How I Perceive it ? 'Partinnitus'

(Proposed New nomenclature for otospongiotic tinnitus)

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Shambaugh has mentioned in his 'Surgery of the Ear' that improvement in tinnitus after successful fenestration and stapes surgery is erratic and unpredictable ; so is our experience. No convincing explanation has been put forward as to the nature of tinnitus which is not influenced by stapes surgery. It can be explained by the fact that the masking effect of outside noise can explain the diminished subjective loudness of tinnitus after the hearing has been improved by surgery. In our experience this curable tinnitus always maskable, partially or completely, before operation.

It is postulated that the objective tinnitus (perilabyrinthine group of Goodhill) and cryptogenic one, emanating from the hair cells of Corti that have been affected by otospongiotic pathology, diminishes subjectively following successful stapes surgery. This has been amply substantiated by the observations of most of us that there has never been any diminution of tinnitus in those cases where there has been no significant improvement in hearing or some improvement with residual hearing loss following stapes surgery which presumably

has additional neural element following possible retrograde neural degeneration. In all probability this is cryptogenic tinnitus originating in the auditory neural elements adjacent to hair cells. These with immediate retrochlear lesion are the cases in which tinnitus is not completely masked or minimally masked either by AC or BC sounds both preoperatively and postoperatively. Nonmaskable tinnitus is not helped by surgery, only the maskable one is.

It is, therefore, proposed that this type of maskable tinnitus that can be influenced by stapes surgery may be termed 'PARTINNITUS' vis-a-vis PARACUSIS that is present in association with conductive impairment of hearing. A conductive hearing loss filtrates the annoying effects of ambient noise. That is why the patient with otospongiosis hears better in a noisy place. Similarly tinnitus also is reduced in an identical situation. The simile, i.e. relief of both the above viz 'PARATINNITUS' and PARACUSIS by stapes surgery convinces us that both are due to deficient masking and both are relieved by similar type of surgery, re-establishing normal masking effect on tinnitus by background noise.