

Case 2: HEARING LOSS AND DIZZINESS (Slide CC4-1

Chief Complaint: The patient is a 41 year old woman who presented with 1 year of dizziness and progressive hearing loss.

History of Present Illness: The patient was healthy until one year ago when she first noticed some mild **dizziness**. She described this as a sensation of the "room spinning" when she moved her head in the horizontal plane. The patient consulted with her family doctor who referred her to a psychiatrist. She began therapy for mild depression and was treated with prozac with little change in her symptoms. Two months ago, the patient first noticed greatly **decreased hearing in her L ear**. She also developed **decreased taste on L side of tongue** and some **L facial pain**. She was then referred to an ENT specialist who saw her in the office.

Past Medical History: Melanoma of the R hip removed surgically six months ago. One adjacent lymph node was positive for malignant cells.

Physical Examination:

Well kempt woman seated comfortably in chair in NAD (*no acute distress*).

T=99.1, P=72, BP=110/80, RR=12

HEENT-Normal sclerae, normal otoscopic exam of external auditory canals and tympanic membranes, no nasal polyps, no oropharyngeal lesions.

Neck- supple; Lungs- clear; Cardiac- RR no m/g/r; Abd- benign; Ext- no edema.

Derm: no significant lesions or adenopathy.

Neuro- Mental status: A & O x 3 (*Alert and Oriented to person, place & time*)

Mildly anxious, but otherwise normal.

CN: PERRL, EOMI with no nystagmus. No papilledema. Normal vision.

**Decreased corneal blink response on L** (*cornea touched with gauze*)

Facial sensation otherwise normal. Face symmetric.

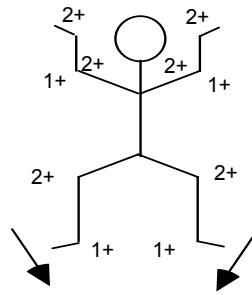
**Hearing greatly diminished on the left. A vibrating tuning fork sounded louder when held just outside the left ear than when the handle was touched to the left mastoid process (air conduction > bone conduction).**

Palate and tongue - midline. Sternomastoid strength-normal.

Motor: Normal muscle bulk and tone. 5/5 strength throughout.

Reflexes: Coord./Gait: normal FNF, Heel shin, RAM. Normal gait.

Sensory: normal (except for deficit in corneal sensn. noted above).



Questions:

1. For each of the symptoms and signs appearing in **boldface** above, identify the anatomical structures that could be involved.
2. Can you think of a single location where a lesion could produce all of these symptoms and signs? What might this lesion be?