

Mayo Clinic

<http://www.mayoclinic.org/departments-centers/neurosurgery>

see [Mayo Clinic Rochester](#).

see [Mayo Clinic Jacksonville](#).

Scottsdale and Phoenix...

The Mayo Clinic Health System has dozens of locations in several states.

Seventy-six patients underwent the primary removal of an acoustic neurinoma at the Mayo Clinic from 1978 through 1980. Hearing loss was present in 97% of the patients, and tinnitus and dysequilibrium occurred in 70% of the patients. The most common signs were a decreased corneal reflex, nystagmus, and facial hypesthesia. In these patients, pure tone and speech audiometry are used to define the hearing loss. When hearing is still present, the speech discrimination is often disproportionately low. Acoustic reflex testing and brain stem evoked response are used to determine whether the hearing loss is cochlear or retrocochlear. When these tests could be performed in this series of patients, they were accurate in 85 to 95%. The vestibular response to caloric testing is expected to be decreased or absent in about 90% of patients, and this was so in 86% of our patients. Radiographic studies are the most important tests currently used for the diagnosis of acoustic neurinoma. Tomography of the internal auditory canal shows abnormalities in 80% of patients. Computed tomography with contrast enhancement demonstrates abnormalities in 90% of patients. The computed tomographic (CT) scan may reveal the location, the size, and often the consistency of the tumor. In cases still questionable after CT scanning, positive contrast rhombencephalography is used for clarification. In this series, no single symptom, sign, abnormal audiometric test result, or abnormal radiographic finding was present in all patients; therefore, the most important factor in diagnosis is an alert physician ¹⁾

¹⁾

Harner SG, Laws ER Jr. Diagnosis of acoustic neurinoma. Neurosurgery. 1981 Oct;9(4):373-9. PubMed PMID: 7301081.

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