

AudiologyOnline

Tech Support: 800.753.2160

Expert e-Seminar

TECHNICAL SUPPORT

Need technical support during event?

Please contact us for technical support at **800-753-2160**

CEUs

CEU Total Access members can earn continuing education credit for participation in this course. Be sure to take the outcome measure following course completion to earn your CEUs, or contact us for more information or assistance: **800-753-2160**

Clinical Applications of Electrocochleography (ECochG) in Audiology Today

James W. Hall III, Ph.D.

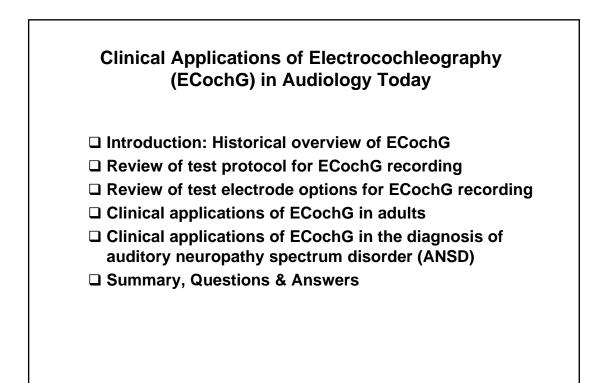
Adjunct Professor Nova Southeastern University

> Adjunct Lecturer University of Florida

Adjunct Professor Salus University

Extraordinary Professor University of Pretoria, South Africa

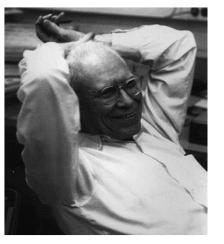
> jwhall3phd@gmail.com www.audiologyworld.net



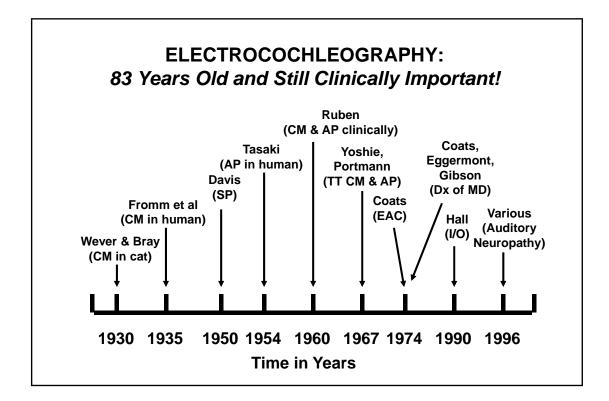
Original Description of Electrocochleography (ECochG)

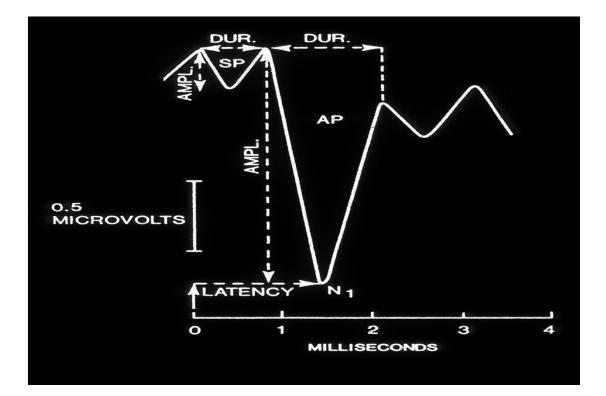
Wever EG and Bray CW. 1930. Action currents in the auditory nerve in response to acoustic stimulation. Proceedings of the National Acad of Science (USA) 16: 344-350.

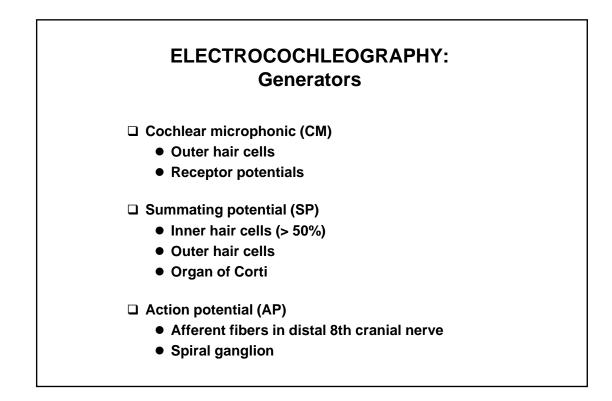
Wever EG and Bray CW. 1930. Auditory nerve impulses. Science 71: 215.

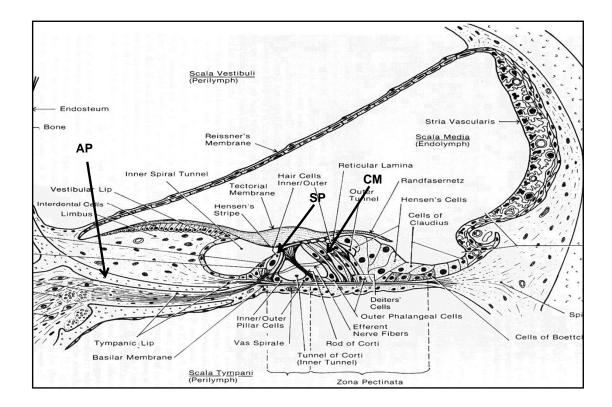


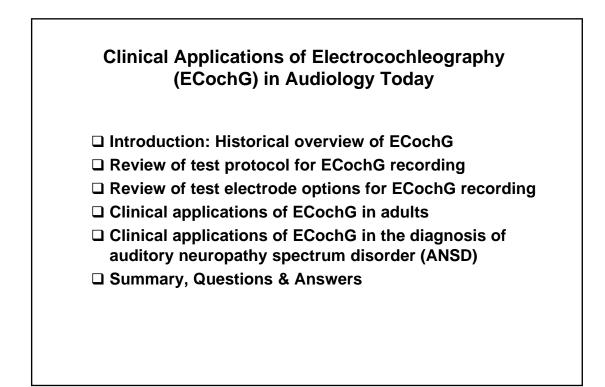
E. Glen Weaver, Ph.D. (October 16, 1902 — September 4, 1991)





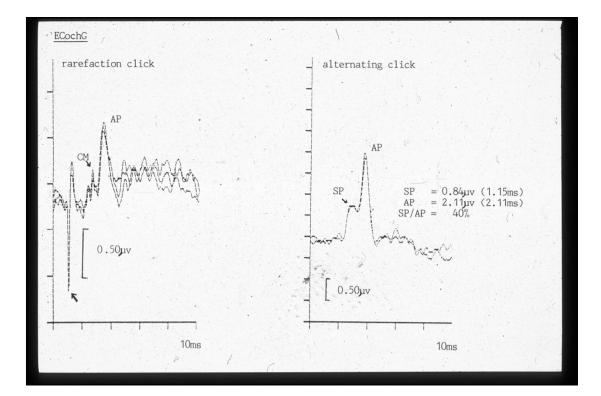


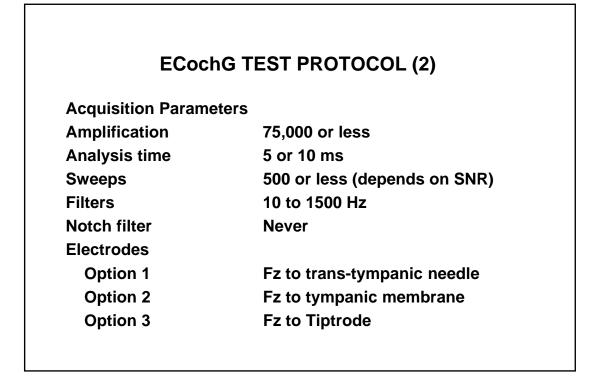


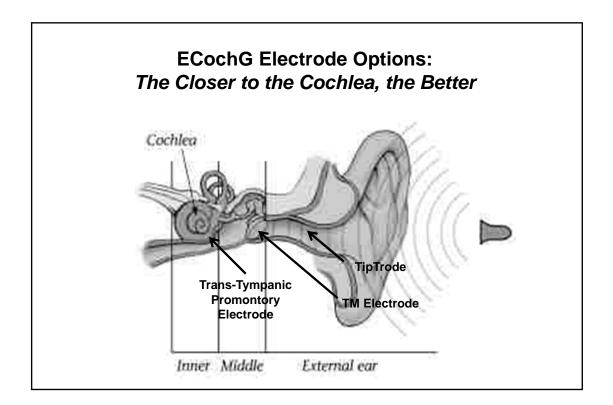


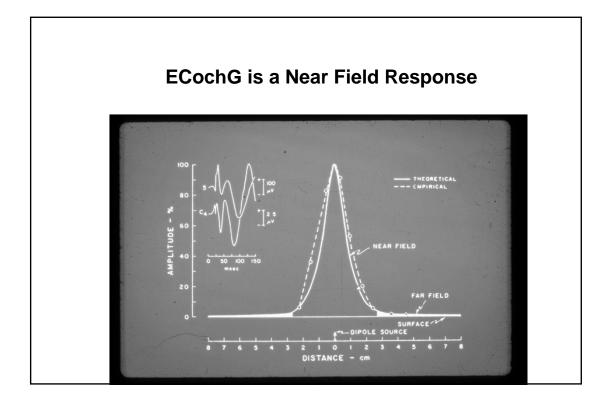
ECochG TEST PROTOCOL (1)

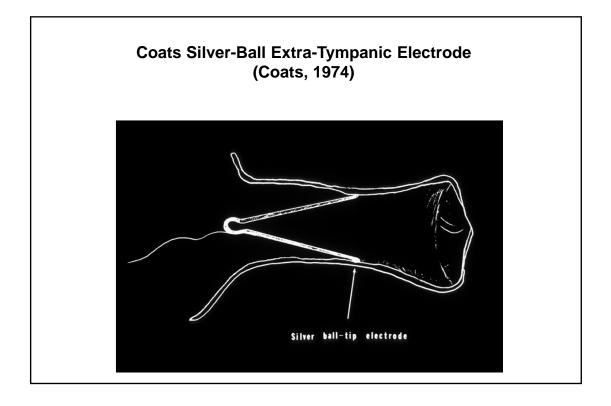
Stimulus Paran	neters
Туре	Clicks
Duration	0.1 ms
Rate	7.1/sec; slower if needed or faster if possible
Polarity	Alternating (for SP and AP)
	Rarefaction and condensation (for CM)
Intensity	Maximum or lower
Transducer	Insert
Masking	Never needed (Components are
	biological markers for ear-
	specific response)

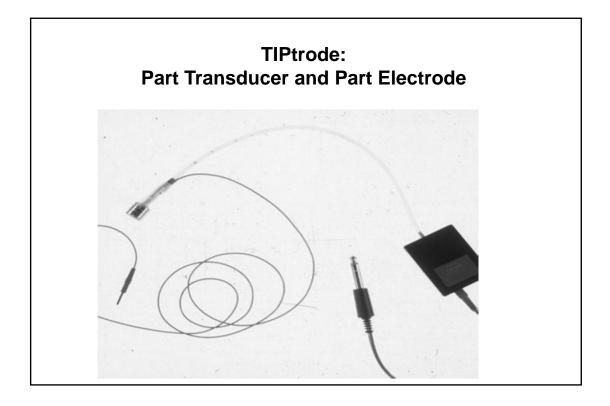


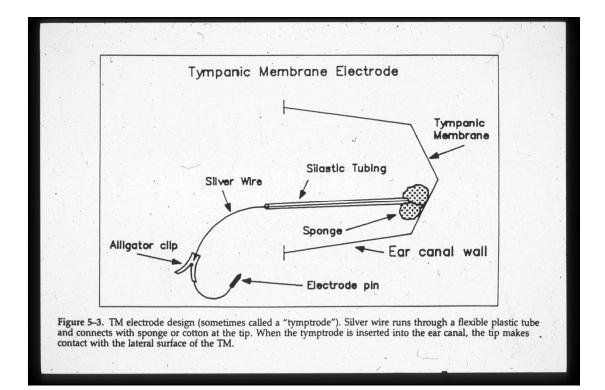




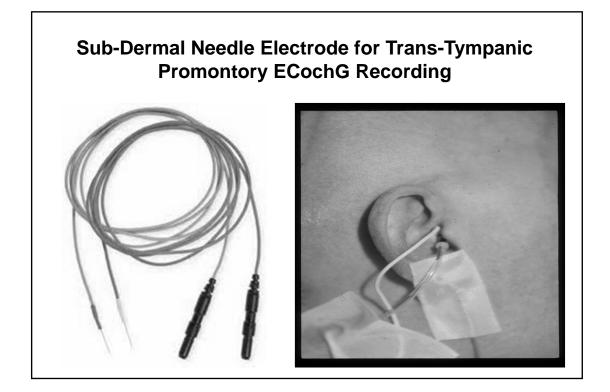


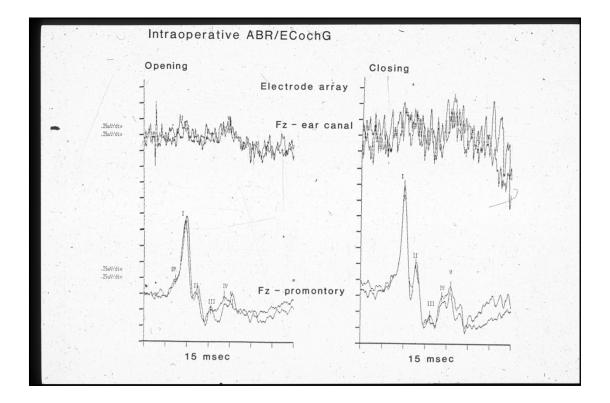


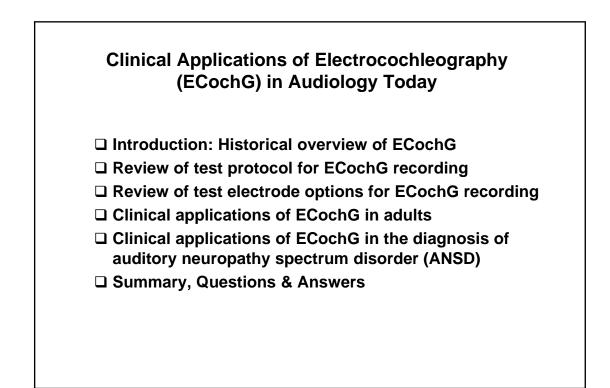


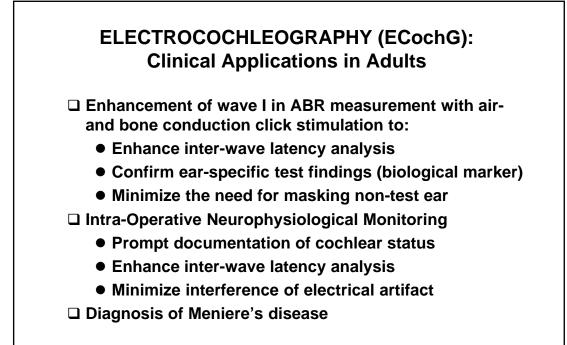


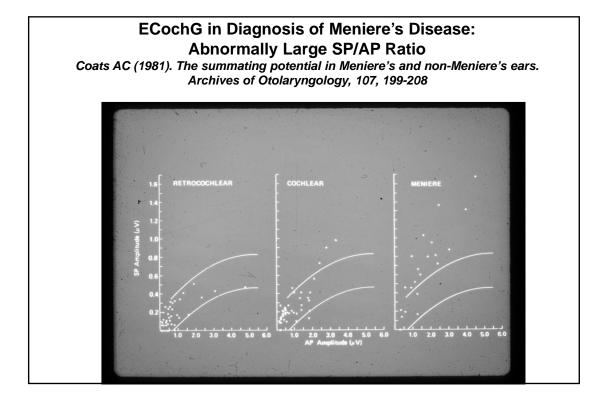


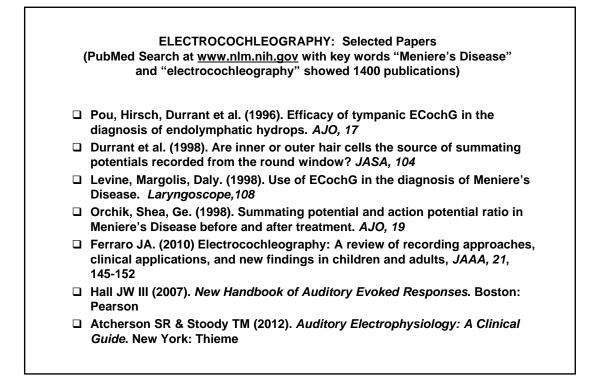


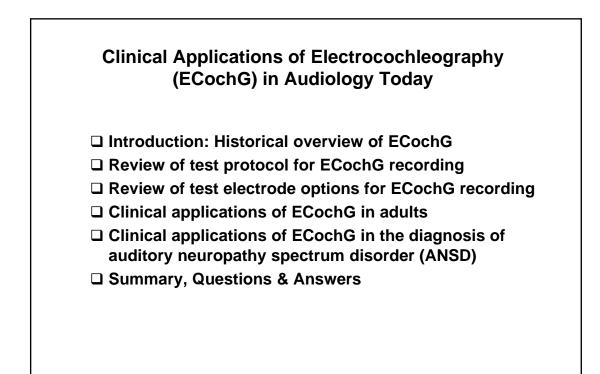


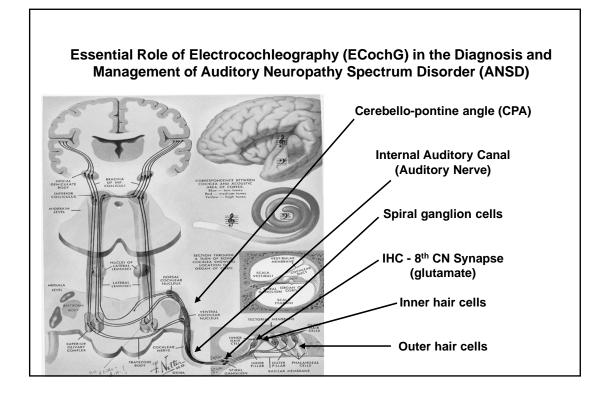


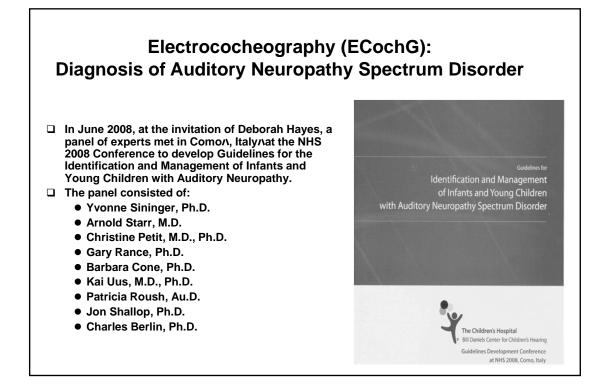


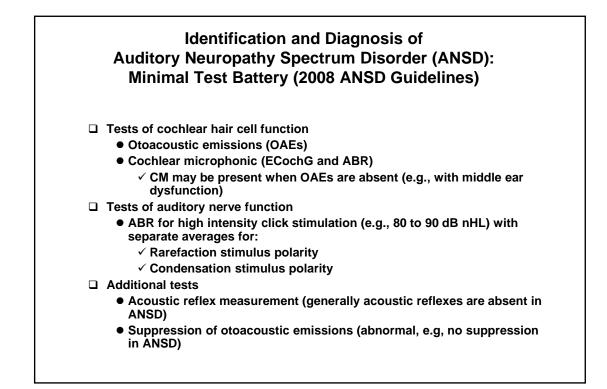


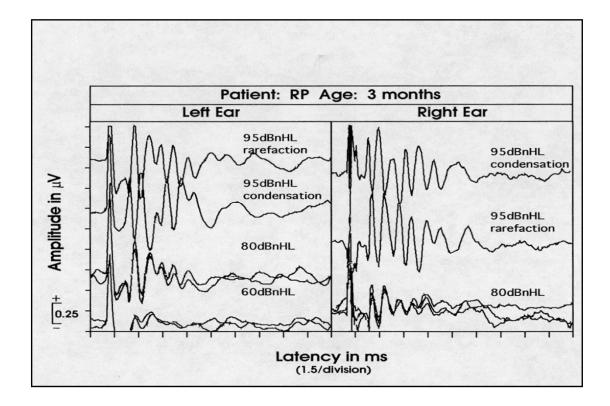


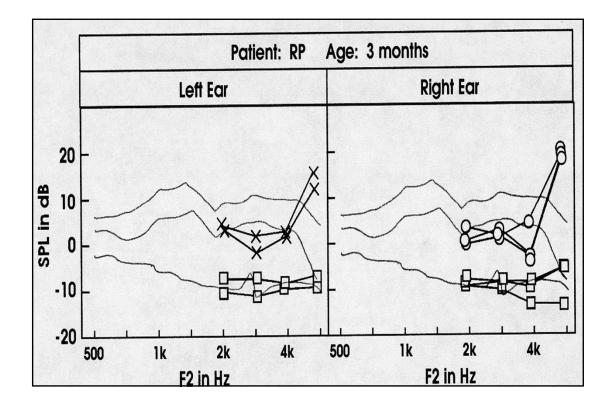










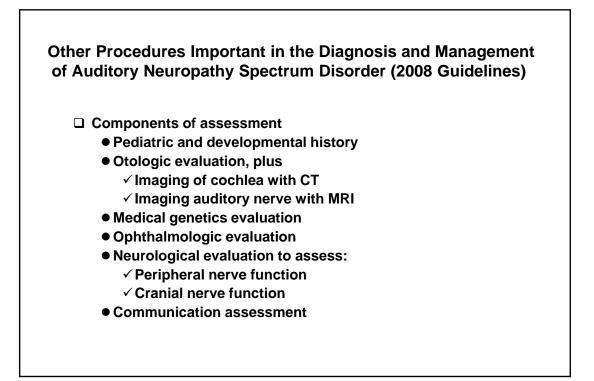


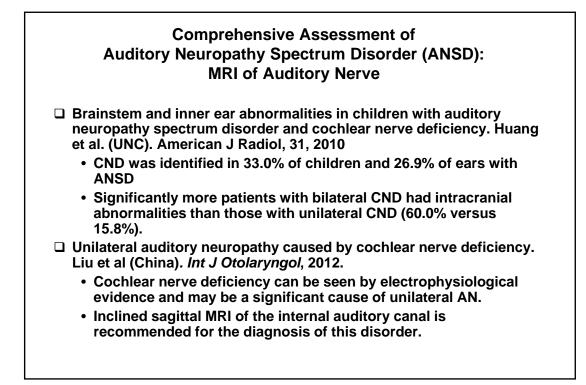
Essential Role of Electrocochleography (ECochG) in the Diagnosis and Management of Auditory Neuropathy Spectrum Disorder (ANSD): Medical diagnoses (1)

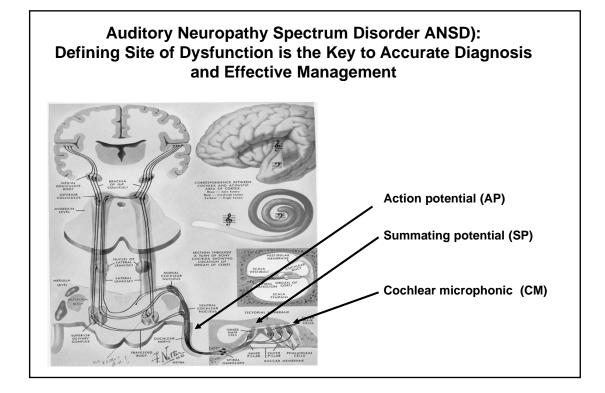
- Perinatal Diseases
 - Hyperbilirubinemia
 - Hypoxic insults
 - Ischemic insults
 - Prematurity
- □ Neurological Disorders
 - Demyelinating diseases
 - Hydrocephalus
 - Immune disorders, e.g., Guillain-Barre sydrome
 - Inflammatory neuropathies
 - Severe developmental delay

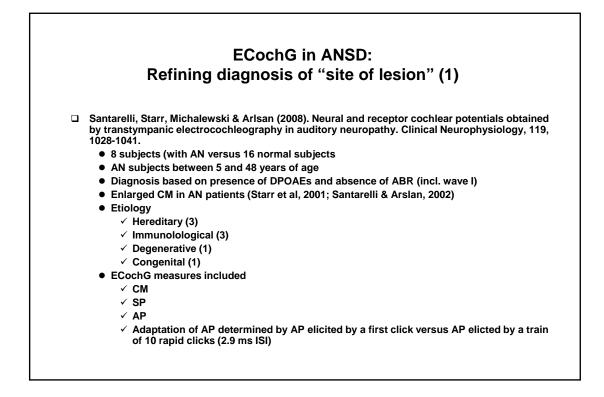
Essential Role of Electrocochleography (ECochG) in the Diagnosis and Management of Auditory Neuropathy Spectrum Disorder (ANSD): Medical diagnoses (2)

- Neuro-metabolic diseases
- □ Genetic and Hereditary Etiologies
 - Family history
 - Connexin mutations, e.g., GJB3 (D66del)
 - Otoferlin (OTOF) gene
 - Non-syndromic recessive auditory neuropathy
 - Hereditary motor sensory neuropathies (HMSN), e.g., Charcot-Marie-Tooth syndrome
 - Leber's hereditary optic neuropathy
 - Waardenburg's syndrome
 - Neurogenerative diseases, e.g., Friedreich's ataxia
- □ Mitochondrial disorders, e.g., mitochondrial enzymatic defect

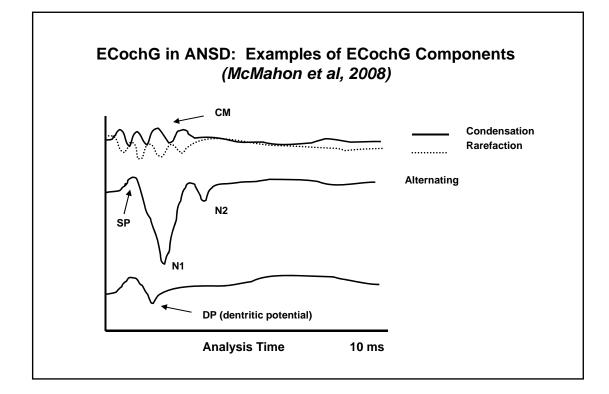


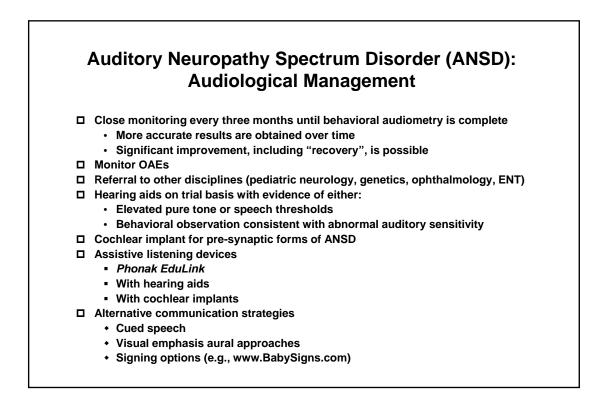


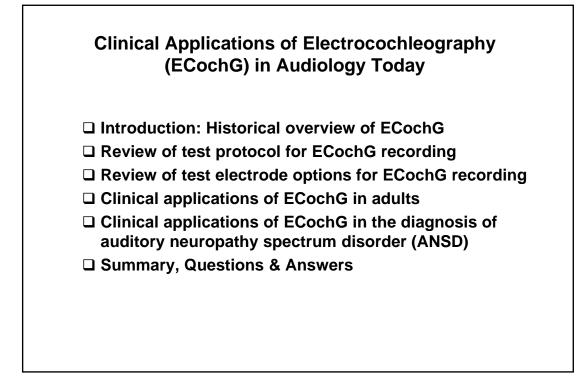


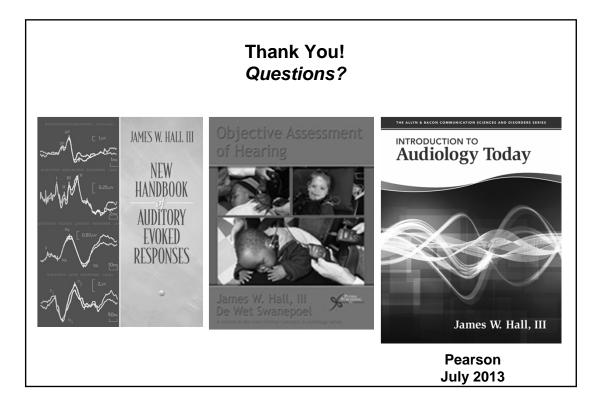


ECochG in ANSD:		
Refining diagnosis of "site of lesion" (2)		
McMahon, Patuzzi, Gibson & Sanli. (2008) Frequency-specific electrocochleography indicates that presynaptic and postsynaptic mechanisms of auditory neuropathy exist. Ear & Hearing, 2: 314-325.		
 14 subjects (7 male and 7 female) with AN versus 2 normal subjects 		
 AN diagnosed between 3 and 24 months of age 		
 Diagnosis based on large CM potentials and absence of ABR (incl. wave I) 		
 Genetic etiology for 6 subjects 		
 Severe to profound audiometric thresholds for all subjects 		
 All subjects received cochlear implants 		
 Purpose of study was to better define physiology mechanisms of AN to guide manageme (including cochlear implantation) 		
ECochG recorded with		
 Non-inverting ("active") electrode near round window "golf club" electrode (via myringotomy) 		
✓ Inverting electrode on ipsilateral earlobe		
ECochG in AN consistent with:		
✓ Pre-synaptic mechanism (abnormal SP) = good EABR and CI benefit		
 Post-synaptic mechanism (normal SP + dentritic potential) but no AP = poor or abservation EABR and poor CI benefit 		









AudiologyOnline

Tech Support: 800.753.2160

Update on Auditory Electrophysiology: Evidence-Based Clinical Applications

Application of ABR in Objective Assessment of Infant Hearing James W. Hall III, PhD

Clinical Applications of Electrocochleography in Audiology Today James W. Hall III, PhD

Neurodiagnostic Auditory Evoked Responses Applications Samuel R. Atcherson, PhD

Cortical Response Applications for Audiometric and Audibility Assessment Samuel R. Atcherson, PhD

www.audiologyonline.com/electrophys2013