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Weber, R. S., Jenkins, H. A., Cohen, N. J. (1984) Sensorineural hearing loss associated with ulcerative colitis. *Archives of Otolaryngology*, **110:** 810–812.

Reply

Dear Sir,
We would agree that all patients with ulcerative colitis who develop progressive or sudden sensorineural hearing loss be treated with steroids followed by azathioprine if unresponsive. Any patient with an 'autoimmune disorder' who develops significant sensorineural hearing loss in the presence of indicators of immunological disturbance should be assumed to have an auto-immune hearing loss and treated actively.

There are no reliable specific tests yet for this form of hearing loss and treatment should be instituted on what clinical and immunological information is available.
Yours faithfully,
A. I. G. Kerr,
Consultant,
Royal Infirmary of Edinburgh,
39 Lauriston Place,
Edinburgh EH3 9EN.

Tympanometry in ossicular discontinuity/otosclerosis

Dear Sir,
In their interesting case report (JLO, Vol. 104 pp 560–561) of an unusual case of bilateral conductive deafness due to discontinuity of the stapes crura from the footplate, Dr Hoare and his colleagues state that their pre-operative diagnosis was otosclerosis.

It would be interesting to know how such a diagnosis was reached and if a pre-operative tympanometric evaluation was performed on the patient. I would expect the tympanogram to show an abnormally high peak since the discontinuity of the ossicular chain would markedly increase middle ear admittance, whereas if otosclerosis was the only middle ear pathology admittance would be low, normal or at most—if there was a coincident hypermobility of the tympanic membrane—a little higher than normal.

If either of the patient's ears had hearing close to normal, the contralateral acoustic reflex would provide additional information since in otosclerosis it would be absent whereas in this case of discontinuity of the ossicular chain medial to the insertion of the stapedius muscle there would be some form of reflex since the muscle would exert its action on the ossicular chain. Testing the patient's right ear some time after surgical correction of hearing of the left ear was achieved may have provided this interesting information.

I would like to point out that tympanometry should be performed in all cases of hearing loss (certainly in all cases of conducive hearing loss) since it is a valuable diagnostic aid to therapeutic planning.
P. N. Eliopoulos,
Dept. of Otolaryngology,
Tzanion General Hospital of Piraeus.

Reply:

Dear Sir,
We would disagree with Dr Eliopoulos's assertion that 'tympanometry is a valuable diagnostic aid to therapeutic planning' in cases of conductive deafness. It can confirm a mobile drum and so exclude a middle ear effusion, but this is usually clear from clinical examination including pneumatic otoscopy. Distinguishing otosclerosis from ossicular discontinuity is not essential preoperatively, provided that the patient's consent has been obtained for the higher risks of surgery nearer to the footplate. Tympanotomy is required for definitive diagnosis as well as treatment if there is a conductive hearing loss with a normal eardrum. Our patient had an unremarkable tympanogram. Stapedial reflexes were not tested.
T. J. Hoare F.R.C.S.,
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Queen Elizabeth Hospital,
Birmingham B15 2TH.