Letter to the Editor

Regarding Clinical Implications of Magnetic Resonance Imaging in Temporomandibular Disorder Patients Presenting Ear Fullness

Dear Editor:

We read with great interest the article entitled “Clinical Implications of Magnetic Resonance Imaging in Temporomandibular Disorders Patients Presenting Ear Fullness” by Lee et al. They aimed to associate nonspecific ear fullness (EF) with temporomandibular disorders (TMD) by means of temporomandibular joints magnetic resonance imaging (MRI) features. In this retrospective cohort, they evaluated 42 ears without otologic problem as an underlying cause of EF and found no statistically significant relationship between the presence of TMD signs and abnormal MRI findings ($P = 0.784$). This statistic reveals that, although TMD might be considered as an etiology of EF, there is no causal relationship between nonspecific EF and abnormal MRI findings in patients with TMD.

We believe one of the reasons that led the authors to this nonsignificant relationship between EF and TMD, regardless of presence or absence of abnormal MRI findings, was possibly due to not exploring migraine as a potential etiology of EF. In a recent cohort, we reported the presence of migraine characteristics in a group of patients with isolated persistent EF who had normal imaging and no evidence of Eustachian tube dysfunction or superior canal dehiscence. We also showed improvement of EF in these patients with migraine lifestyle change and prophylactic treatment with either verapamil or nortriptyline. This may suggest an etiological association between migraine and prolonged EF.

In our cohort, 54% of patients with EF fulfilled the international headache society criteria for migraine headache, which is higher than the prevalence of migraine in general population (14%) and otolaryngology services (16%). This provides further evidence suggesting migraine as an underestimated etiology for isolated, prolonged EF.

Lee et al. applied similar inclusion criteria as what we did in our cohort. Therefore, we think some of their patients, especially those without TMD signs, could have a migraine-related etiology and would benefit from migraine therapy. Although larger prospective studies would help further characterize this group of patients, we suggest considering migraine as a cause of aural fullness in patients with normal exam and absence of hearing loss, Eustachian tube dysfunction, or superior canal dehiscence.

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BIBLIOGRAPHY


DOI: 10.1002/lary.27733