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Hearing Loss Due to Unilateral Nuclear Infarction

Otto J. Hernández-Fustes^{1*}, Renato Puppi Munhoz², Carlos Arteaga Rodriguez³

¹Complexo Hospital de Clínicas da Universidade Federal do Paraná, Serviço de Neurologia, Curitiba PR, Brazil

Introduction

A 53-years-old male, ex-smoker, assessed as an outpatient due to acute hypoacusia and tinnitus. Examination was remarkable for hearing loss on the right, abnormal Weber and Rinne tests, and positive Romberg sign to the left. Audiometry evidenced profound right sensorineural hearing loss, carotid Doppler showed moderate right internal carotid artery stenosis, and brain magnetic resonance imaging confirmed signs of subacute brainstem lesions in the area of the right vestibulo-cochlear nucleus. (Figure 1).



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Hearing apparatus disorders are the main causes of hypoacusia, although ipsilateral ischemic lesions of the cochlear nuclei must be considered due to its vascular peculiarities^[1-3].

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²Department of Medicine, Morton and Gloria Shulman Movement Disorders Centre, Toronto Western Hospital, University of Toronto, Toronto, ON, Canada ³Universidade Positivo, Curitiba, PR, Brazil

^{*}Corresponding author: Otto J.H. Fustes, Rua General Carneiro 181, SAM 25, 80060-900, Curitiba/PR; E-mail: otto.fustes@hc.ufpr.br