Letter to Editor Re: “Sudden Sensorineural Hearing Loss in the Department of Defense”

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Hughes et al presented an extremely interesting observational study of 204 patients with idiopathic sudden sensorineural hearing loss (ISSHL), demonstrating the difficulty in clinician adherence to clinical practice guidelines (CPGs). However, we would like to correct the statement that hyperbaric oxygen treatment (HBOT) should be considered up to 3 months postonset of symptoms of ISSHL. While the American Academy of Otolaryngology—Head and Neck Surgery does indeed state this in its 2012 CPG, it was based on only 8 references. Two studies included patients within only 2 weeks of onset; 1 commented on those presenting at >2 weeks but with no explanation of range; and the others did not define late presentation, with the exception of a single study that included 2 patients >60 days. The final reference was a review of previously published work. Of those studies that included patients beyond 2 months, the outcomes were poor, with <10% improvement. Of note, although steroids are considered the gold standard treatment and are recommended in the CPG, the evidence supporting them is of low quality. The CPG is currently under revision.

We published a retrospective observational cohort study of patients referred to our hyperbaric facility to examine the influence of time to outcome. Our study demonstrated an improvement for 93% of patients receiving HBOT, either back to normal (32%) or moderate recovery to become hearing aid able. We demonstrated that patients referred for HBOT after 4 weeks had a poorer outcome. The Underwater and Hyperbaric Medical Society evidence-based recommendation is for patients to be referred for HBOT within 2 weeks of onset, and the European consensus statement on the use of HBOT in ISSHL also suggests 2 weeks.

It would have been interesting to have some outcome data regarding the effectiveness of treatment, given the low adherence to recommendations. It was disappointing to see that only 2 patients were offered HBOT.

As this is a permanent and debilitating condition for patients who do not spontaneously resolve (which may have an impact on continuing employment within the Department of Defense), we suggest that HBOT be employed early, when it is available.

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References