



## Conductive Hearing Misfortune in Persistent Provocative Demyelinating Polyneuropathy (Cidp): A Case Report

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### Description

The patient underwent left middle ear exploration with intraoperative facial nerve monitoring. After elevating a tympanomeatal flap, a significant soft tissue mass was identified just medial to the chorda tympani nerve, suspicious for a grossly enlarged facial nerve sheath. This was confirmed with a stimulus from the facial nerve monitor. There was erosion of the incus and partial erosion of the stapes superstructure. The hypertrophic nerve was gently manipulated in an attempt to identify the stapes footplate, but it could not be well visualized, and given these findings, further ossicular chain reconstruction was contraindicated and the procedure was terminated. It was recommended that he pursue bilateral amplification. CIDP has a wide range of symptoms with varying courses and severity of disease that should be distinguished from other autoimmune demyelinating disorders like MS. The patient presented in this case report exhibits a unique cranial polyneuropathy with resultant hearing loss from mass effect secondary to facial nerve hypertrophy and subsequent acicular erosion.

### Efficacy Evaluation

A great diversity in manifestation, age of onset, etiology, pathogenesis, site of lesion, etc. in An individual's leads to variable and unpredictable postoperative performances. It can be found in aforementioned studies that variable conclusions were drawn from different research protocols or methods on the efficacy of CI in AN patients. To determine whether AN patients can benefit from CI, different criteria have been implemented in different studies. To sum up, results indicating positive efficacy include: (a) Improved hearing thresholds over speech frequencies [1]; (b) Elicitation of electrophysiological response such as EABRs, ECAPs, or electrical stapedius reflexes (ESRs) and (c) Improvement in speech recognition. Many studies combine these three categories of criteria to evaluate CI efficacy in patients of AN in more comprehensive ways [2]. There has been no definite evidence supporting the relationship between electrically evoked auditory pathway responses and speech performances. The most direct and appropriate methods to evaluate the benefit of CI in patients are methods related to speech recognition.

Quantified comparison can be made between pre- and post-

operative performances, between AN patients treated with CI and those with hearing aids, or between AN patients and matched SNHL peers of 4019 casualties LWA were 4.80%. Among gender epidemiology male were 157(81.34%) and female were 36(1.66%). Age allocated children were 7 (3.62%) (According to WHO and UNICEF children age up to 18 yrs) amid These methods can be either open-set or close-set speech recognition tests, or questionnaires/scales appropriate for the level of language development and the capability of AN patients in conducting the tests. The former include CNC monosyllabic words test, Paden-Brown phonological kit [3], Hearing in Noise Test (HINT) common phrases test [4], etc.; and the latter include MAIS/ IT-MAIS. them 3 were autistic who had bad oral hygiene and infected oral mucosa, 2 were dental caries and infection and rest 2 were infected lymph nodes, 18 years-40 years were 13 (6.73%) and above 41 years were 173(89.65%) in which lowest age were 2 years and highest one was 81 years with mean age were 52.24 years. Personal habit of tooth cleaning 167(86.52%) were used charcoal those maximum were slum dwellers and Villagers, rest 26(13.48%) were used tooth paste and brush. Amidst them 149(77.20) were smoker and non-smoker were 44(22.80) whereas betel leaf and nut chewer were 114(59.06%) in which maximum female were abuse it, fortunately 79(40.94%) were avoiding it. Residence exhibits (Figure 6) the (55.44%) 107 were slum dwellers, (40.41%) 78 were villagers and only (4.15%) 8 were living in town. Predisposing factors revealed that 169 (87.56%) were diabetic and rest 24 (12.44%) were non-diabetic. OPG findings displayed dental carries were 181(93.78%) and 12(6.22%) had normal teeth but poor oral hygiene. During the preliminary period of disease the patient were treated by local quack or village doctor. Without delay we were giving a horse shoe shaped incision from one mandible to another mandible and draining out all pus, necrotic and gangrenous tissue and everyday surgical dressing and cleaning all devitalized tissue followed by combined broad spectrum antibiotic, maintaining fluid and nutrition balance by high protein diet to improve nutritional status. 5(2.59%) patient had multiple focus of infection in upper chest, face and head which were also incision and drainage were done separately [5].

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