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Research Article

Discussion
The average height involved in FFH was of a metre and those involved in an MVA were minor accidents. From the audiological investigations performed in the first 36 hours post head injury, it was observed that in the presence of a normal middle ear pressure, both T2OAs and DPOAEs were reproducible in high amounts – thus showing a normal cochlea. In those pathological cases that were so severe that pure tone audiogram, normal hearing thresholds were also obtained. This showed that the initial head injury did not cause any cochlear concussion, as shown by normal otoacoustic emissions. All the tests were again performed after 8 weeks and the same results were reached. No signs of cochlear concussion were observed. Where negative pressure was present in the middle ear this led to moderate amounts of otoacoustic emissions while a flat curve on tympanometry produced no emissions. This was expected since it is a known fact that to record otoacoustic emissions the status of the middle ear must be normal – thus the presence of Eustachian tube dysfunction or severe edema would jeopardize the recording of otoacoustic emissions. Both TOAs and DPOAEs could be quantified regarding their amplitude and frequency and both could be diminished or absent in sensori-neural hearing loss. One must bear in mind that CAE measurement is not a substitute for PTA. CAE findings are an indirect measure of hair cell functional integrity. Almost because middle ear function is also a factor in CAE measurements. PTA is dependent on the status of the cochlea, while certain cases, central auditory system and auditory processing factors, as well as the middle ear, CAEs still typically include many frequencies that are not assessed with PTA.

Conclusion
The severity of head injury must be high for cochlear concussion to occur. This has been confirmed in those cases where the studies conducted by the same author were found to result in permanent sensori-neural hearing loss while titivation, vertical and facial dizziness or disorders or disorders during the 1st year of follow-up. During the particular study no cochlear concussion and none of the other signs and symptoms (titivation, vertical, hearing loss or facial palsy) were observed to occur neither initially nor at a later stage.

There was no funding for this study and all patients gave consent prior to all investigations.

References

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