Editorial

Delayed-Onset Hearing Loss

When a baby passes a newborn hearing screening procedure, there is a tendency, on the part of both parents and professionals, to assume that everything is all right, and there is no need for further concern. But, as Toni Mann, Karrie Cuttler, and Chanda Campbell point out in this issue of JAAA, this may give rise to a false sense of security. The authors present data on 10 infants, each of whom passed an automated newborn auditory brainstem response screen and all of whom later developed bilateral sensorineural hearing loss. Degree of loss varied from mild to profound. Sadly, the age at which hearing loss was finally confirmed ranged from 9 months to 5½ years. The most common risk factor, persistent hypertension of the newborn (PPHN), was present in 5 of the 10 babies. PPHN is a known risk factor for delayed-onset hearing loss, especially in view of the frequent need for prolonged mechanical ventilation. Other potential risk factors noted by the authors included family history, meningitis, otitis media, meconium aspiration syndrome, and ototoxic drug exposure.

To be sure, existing guidelines emphasize regular follow-up for at-risk babies, but the authors' concern is that the false sense of security engendered by the screening pass may have been responsible for the failure of the follow-up system. In all 10 cases, both parents and physicians were informed in writing of the risk of late-onset hearing loss. Yet in 5 of the 10 children, more than 2 years passed before the presence of hearing loss was confirmed and rehabilitation initiated.

Authors Mann, Cuttler, and Campbell highlight the Achilles heel of universal newborn screening, the system for achieving rigid adherence to follow-up guidelines.

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