Estudio número 17

Asociación entre hipoacusia súbita e insuficiencia vertebrobasilar.

Este estudio de casos y controles fue realizado en Taiwan, con datos obtenidos de una muestra aleatoria de un millón de personas, e investiga la posible correlación entre la insuficiencia vertebrobasilar e hipoacusia súbita. Se estratifican un grupo con 5.304 pacientes con diagnóstico de hipoacusia súbita y un grupo control de 21.216 pacientes.

Los pacientes con diagnóstico de insuficiencia vertebrobasilar previo al diagnóstico de hipoacusia súbita fueron identificados. La edad media fue de 51-3 años y 47,5% de los pacientes eran mujeres. En 26 de los 5.304 pacientes se identificó un diagnóstico previo de insuficiencia vertebrobasilar (antes de producirse la hipoacusia súbita) y 38 individuos del grupo control (21.216 personas) presentaban insuficiencia vertebrobasilar.

Tras el ajuste por comorbilidades se reconoce una mayor posibilidad de padecer insuficiencia vertebrobasilar en pacientes con hipoacusia súbita que en individuos del grupo control. Se necesitan más estudios para conocer la asociación entre la severidad de la insuficiencia vertebrobasilar y el riesgo de hipoacusia súbita y los patrones de las curvas audiométricas.

Association of Sudden Sensorineural Hearing Loss With Vertebrobasilar Insufficiency.

Importance
Little is known about the association between sudden sensorineural hearing loss (SSNHL) and vertebrobasilar insufficiency (VBI).

Objective
To explore the association between SSNHL and VBI.

Design, setting, and participants
This investigation was a population-based, case-control study. Patients from January 1, 2000, to December 31, 2011, were retrospectively identified from the Taiwan National Health Insurance Research Database, which includes claims data on a random sample of 1 million people.

Main outcomes and measures
Using propensity score matching on age and sex, patients were stratified at a 1:4 ratio into a study group comprising 5.304 patients with a diagnosis of SSNHL and a control group comprising 21.216 patients. Those with a diagnosis of VBI before the index date (the date each patient was diagnosed as having SSNHL) in both groups were then identified. A conditional logistic regression model was used to estimate the adjusted odds ratios (ORs) and 95% CIs as a measure of the association between SSNHL and VBI.

Results
The study cohort comprised 26.520 patients. Their mean (SD) age was 51.3 (17.2) years, and 47.1% (12.500 of 26.520) were female. Vertebrobasilar insufficiency was diagnosed before the index date in 0.5% (26 of 5.304) of patients with SSNHL and in 0.2% (38 of 21.216) of controls without SSNHL. After adjusting for comorbid medical disorders, patients with SSNHL were more likely than controls to have had VBI (OR, 1.76; 95% CI, 1.02-3.04). There were no significant differences in the prevalence of VBI among male patients with SSNHL vs male controls (OR, 1.72; 95% CI, 0.87-3.40) or among female patients with SSNHL vs female controls (OR, 1.86; 95% CI, 0.76-4.59).

Conclusions and relevance
Patients with VBI appear to be at increased risk of developing SSNHL. Further research is needed to investigate the association among the severity of VBI, the risk of SSNHL, and the pattern of the audiometric curve.

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