AB211. SOH22ABS077. Intratympanic dexamethasone injection for tinnitus

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Background: Tinnitus affects over 60% of people at some stage of their lives and are often short-lived. A small cohort of patients experience intractable debilitating tinnitus, unrelated to hearing loss or vertigo syndromes. Management strategies include tinnitus masking techniques, cognitive behavioural therapy, and more recently, neuromodulation. Intratympanic dexamethasone injection for intractable tinnitus has been described although the evidence for such intervention is not strong.
Methods: A retrospective review of patients undergoing intratympanic dexamethasone injections over a 6-year period was carried out. Indications for injections included sudden sensorineural hearing loss, vertigo control in Meniere's Disease, and isolated tinnitus. A literature review was carried out to ascertain the efficacy of steroid injections for tinnitus alone.
Results: Seventy injections were carried out in total. Seventy percent were for vertigo control in Meniere's Disease, 23% for sudden sensorineural hearing loss, and 7% for isolated tinnitus. There was no improvement in symptom control for those carried out for tinnitus alone.
Conclusions: Despite literature evidence of tinnitus management with intratympanic dexamethasone injections, and anecdotal success in improvement in symptoms with such a technique in an international tertiary referral centre in Toronto, Canada, no improvement was noted in our study. It remains doubtful as to whether such a management strategy should be offered to patients with intractable tinnitus.
Keywords: Dexamethasone; efficacy; hearing; intratympanic; vertigo

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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