MINIMUM AUDITORY LEVELS RESPONSE BY INTELLIGENT VISUAL REINFORCEMENT AUDIOMETRY AND TYMPANOMETRY HIGH FREQUENCY

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OBJECTIVE: Cleft lip and palate (CLP) is associated to changes in hearing, particularly middle ear function. Audiologic evaluation is necessary for an adequate audiological diagnosis in order to guide the appropriate treatment for each case. Audiological field evaluation (audiometry and Tympanometry) is an essential part during diagnostic assessment. The objective of this study was to verify the minimum level of hearing response (NMRA) for each type of high-frequency curve during tympanometric assessment. METHODS: Electroacoustic evaluation (Tympanometry 1000 Hz frequency) and computerized visual reinforcement audiometry in free field, 500, 1 k, 2 k and 4 k Hz, were performed in a group of 75 infants (150 ears) with CLP between 6 and 24 months Single Peak (SP) and Double Peak (DP) were found within normal limits while Asymmetrical (AS), Flat (FL) and Inverted (IN) presented with altered results. RESULTS: Single Peak (SP) and Double Peak (DP) were considered normal, and Asymmetrical (AS), Flat (FL) and Inverted (IN) altered NMRA for each different type of tympanometric curve obtained for the right ear (RE) and left ear (LE) were verified. Results for the normal NMRA curves varied an average between 25 to 27 dB for both ears; 32-34 dB for the curves changed in RE and LE respectively. CONCLUSION: the NMRA showed normal in the tympanometric curves type UP and DP and abnormal in curves types, PL e IN.

Support: Capes