

EAR, NOSE AND THROAT ASSOCIATES OF CHESTER COUNTY

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TINNITUS

WHAT IS TINNITUS?

Tinnitus, or ringing in the ears, is the perception of abnormal ear or head noises which about 36 million Americans experience. It is a symptom, not a disease. Common descriptions include buzzing, hissing, whistling, whooshing, chirping, beating, humming, swishing, roaring, clicking, squealing or tinkling. Tinnitus may affect one or both ears, it may be constant or intermittent, high or low pitched. Tinnitus that sounds like your heart beat it is known as pulsatile tinnitus. A mild, high pitched tinnitus that lasts only a few minutes can be normal.

WHAT CAUSES TINNITUS?

Tinnitus has many causes including nerve hearing loss, excessive noise exposure (including riflery and iPods), wax buildup, ear infections, ruptured ear drums, trauma such as whiplash injuries or direct blows to the head, high blood pressure, elevated cholesterol, pressure trauma to the ears, temporomandibular joint dysfunction, Lyme's disease, inflammation of the inner ear (labyrinthitis), multiple sclerosis, migraines, middle ear muscle spasm, acoustic neuroma (a benign tumor that grows on the nerve of the ear), anemia, vitamin deficiencies, Meniere's disease, otosclerosis, and thyroid disease. In addition many drugs can cause tinnitus as well as caffeine, alcohol, aspirin, ibuprofen, certain antibiotics, chemotherapy agents, diuretics, and certain antidepressants. Pulsatile tinnitus may be due to a vascular abnormality and should be investigated by a ear specialist.

HOW IS TINNITUS EVALUATED?

A thorough history and physical is performed. Please be prepared to describe your tinnitus as noted above noting when it started and what tends to make it better or worse. Please bring a list of your health conditions and any medications, vitamins, or supplements. Pulsatile tinnitus may be heard by the examiner with a stethoscope. Part of your evaluation will include a hearing test or audiogram, performed by an audiologist. Other possible tests include a CT, MRI, or an auditory brain stem response (ABR), which tests the hearing nerves from the ear to the brain. For pulsatile tinnitus, an MRA may help to establish the diagnosis.

HOW IS TINNITUS TREATED?

Treatment of tinnitus depends on the underlying cause. In some cases, the etiology may not be found. It is important to note that most causes are not serious. Dietary supplements, the use of short acting steroids by mouth or injections of steroids into the middle ear and tricyclic antidepressants may be helpful.

Tinnitus due to hearing loss or excessive noise exposure does not have specific treatment. Patients will need to be proactive to reduce the severity of the tinnitus or to better cope with it. Avoid products with aspirin, caffeine, and alcohol. If you must be exposed to loud sounds, protect your hearing by wearing ear plugs. Reduce anxiety and stress, especially if it is caused by your tinnitus. Other treatments include exercising, controlling blood pressure, and decreasing salt intake. Tinnitus may be masked with soft music, a fan, or by use of a hearing aid.

You should have your tinnitus evaluated by an otolaryngologist or ENT physician. If it becomes troubling to you, if it occurs along with other symptoms (such as hearing loss or vertigo/dizziness), if it is unilateral (only affects one ear), if other people hear the noises, or if it is progressive or getting worse.

ENTACC health care providers work with a highly trained group of audiologists to offer our patients complete diagnostic and treatment options.