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Original

Audiologic Diagnosis of Central versus Eighth Nerve and Cochlear Auditory Impairment

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Abstract

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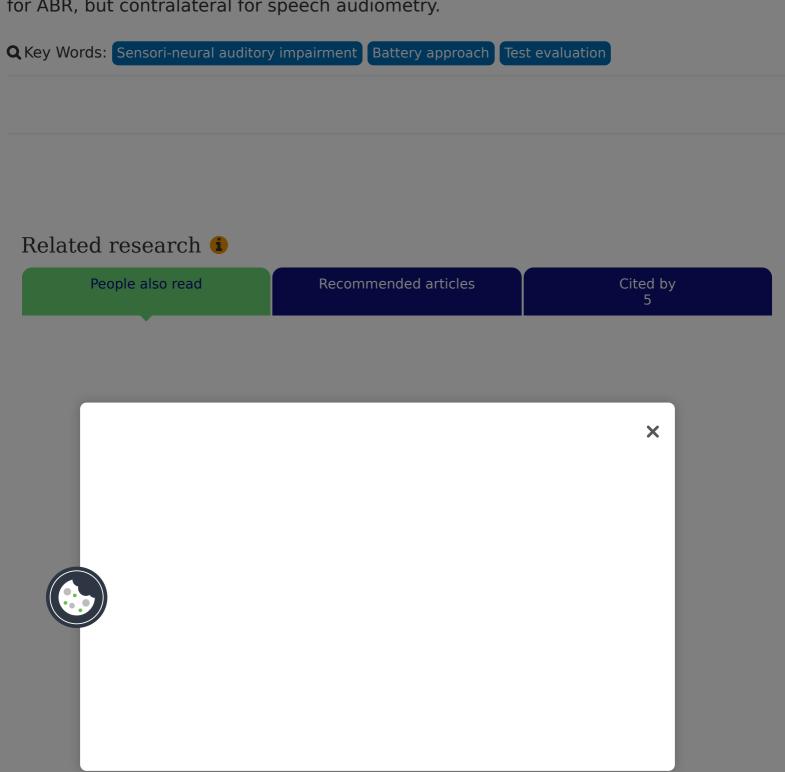
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audiometry patterns. ABR adds significant diagnostic efficiency only when waves II, III and V are detectable: a prolonged I-II interpeak interval (IPI) and a normal III-V IPI are characteristic of the eighth nerve site. ABR gives good diagnostic support in the intrinsic brainstem lesions by suggesting changes in the generator sites of the component waves. The audiometric diagnosis of temporal lobe lesions involving the auditory cortex still relies upon speech audiometry: tests specifically designed for this purpose by Bocca and Calearo and by Jerger - i.e. the 'sensitized sentences' and the identification of synthetic sentences under ipsi- or contralateral competing message - are commendable for their sensitivity and efficiency in distinguishing brainstem from temporal lobe sites. In brainstem sites, the most affected ear is ipsilateral to the lesion for ABR, but contralateral for speech audiometry.



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