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AUDITORY AND SPEECH-LANGUAGE CHARACTERISTICS OF VESTIBULAR **SCHWANNOMA: A CASE REPORT** PRESENTER: Farhana Nowshad CO-PRESENTER: Ms. Maya Varma **3rd BASLP, Clinical Supervisor, Dpt. Of Speech and Hearing, MCHP MAHE**

Introduction

- Vestibular Schwannoma (Acoustic Neuroma) non-cancerous tumor
- Incidence 1 per 100,000 persons
- Depending on tumor size speech-language and hearing characteristics may vary

ne	Pre	Post surgery
	surgery	
PTA	93dBHL	85dBHL
SRT	105dBHL	96dBHL
SDS	85%	85%
TYMP	'A' type	'A' type
	SRT SDS	PTA93dBHLSRT105dBHLSDS85%

Aim

- To highlight on the auditory and speech-language characteristics in vestibular schwannoma
- To shed light on need of speech-language therapist and audiologist service for post-surgical complication treatment of vestibular schwannoma

Method

- 58-year-old female referred to department of Speech and Hearing, KMC Manipal
- Complaints- reduced speech intelligibility, hearing difficulty, continuous tinnitus in left ear
- Evaluation included speech, language and hearing, radiological evaluation (pre and post)

reflexes absent reflexes absent

- Speech and hearing complications are present
- Sensory and motor deficits persists
- Post- therapy long term intervention
 - Strengthen the oral musculature
 - hearing management options



Results

Evaluations done	Pre surgery	Post surgery
Neurosurgery	 C/o difficulty in walking and swaying to Left side. Weakness of LL Loss of sensation 	 Right UL&LL weakness Mild degenerative changes
Radiodiagnosis and Imaging	Left Vestibular Schwannoma. Lesion medially compressing the pons, left middle cerebellar peduncle, left VII/VIII CN.	Vasogenic edema in the left cerebellum, left hemi-pons and left mid brain and left thalamus and left middle cerebellar peduncle with mass

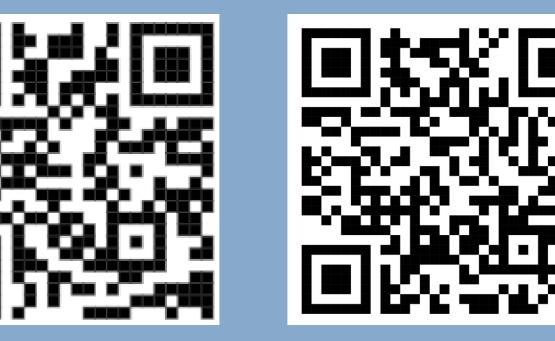
Tinnitus and hearing loss primarily affected in vestibular schwannoma Radiation therapy and surgical removal of the tumour-means of medical line of management. Post-surgery speech-language and hearing complications require long term rehabilitation. Clinical symptoms of cranial nerve IX, X,

Speech and language evaluation

- Lips deviated to right side
- Poor lip seal
- Drooling present
- Unable to maintain oral pressure
- Reduced speech intelligibility
- Reduced rate and range of articulators
- Language skills-adequate

XI or XII are rare

References



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effect in the form of

mild compression of

left hemipons and 4th

as pre op study

venrticle- persist same