

Editorial

Special Issue on Case Reports



One of the most valuable ways we gain knowledge in audiology is through 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 and refinement of clinical protocols. In this special issue, you will find a number of examples that highlight the importance of a clinical perspective in illuminating and modifying our audiologic practices.

An excellent example is provided by George Lindley and his colleagues at the University of Pittsburgh. These authors describe three patients with distinctly different patterns of loudness adaptation to hearing aid fittings. The diversity among patients in their ability to adapt to loudness over time serves as an important reminder of the value of examining individual data in assessing clinical strategies.

Another example of how illuminating, if not terrifying, case reports can be is illustrated in the article by Michael Wynne and his colleagues. The authors present six case reports describing significant external and middle ear trauma secondary to the taking of ear impressions. These cases illustrate iatrogenic auditory disorder including cerumen impaction, tympanic membrane hematoma and perforation, impression-material infusion of the middle ear space, and perilymph fistula.

Case reports also provide insight into unusual clinical findings. Mike Cevette and colleagues from the Mayo Clinic Scottsdale report on two cases that show dramatic fluctuation in DPOAE amplitude without concomitant changes

in hearing sensitivity secondary to cisplatin treatment. Although decreases in DPOAE amplitude with hearing loss is well known, these results showed an increase in amplitude during treatment, perhaps as a precedent to the expression of detectable cochlear damage.

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. Deborah Hayes and Susan Dreith present a case report of a child with progressive hearing loss as a lead-in to an excellent description of progressive hearing loss in children.

Good ideas about management can also be developed in individual patients and described effectively in a case report. For example, Jack Vernon describes a case in which tinnitus is masked through a cochlear implant. Michael Valente and colleagues present a case in which severe hyperacusis is treated with a specialized electronic attenuator hearing device. Patricia Trautwein and her colleagues describe the results of treating a patient with auditory neuropathy by cochlear implantation. Each of these case reports provide us with insight into the authors' perspective on a clinical challenge and the strategies that they chose to meet the challenge.

As guest editor, it is my hope that this special issue of *JAAA* 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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Guest Editor

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