How to diagnose:

* Normal otoscopy, Weber lateralises to better hearing ear and air conduction louder than bone conduction in worse hearing ear (Rinne positive) = sensorineural loss
* Abnormal otoscopy, Weber lateralises to worse hearing ear and bone conduction louder than air conduction in worse hearing ear (Rinne negative) = conductive loss

Red Flags: it’s not idiopathic SSNHL if there are focal neurological signs, recurrent episodes or bilateral loss (the latter 2 suggest autoimmune inner ear disease), or recent trauma (head, acoustic, ototoxic medication or barotrauma)

When to start treatment: as soon as possible is best, if more than 6 weeks post onset of treatment, unlikely to improve with treatment.

Investigations

* Audiogram as soon as possible after diagnosis D0, day 7, day 14
* MRI internal auditory meati in all patients regardless of response to treatment
* Consider blood tests in steroid responsive patients: ANA, ANCA, ACE, CMP, EUC, LFT, FBE, CRP, ESR

Steroid dose:

* Prednisolone 1mg/kg/day 7 days, adjust depending on response
* Stop as soon as hearing normalised
* If no improvement at all by 7 days at 1mg/kg, for intratympanic steroid (4mg/ml dexamethasone, 3 doses, 48 hours apart)
* If delay in seeing ENT surgeon, continue at 0.5mg/kg from day 7 until ENT appointment (no more than 3 weeks in total of oral steroid).
* If no improvement after 7 days oral steroid and 3 doses intratympanic steroid, consider not steroid responsive and withdraw treatment
* If delayed presentation, within 2-6 weeks of onset, still worth trying salvage steroid therapy at same doses.

Give patient instructions on what to do if SSNHL recurs (take 50mg prednisolone stat, then daily and obtain audiogram or see GP or ENT surgeon within 72 hours). Patient information page and AAOHNS guideline <http://eguideline.guidelinecentral.com/i/327549-sudden-hearing-loss/5?m4=>

Refer to audiologist for hearing rehabilitation (including hearing aid) if not improved.

For recurrent steroid responsive sensorineural hearing loss and/or other systemic signs of autoimmunity, consider referral to rheumatologist (Tim Godfrey).