

Abstract selection

Otoacoustic emissions in screening cleft lip and/or palate children for hearing loss – a feasibility study. Anteunis, L. J., Brienesse, P., Schrander, J. J. Department of Otorhinolaryngology and Head and Neck Surgery, University Hospital Maastricht, The Netherlands, L. Anteunis@kno.azm.nl. *International Journal of Pediatric Otorhinolaryngology* (1998) August 10, Vol. 44 (3), pp. 259–66.

Patients with cleft lip and/or palate abnormalities are likely to suffer permanent conductive (PCHL) or sensorineural hearing loss (SNHL) due in part to the association with syndromes known to include PCHL or SNHL. The presence of otitis media, a nearly universal complication in these patients, makes identifying the hearing impaired in this population a challenge, since the detection of permanent hearing loss is made more difficult. This problem might be overcome by using click-evoked otoacoustic emissions (CEOAE's) shortly after birth. Twenty-one out of 28 newborns presented to the regional cleft palate team were eligible for CEOAE screening shortly after birth. Among these 21 infants, five had anomalies other than cleft lip and/or palate associated with an increased risk for hearing impairment. At the first CEOAE screening (IL088 Emission Analyser, mean age three weeks, range one to 11 weeks) clear CEOAE's were present in all of the 18 ears of nine infants with isolated lip and/or jaw clefts. In 24 ears of 12 infants with palatal clefts, CEOAE's were present in only six ears (three infants), not demonstrable due to noisy registration in another six ears and absent in 12 ears despite a quiet registration. During follow-up of those who failed the first screening (18 ears, nine infants), normal hearing was found in 14 ears (seven infants) and sensorineural hearing loss was documented in four ears (two infants). CEOAE screening in infants with isolated lip and/or jaw clefts seems feasible and effective. In infants with palatal clefts an auditory brain stem screening might be more appropriate. Author.

A role for genetic predisposition in subglottic stenosis. Pizzuto, M., Donaldson, D., Brodsky, L. Department of Otolaryngology, Children's Hospital of Buffalo, NY 14221–2006, USA. *International Journal of Pediatric Otorhinolaryngology* (1998) August 10, Vol. 44 (3), pp. 279–84.

We present the development of ASGS in two of three premature male triplets; the affected infants were monozygotic, while the unaffected triplet was dizygotic. All three shared remarkably similar risk factor profiles. There is suggested the existence of a genetic factor or factors which may predispose certain infants to the development of ASGS. The expression of such genetic influence may be expressed through the a priori presence of CSGS or other genetically based mechanisms including abnormal cartilage growth or development, specific patterns of chondral or mucosal injury, the action of specific growth factors, or the effects of autoimmune or inflammatory mediators. We propose that genetic predisposition be considered a possible risk factor in the development of subglottic stenosis. Author.

Initial events in the pathogenesis of acute tonsillitis caused by Streptococcus pyogenes. Lilja, M., Raisanen, S., Stenfors, L. E. Department of Otolaryngology, University of Tromsø, Norway. *International Journal of Pediatric Otorhinolaryngology* (1998) September 15, Vol. 45 (1), pp. 15–20.

Bacterial and epithelial cell samples were obtained, within 24 h of onset of pharyngeal symptoms, from the palatine tonsils of nine patients (four female, and five male; age range 10–40 years, median age 23) with acute tonsillitis, culture-positive for Streptococcus pyogenes. The specimens were examined using fluorescein isothiocyanate- (FITC) and gold-labelled antiserum to S. pyogenes and fluorescence, scanning electron and transmission electron microscopy. S. pyogenes could be identified both in the mucous layer covering the tonsils and attached to the surface epithelial cells. Long chains of coccus-shaped bacteria could be seen encroaching on the epithelial cell borders. S. pyogenes can

apparently penetrate the mucous barrier, attach to the epithelial cells, spread from cell to cell and possibly penetrate into the outermost layer of the epithelial cells. These events in turn provoke cytokine production and/or complement activation, which induce inflammatory reaction in the tonsillar tissue. Author.

Correlation between presence of viable bacteria and presence of endotoxin in middle-ear effusions. Dingman, J. R., Rayner, M. G., Mishra, S., Zhang, S., Ehrlich, M. D., Post, J. C., Ehrlich, G. D. Center for Genomic Sciences, Allegheny University of the Health Sciences, Pittsburgh, Pennsylvania 15212, USA. *Journal of Clinical Microbiology* (1998) November, Vol. 36 (11), pp. 3417–9.

The presence of endotoxin (detected by the Limulus amoebocyte lysate assay) was compared to the presence of viable Haemophilus influenzae and Moraxella catarrhalis (detected by PCR) in 106 middle-ear effusions from pediatric patients with chronic otitis media. Endotoxin was found in 81 of the 106 specimens. Of these 81 specimens, 66 (81.5 per cent) also tested positive for one or both of the gram-negative bacteria H. influenzae and M. catarrhalis. The data suggest that viable gram-negative bacteria, detectable by PCR but often undetectable by culture, may be the source of endotoxin in middle-ear effusions. Author.

Frontal sinus fractures: principles of treatment and long-term results after sinus obliteration with the use of lyophilized cartilage.

Sailer, H. F., Gratz, K. W., Kalavrezos, N. D. Department of Cranio-Maxillofacial Surgery, University Hospital, Zurich, Switzerland. *Journal of Craniomaxillofacial Surgery* (1998) August, Vol. 26 (4), pp. 235–42.

The most commonly used techniques for frontal sinus obliteration involve the implantation of an autogenous tissue graft: either fat, muscle or bone. Lyophilized allogenic cartilage due to its unique properties, such as the tendency to ossification and resistance to volume reduction, can be used as the material of choice for sinus obliteration. A clinical and radiological study of 66 patients operated on for frontal sinus fractures, between January 1 1988 through December 31 1995 was undertaken. Variables recorded included the aetiological factors, the clinical and radiological fracture features with the corresponding treatment modality, the association of frontal sinus fractures with intracranial involvement, the early and late postsurgical complications and the correlation between pre- and postoperative radiological findings. Obliteration of the frontal sinus with lyophilized cartilage chips was performed in 51 (77.3 per cent) patients. The postsurgical evaluation showed no major complications. Revision of the frontal sinus was only required in one patient. The radiological findings verified the progressive calcification of the obliterated sinus. Allogenic lyophilized cartilage implantation offers distinct advantages in cases of severe frontal sinus trauma: 1. There is nearly unlimited availability of the material. 2. There is no need for a second operation field with the associated potential donor site morbidity. 3. The operation time is reduced due to the avoidance of a second operation on the donor site. Author.

Vestibular hypersensitivity to clicks is characteristic of the Tullio phenomenon. Colebatch, J. G., Day, B. L., Bronstein, A. M., Davies, R. A., Gresty, M. A., Luxon L.-M., Rothwell, J. C.

Department of Neurology, Prince of Wales Hospital, Sydney, NSW, Australia. *Journal of Neurology, Neurosurgery and Psychiatry* (1998) November, Vol. 65 (5), pp. 670–8.

OBJECTIVES: The frequency of pathologically reduced click thresholds for vestibular activation was explored in patients with the Tullio phenomenon (sound induced vestibular activation). **METHODS:** Seven patients (eight affected ears) with symptoms of oscillopsia and unsteadiness in response to loud external sounds or to the patient's own voice were examined. In all but one patient, vestibular hypersensitivity to sound was confirmed by the fact that eye movements could be produced by pure tones of 110 dB

intensity or less. Conventional diagnostic imaging was normal in all cases and three of the patients had normal middle ears at surgical exploration. Thresholds for click evoked vestibulocollic reflexes were compared with those of a group of normal subjects. Galvanic stimulation was used as a complementary method of examining the excitability of vestibular reflexes. **RESULTS:** All the patients showed a reduced threshold for click activation of vestibulocollic reflexes arising from the affected ear. Short latency EMG responses to clicks were also present in posterior neck and leg muscles, suggesting that these muscles receive vestibular projections. Galvanic stimulation produced a normal pattern of body sway in four of the five patients tested. **CONCLUSIONS:** A pathologically reduced threshold to click activation ($< \text{or} = 70 \text{ dB NHL}$ (average normal hearing level)) seems to be a consistent feature of the Tullio phenomenon and a useful diagnostic criterion. This in turn is most likely to be due to an increased effectiveness of the transmission of sound energy to saccular receptors. Activation of these receptors probably contributed to the vestibular symptoms experienced by the patients. Author.

Neuro-otological and psychiatric abnormalities in a community sample of people with dizziness: a blind, controlled investigation (see comments). Yardley, L., Burgneay, J., Nazareth, I., Luxon, L. Department of Psychology, University College, London, UK. *Journal of Neurology, Neurosurgery and Psychiatry* (1998) November, Vol. 65 (5), pp. 679–84. Comment in: *Journal of Neurology, Neurosurgery and Psychiatry* (1998) November, 65 (5), pp. 619.

OBJECTIVES: To determine neurootological and psychiatric abnormalities associated with complaints of dizziness in an epidemiological community sample of people of working age, and the extent of comorbidity between neuro-otological and psychiatric dysfunction. **METHOD:** A survey of 3884 people randomly selected from six general practice lists identified 262 people with significant dizziness, from which a subsample of 15 men and 22 women were recruited for testing. Dizzy subjects were evaluated by blind neuro-otological testing, computerized dynamic posturography, a computerized psychiatric assessment, neuro-otological and general medical examination, and diagnosis. An age matched control group of 18 men and 22 women underwent the same evaluation. **RESULTS:** Tests of auditory, vestibular, and oculo-motor function did not discriminate between dizzy subjects and controls, but dizzy subjects had significantly worse balance on posturographic testing, more diagnoses of medical disorder, and a higher prevalence of psychiatric morbidity. **CONCLUSIONS:** The findings suggest that dizziness in the community is typically characterized by mild physical disorder accompanied by some psychiatric disturbance. As the combination of minor physical and psychiatric disorder is known to be unusually persistent and handicapping, treatment programmes must be provided for this prevalent syndrome, perhaps by a partnership between primary care and neuro-otological and psychiatric hospital outpatient clinics with experience and expertise in the diagnosis and management of dizziness and psychiatric disturbance. Author.

Vestibular schwannoma management. Part I. Failed microsurgery and the role of delayed stereotactic radiosurgery. Pollock, B. E., Lunsford, L. D., Flickinger, J. C., Clyde, B. L., Kondziolka, D. Department of Neurological Surgery, Mayo Clinic, Rochester, Minnesota, USA. *Journal of Neurosurgery* (1998), December, Vol. 89 (6), pp. 944–8.

OBJECT: The purpose of this study was to analyze patient outcomes and to define the role of radiosurgery in patients who have undergone prior microsurgical resection of their vestibular schwannoma. **METHODS:** The authors evaluated the pre- and postoperative clinical and neuroimaging characteristics of 76 consecutive patients with 78 vestibular schwannomas who underwent radiosurgery after previous surgical resection. Twenty-nine patients (37 per cent of tumors) had undergone more than one prior resection. Twenty-nine patients (37 per cent of tumors) had undergone more than one prior resection. Forty-three patients (55 per cent of tumors) had significant impairment of facial nerve function (House-Brackmann Grades III–VI) after their microsurgical procedure; 50 per cent had trigeminal sensory loss, and 96 per cent had poor speech discrimination (< 50 per cent). The median evaluation period following radiosurgery was 43 months (range 12–101 months), tumor growth control after radiosurgery was achieved in 73 tumors (94 per cent). Six patients underwent

additional surgical resection despite radiosurgery (median of 32 months after radiosurgery), and one patient underwent repeated radiosurgery for tumor progression outside for irradiated volume. Eleven (23 per cent) of 47 patients with Grades I to III facial function before radiosurgery developed increased facial weakness after radiosurgery. Eleven patients (14 per cent) developed new trigeminal symptoms. **CONCLUSIONS:** Radiosurgery proved to be a safe and effective alternative to additional microsurgery in patients in whom the initial microsurgical removal failed. Stereotactic radiosurgery should be considered for all patients who have regrowth or progression of previously surgically treated vestibular schwannomas. Author.

Vestibular schwannoma management. Part II. Failed radiosurgery and the role of delayed microsurgery. Pollock, B. E., Lunsford, L. D., Kondziolka, D., Sekula, R., Subach, B. R., Foote, R. L., Flickinger, J. C. Department of Neurological Surgery, Mayo Clinic, Rochester, Minnesota, USA. *Journal of Neurosurgery* (1998) December, Vol. 89 (6), pp. 949–55.

OBJECT: The indications, operative findings, and outcomes of vestibular schwannoma microsurgery are controversial when it is performed after stereotactic radiosurgery. To address these issues, the authors reviewed the experience at two academic medical centers. **METHODS:** During a 10-year interval, 452 patients with unilateral vestibular schwannomas underwent gamma knife radiosurgery. Thirteen patients (2.9 per cent) underwent delayed microsurgery at a median of 27 months (range seven to 72 months) after they had undergone radiosurgery. Six of the 13 patients had undergone one or more microsurgical procedures before they underwent radiosurgery. The indications for surgery were tumor enlargement with stable symptoms in five patients, tumor enlargement with new or increased symptoms in five patients, and increased symptoms without evidence of tumor growth in three patients. Gross-total resection was achieved in seven patients and near-gross-total resection in four patients. The surgery was described as more difficult than that typically performed for schwannoma in eight patients, no different in four patients, and easier in one patient. At the last follow-up evaluation, three patients had normal or near-normal facial function, three patients had moderate facial dysfunction, and seven had facial palsies. Three patients were incapable of caring for themselves, and one patient died of progression of a malignant triton tumor. **CONCLUSIONS:** Failed radiosurgery in cases of vestibular schwannoma was rare. No clear relationship was demonstrated between the use of radiosurgery and the subsequent ease or difficulty of delayed microsurgery. Because some patients have temporary enlargement of their tumor after radiosurgery, the need for surgical resection after radiosurgery should be reviewed with the neurosurgeon who performed the radiosurgery and should be delayed until sustained tumor growth is confirmed. A subtotal tumor resection should be considered for patients who require surgical resection of their tumor after vestibular schwannoma radiosurgery. Author.

Bilateral vocal cord paralysis following anterior cervical discectomy and fusion. Case report. Manski, T. J., Wood, M. D., Dunsker, S. B. Department of Otolaryngology, The Christ Hospital, University of Cincinnati College of Medicine, Ohio 45219, USA. *Journal of Neurosurgery* (1998) November, Vol. 89 (5), pp. 839–43. The authors report a rare case of bilateral vocal cord paralysis following anterior cervical discectomy and fusion (ACD/F) in a patient who had a preexisting, clinically silent, and unrecognized unilateral vocal cord paralysis from a remote cardiac surgical procedure. The patient, a 41-year-old woman who developed acute respiratory stridor and respiratory insufficiency at the time of extubation after undergoing a C6–7 ACD/F, required emergency reintubation and ventilation. Otolaryngological evaluation revealed bilateral vocal cord paralysis with one vocal cord showing evidence of acute paralysis and the other showing evidence of chronic paralysis. She eventually required a permanent tracheotomy. The patient had undergone previous cardiac surgical procedures to correct Fallot's tetralogy as a neonate and as a child. At those times, there were no recognized symptoms of transient or permanent vocal cord dysfunction. This case emphasizes the importance of identifying patients with preexisting unilateral vocal cord paralysis before performing neurosurgical procedures such as ACD/F, which can place the only functioning

vocal cord at risk for paralysis. Guidelines for identifying patients with preexisting unilateral vocal cord paralysis are discussed. Author.

The inferiorly and superiorly based nasolabial flap for the reconstruction of moderate-sized oronasal defects. Lazaridis, N., Zouloumis, L., Venetis, G., Karakasis, D. Department of Oral and Maxillofacial Surgery, G. Papanikolaou General Hospital, Thessaloniki, Greece. *Journal of Oral Maxillofacial Surgery* (1998) November, Vol. 56 (11), pp. 1255–9.

PURPOSE: The usefulness of the inferiorly or superiorly based nasolabial flap for the unilateral or bilateral reconstruction of local extraoral and intraoral defects was evaluated. **PATIENTS AND METHODS:** In a 10-year period, 22 flaps were used in 15 patients to cover defects of the floor of the mouth, nose, and chin. Fourteen bilateral and two unilateral flaps were inferiorly based, and six unilateral flaps were superiorly based. **RESULTS:** Dehiscence, which occurred in one case, and obstructive sialadenitis which occurred in another, were the main complications. **CONCLUSION:** The nasolabial flap is a useful procedure for the reconstruction of moderate-sized oronasal defects because of its simple elevation, proximity to the defect, and versatility. Author.

Nonpainful swelling of the palate and loosening of the maxillary incisors (clinical conference). Clayman, L., MacLennan, M., Dolan, R. L. Division of Oral and Maxillofacial Surgery, University of Detroit-Mercy School of Dentistry, MI, USA. *Journal of Oral Maxillofacial Surgery* (1998) November, Vol. 56 (11), pp. 1327–35.

Bone lesions in the maxilla have rarely been described in relation to sarcoidosis. This patient exhibited many of the classic signs of sarcoidosis, including lack of symptoms at the time of presentation, which resulted in the diagnosis of sarcoidosis being made serendipitously. The presence of musculoskeletal lesions is often regarded as a poor prognostic sign and, in general, sarcoidosis follows a more virulent course in black patients. Sadly, the course of the disease in this patient continues to march onward despite a one-year therapeutic trial of corticosteroids. Author.

A multicenter, randomized, double-blind trial of five versus 10 days of antibiotic therapy for acute otitis media in young children. Cohen, R., Levy, C., Boucherat, M., Langue, J., de La Rocque, F. Departement de Pediatrie, Hopital Intercommunal de Creteil, France. *Journal of Pediatrics* (1998) November, Vol. 133 (5), pp. 634–9.

BACKGROUND: All but two of the 15 published trials have failed to show a difference in efficacy between short (three to five days) and standard (seven to 10 days) antibiotic regimens for acute otitis media (AOM). These studies involved relatively few patients under two years of age, who are at a higher risk for treatment failure. **METHODS:** In a prospective, comparative, double-blind, randomized, multicenter trial, we compared amoxicillin/clavulanate in three divided doses for 10 days with an identical five-day regimen, followed by a five-day placebo period. **RESULTS:** Between February 1995 and May 1996, 385 children (mean age, 13.3 months) were enrolled, 194 in the five-day treatment group and 191 in the 10-day treatment group. In the per protocol analysis, clinical success was obtained on days 12 to 14 after the beginning of treatment (main analysis) in 125 (76.7 per cent) of the 163 children receiving the five-day regimen and 148 (88.1 per cent) of the 168 receiving the 10-day regimen ($p = 0.006$). Clinical success persisted on days 28 to 42 among 57 (40.4 per cent) of the 141 assessable patients in the five-day group and 64 (46 per cent) of the 139 assessable patients in the 10-day group. ($p = 0.34$). Multivariate analysis showed that the 10-day course was statistically superior only among children cared for outside their homes (86.8 per cent vs 70.8 per cent; $p = 0.008$). **CONCLUSIONS:** When assessed on days 12 to 14 after the outset of treatment, a five-day regimen is not equivalent to a 10-day regimen among young children with AOM. Author.

Vestibular schwannoma management in the next century: a radiosurgical perspective. Pollock, B. E., Lunsford, L. D., Noren, G. Department of Neurological Surgery, Mayo Clinic, Rochester, Minnesota 55905, USA. *Neurosurgery* (1998) September, Vol. 43 (3), pp. 475–81.

PURPOSE: To discuss how the evolution of vestibular schwannoma radiosurgery, changes in health care delivery, and patient

accessibility to medical information will affect the management of vestibular schwannomas in the future. **CONCEPT:** In comparison with microsurgical resection of vestibular schwannomas, radiosurgery has a lower morbidity rate, a similar risk of requiring further surgery, and higher patient satisfaction. As this information becomes more widely available to patients and third-party payors, radiosurgery may replace surgical resection as the preferred management strategy for patients with small to medium sized vestibular schwannomas in the United States. **RATIONALE:** It is estimated that 2500 patients are diagnosed with vestibular schwannomas each year in the United States. Assuming that 80 per cent undergo surgery, 2000 operations are performed annually for newly diagnosed vestibular schwannomas. Data available since 1987 regarding the number of cases for which gamma knife radiosurgery was performed were used to predict the number of patients who will undergo vestibular schwannoma radiosurgery in the future. If the current trend continues, an equal number of patients will undergo surgical resection and radiosurgery to treat their vestibular schwannomas (approximately 1000/yr) sometime between 2005 and 2010. Moreover, it is predicted that by 2020, two-thirds of the patients who are newly diagnosed with vestibular schwannomas will undergo radiosurgery, with surgical resection being reserved for patients with large tumors associated with symptomatic brain stem compression. **DISCUSSION:** Early data regarding vestibular schwannoma radiosurgery predicted an exponential growth curve. Although it is premature to assume that the current trend will continue, it is likely that an ever increasing percentage of patients will undergo radiosurgery as accessibility to this alternative increases, and more data are published regarding long-term tumor growth control rates. If the mathematical model proves to be accurate, then stereotactic radiosurgery will replace surgical resection as the preferred management strategy for the majority of patients with vestibular schwannomas. Author.

Early eradication of pathogens from middle ear fluid during antibiotic treatment of acute otitis media is associated with improved clinical outcome. Dagan, R., Leibovitz, E., Greenberg, D., Yagupsky, P., Fliss, D. M., Leiberman, A. Pediatric Infectious Disease Unit, Soroka University Medical Center and the Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel. rdagan@bgumail.bgu.ac.il. *Pediatric Infectious Disease Journal* (1998) September, Vol. 17 (9), pp. 776–82.

OBJECTIVE: To determine the relation between early bacteriologic eradication and clinical outcome of acute otitis media (AOM) in infants and young children treated with various antibiotics. **STUDY DESIGN:** The study group consisted of patients ages three to 24 months seen at the Pediatric Emergency Room with: (1) symptoms and physical findings consistent with AOM of < or = seven days duration; (2) no spontaneous perforation or tympanostomy tubes; (3) positive initial middle ear fluid culture; and (4) a follow-up to at least Day 10±2 of the study with a second culture performed 72 to 96 h after initiation of antibiotic treatment. Any patient with a positive middle ear fluid culture 72 to 96 h after initiation of antibiotic treatment was considered to have bacteriologic failure. Otologic evaluation was done by an otolaryngologist unaware of the culture results and of the study drug allocation. A clinical score based on body temperature, report of irritability and ear tugging observed by the parents and the appearances and redness of the ear drum as observed by the otolaryngologist was also used for clinical evaluation. **RESULTS:** The study group consisted of 123 patients, of whom 57 (46 per cent) had positive middle ear fluid 72 to 96 h after initiation of antibiotic treatment. Clinical failure was observed in 21 of 57 (37 per cent) patients in whom bacteriologic eradication did not occur vs. only two of 66 (three per cent) patients with bacteriologic eradication after three to four days of treatment ($p < 0.001$). Clinical score for both moderate and severe disease decreased significantly faster in those with bacteriologic eradication than in those in whom middle ear fluid was still culture-positive 72 to 96 h after initiation of treatment. **CONCLUSION:** Clinical failures in our population were associated with inability to eradicate the causative organisms of AOM from the middle ear fluid within three to four days after initiation of antibiotic therapy. Most patients (including those without bacteriologic eradication) improved after three to four days of

treatment, but patients with sterile middle ear fluid felt better after three to four days of treatment than patients in whom middle ear fluid was still culture-positive. Author.

Audiological disturbances caused by long-term exposure to industrial solvents. Relation to the diagnosis of toxic encephalopathy. Niklasson, M., Arlinger, S., Ledin, T., Moller, C., Odkvist, L., Flodin, U., Tham, R. Department of Otorhinolaryngology, Head and Neck Surgery, Faculty of Health Sciences, University Hospital, Linköping, Sweden. Magnus.Niklasson@oto.us.lio.se. *Scandinavian Audiology* (1998) Vol. 27 (3), pp. 131–6.

Sixty workers, consequently admitted due to suspicion of solvent-induced chronic toxic encephalopathy (CTE), were investigated with pure-tone audiometry, determination of speech recognition of monosyllabic words and distorted speech and cortical response audiometry (CRA). Eighteen workers not exposed to occupational solvents and noise were also investigated. The scores in the distorted speech test were significantly lower and the CRA latencies were significantly longer in the solvent group than in the control group. There was no difference between the groups in the pure-tone and monosyllabic speech recognition tests. In the solvent group, 19 subjects had one or several pathological audiological test results (values exceeding the mean result of the control group by 2 SD). Independently of the audiological examination all the workers in the solvent group underwent the traditional clinical assessment of CTE, which is based on symptoms, history of exposure, clinical neurological examination and a neuropsychological investigation. They were classified in three groups – CTE, incipient CTE and non-CTE. There was no correlation between these groups and the audiological test results. A previous report on vestibular pathology in the same group of subjects and the present investigation on hearing deficits suggest that long-term exposure to solvents causes disturbances of the central pathways in the otovestibular system. Hitherto, no attention has been paid to these disturbances in the definition of the CTE syndrome. Author.

Audiometry in general practice: validation of a pragmatic pure-tone audiometry method. Karlslose, B., Pedersen, H. B., Lauritzen, T., Parving, A. Department of General Practice, University of Aarhus, Denmark. bk@alm.au.dk. *Scandinavian Audiology* (1998) Vol. 27 (3), pp. 137–42.

The aim of this study was to validate the results of diagnostic pure-tone audiometry performed in a typical practice setting by comparing with tests results obtained in a standardized audiological setting in accordance with the ISO standards. In a single-blinded crossover design, 119 persons were tested (0.25–8 kHz) in both settings. The mean deviations as a function of frequency were in the order of less than 2 dB (0.5–4 kHz) and otherwise up to 4 dB; the practice setting representing the poorer thresholds. The validity of the practice audiometry at three criteria of hearing impairment (0.5–4 kHz) was characterized by sensitivity (82–100 per cent), specificity (95–99 per cent); positive predictive values (75–90 per cent) and negative predictive values (98–100 per cent) focusing on the better ear. It is concluded that pure-tone audiometry of appropriate validity can be performed in general practice and that it is useful in selecting patients with no need of further audiological examination. Guidelines are needed. Author.

Neonatal pharyngeal pseudodiverticulum mimicking esophageal atresia. Cason, D. L., Burton, E. M., Carter, B. S., Carrillo, P. J., Hatley, R. M., Rogers, D. A., Bhatia, J. Department of Pediatrics, Medical College of Georgia, Augusta 30912, USA. *Southern Medical Journal* (1998) December, Vol. 91 (12), pp. 1163–6.

Pseudodiverticulum of the hypopharynx is an infrequent but potentially serious complication of orogastric or nasogastric tube insertion and endotracheal intubation. We report two cases of injury to the hypopharynx resulting in a pseudodiverticulum of the hypopharynx that was initially diagnosed as esophageal atresia. Both cases were managed successfully by conservative therapy. We also review the literature regarding neonatal pharyngeal pseudodiverticulum. Author.