

Update on hearing loss: radiological diagnosis

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1. What is the role of computed tomography (CT) in suspected schwannoma of the eighth cranial nerve?

- It has 90% sensitivity for schwannomas.
- The sensitivity for ear canal tumors is 86%.
- By using air cisternography, the sensitivity of the CT increases to 100%.
- For cerebellopontine angle tumors, the sensitivity is 94%.

2. What is the exam indicated for diagnosing suspected cases of schwannoma of the eighth cranial nerve ?

- Nuclear magnetic resonance with gadolinium as a contrast.
- Tomography associated to cisternography.
- Nuclear magnetic resonance with no contrast.
- Computerized tomography in sharp contrast.

3. How to radiologically differentiate schwannoma of the eighth cranial nerve from cerebellopontine angle meningioma?

- Meningioma has a globular shape.
- Schwannoma of the eighth cranial nerve is a large base sessile tumor.
- Schwannomas do not usually present microhaemorrhages.
- Meningiomas usually present calcifications.

4. How often should magnetic resonance imaging be performed in patients with schwannoma of the eighth cranial nerve that have been conservatively treated?

- Monthly after the initial diagnosis.
- Every six months after the initial diagnosis for five years.
- Every two years after the third imaging from the initial diagnosis.
- Annually from the initial diagnosis and continuing throughout life.

5. May magnetic resonance imaging present a false-positive result for schwannoma of the eighth cranial nerve?

- T1 images with gadolinium identify lesions up to 2 mm size.
- False-positive rates may reach 50%.
- At the bottom of inner ear canal there are no false-positive results.
- The positive likelihood ratio is low (10).

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- It is indicated in burn patients (**Alternative B**).
- Periodical visits by a pharmacist (**Alternative D**).
- It can be 2.7 times lower than in-hospital costs (**Alternative A**).
- Catheter-related infection is the major cause of hospitalizations (**Alternative B**).
- The family members must be trained before the patient is discharged (**Alternative C**).