn remind us of the history and audiologic findings in patients with large vestibular aqueduct syndrome. Also, Christensen et al. describe audiologic results over a 2-year period in a young child with human immunodeficiency syndrome before and after treatment with antiviral therapies. In addition, Fallis-Cunningham et al. describe auditory processing ability in a patient with bilateral temporal lobe tumors both before and after surgical exploration.

Good ideas about management can also be developed in individual patients and described effectively in a case report. Catherine Palmer et al. provide an excellent description of the influence of Alzheimer disease on audiologic care. Their method of describing behavioral changes by tracking them over time is not only an excellent treatment of the data but also a very compelling clinical strategy for charting change in ability.

As guest editor, it is my hope that this special issue of JAAA will accomplish several goals. First, I hope that it will provide those of you who practice audiology with some new insight into auditory disorders, audiologic findings, and solutions to audiologic challenges. Second, I hope that it will provide those of you who are engaged in research with some new ideas for areas of study and an impetus to pursue some of the 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 writing it up for future issues of JAAA.

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