

## Unique Henry Ford case offers cautionary cotton swab tale

September 28 2010

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The old saying, "never put anything smaller than your elbow in your ear," couldn't be truer for a patient who experienced vertigo and severe hearing loss after a cotton swab perforated her eardrum and damaged her inner ear.

But what makes this patient's case unique is that otolaryngologists at Henry Ford Hospital in Detroit were not only able to alleviate her vertigo with surgery, but restore her hearing - an extremely rare occurrence.

"This case is rare because the goal of surgery is not to recover hearing, but to improve vertigo," says case report lead author Ilaaf Darrat, M.D., an otolaryngologist in the Department of Otolaryngology-Head and Neck Surgery at Henry Ford Hospital.

"Once your hearing is gone, it's usually gone. This case report shows that even in a dead ear, there is hope for hearing recovery."

The report will be presented Sept. 28 as part of the poster session at the American Academy of Otolaryngology-Head & Neck Surgery Foundation Annual Meeting in Boston.

Beyond showcasing an unusual case, the Henry Ford report also offers a cautionary tale to those who use cotton swabs to clean their ears: Never put anything in your ears without your doctor's recommendation.

"Using cotton swabs in your ears can cause serious hearing issues," says

co-author Michael D. Seidman, M.D., F.A.C.S., director of the Division of Otologic/Neurotologic Surgery in the Department of Otolaryngology-Head and Neck Surgery at Henry Ford.

"Several times a year, I see patients who have put a hole in their eardrum or damaged the [inner ear](#) because they've pushed a cotton swab too far into the ear canal. This type of an injury can deafen a patient, cause vertigo, shatter the eardrum, or even paralyze the face."

Since the ear canal is curved - and a cotton swab is not - Dr. Seidman also sees a lot of patients who cut or scratch their external ear canal using cotton swabs.

The 59-year-old female patient who is the focus of the Henry Ford case report was using a cotton swab to clean her left ear when a sudden movement caused the swab to be pushed deep into the inner ear.

About five hours later, the patient began experiencing symptoms of vertigo, a disturbance of balance and equilibrium, and went to the emergency department at Henry Ford Hospital.

The patient had perforated the ear drum, creating an abnormal opening between the air-filled middle ear and the fluid-filled inner ear called a perilymphatic fistula. A hearing test also revealed deafness in the affected ear, which typically cannot be restored.

The patient was initially treated with bed rest, commonly prescribed for vertigo caused by a perilymphatic fistula. But when this method did not alleviate the patient's vertigo after several days, Dr. Seidman and Dr. Darrat decided to perform surgery to repair the crack in her inner ear organ and the hole in the eardrum.

Nearly six weeks later, the patient's vertigo was gone. But what surprised

the physicians was that the hearing test revealed that the patient had recovered most of her hearing.

"It's nearly miraculous that her hearing returned from a non-functioning ear," notes Dr. Seidman. "We were able to perform surgery early and stop the leak of inner ear fluid. We believe that helped to restore the patient's hearing."

Provided by Henry Ford Health System

Citation: Unique Henry Ford case offers cautionary cotton swab tale (2010, September 28)  
retrieved 4 May 2024 from

<https://medicalxpress.com/news/2010-09-unique-henry-ford-case-cautionary.html>

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