See HPI

Impression & Plan:

1. Episodic vertigo accompanied by fluctuating hearing including episodes of sudden hearing decline first in the left ear in 2012 and then in the right ear in 2017. Episodes of vertigo are accompanied by an increase in tinnitus, he believes in both ears. He meets criteria for Ménière's syndrome in both ears. We had a long discussion regarding the natural history and management of Ménière's syndrome. Workup for known causes of Ménière's syndrome has been negative, with the only pertinent otologic history being significant loud noise exposure during his military service. Because both ears are involved, it is unlikely that he had a viral infection affecting both ears. I recommended that he follow a Ménière's diet, continue with his diuretic (hydrochlorothiazide), and use Ativan for abortive therapy if he has a severe vertigo attack. I explained to him that the treatment of Ménière's is primarily focused on control of the vertigo attacks, and that hearing in both ears may fluctuate but will likely continue to decline. He now has a profound hearing loss on the right and a severe to profound hearing loss on the left. He would not be expected to receive much benefit from hearing aid use in the right ear. I strongly recommended that he consider having a cochlear implant placed in the poorer hearing right ear where his word recognition is in the 20% range. His left ear is his better ear, but his last audiogram demonstrated speech discrimination scores in the 40-50% range. Having a cochlear implant in place on the right side will also allow for more aggressive treatments of his Ménière's disease including intratympanic gentamicin injection. At the moment it is unclear which ear is most active and creating his vestibular symptoms. His history suggests that it may be the right ear that is more recently active, but recent vestibular testing suggests worse vestibular function in the left ear. I believe his right ear may be the one that is more active at the moment, and he already has a severe peripheral vestibular loss on the left side that likely began at least 6 years ago. He likely has some incomplete compensation for the more recent vestibular loss on the right side that is contributing to his current problems with imbalance between episodes of vertigo attacks. I believe he will benefit from vestibular physical therapy and provided him with a referral for vestibular PT. I recommended that we obtain VEMP testing at his next visit to provide additional data regarding the status of vestibular function in each ear. We also had a discussion regarding surgical management of Ménière's disease including endolymphatic sac decompression, surgical labyrinthectomy, and vestibular neurectomy if he develops intractable Ménière's disease that does not respond to ITG therapy.

We had a discussion regarding his bilateral tinnitus, perceived is worse on the right side, including the likely physiologic basis for the tinnitus and management of tinnitus. I recommended continued use of noise masking for now. We discussed the potential benefit of hearing aid use and cochlear implant use for tinnitus management.

He is going to give cochlear implant placement some consideration and will contact the office if he wishes to begin a formal cochlear implant evaluation (including CI evaluation and audiology CT scan of the temporal bones) at MEE.

He is going to return in follow-up in 3 months with an audiogram and VEMP testing.

I spent more than 1 hour with this patient, more than 50% of the time spent in counseling.

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