

Complete Information on Autoimmune Inner Ear disease with Treatment and Prevention

Autoimmune inner ear disease (AIED) is an incendiary circumstance of the inner ear. The reason of AIED is mostly assumed to be related to either antibodies or exempt cells that induce harm to the inner ear. There is evidence that genetically controlled aspects of the immune system may increase or otherwise be associated with increased susceptibility to common hearing disorders such as menieres disease. It seems that allergies can cause or at least are associated with autoimmune inner ear disease. Observation suggests there is a genetic component as autoimmune diseases seem to cluster in families. Interestingly, this trait may show up as several different autoimmune diseases within the same family. However, this genetic predisposition alone does not cause autoimmune diseases to develop. Other factors need to be present as well in order to initiate the disease process.

Autoimmune inner ear disease is a rare disease occurring in less than one percent of the 28 million Americans with a hearing loss. Both allergy and traditional autoimmune disease such as ankylosing spondylitis, systemic lupus erythematosus, Sjogren's syndrome, cogan's disease, ulcerative colitis, wegener's granulomatosis, rheumatoid arthritis, and scleroderma can cause or be associated with AIED. The condition has been suggested to be more common in female patients who may or may not have concomitant systemic autoimmune disease than in male patients. Autoimmunity occurs with loss of homeostatic control in the immune system. Host tissues become recognized as foreign and induce damaging vasculitis and fibrosis. Veldman described a continuum of autoimmunity. On one end, organ specific responses with organ specific autoantibodies and T cells produce tissue alteration.

The symptoms of autoimmune inner ear disease are abrupt hearing departure in one ear progressing quickly to the second ear. The hearing departure can advance over weeks or months. Vestibular role may be lost gradually so that intense symptoms do not happen, but patients may produce ataxia and unsteadiness more evident in dark with long-term, multilateral vestibular hypofunction. More experience with the disease has revealed this to be a rare finding and it is not considered a routine occurrence in the syndrome. Outer Ear symptoms that may be attributed to allergy include chronic itching or frequent infections of the ear canal. Meniere's disease in one or both ears may sometimes be aggravated by allergies. Diagnosis of autoimmune inner ear disease is difficult and is often mistaken for otitis media until the patient develops a loss in the second ear.

There are several protocols for treatment of autoimmune inner ear disease. Treatment goals in autoimmune inner ear disease include improving speech thresholds to levels treatable with hearing aids in severely affected patients and recovery of hearing to near normal levels in those with mild to moderate losses. Most patients with autoimmune inner ear disease respond to the initial treatment of steroids, prednisone, and methotrexate, a chemotherapy agent. Some patients may benefit from the use of hearing aids. In persons with response to steroids, in most cases a chemotherapy type of medication such as cytoxan or will be used over the long term. The medicine can be put right into the inner ear under local anesthesia, or through the use of tiny ear tubes put in place surgically. Not all people respond to steroid therapy the same way. Treatment in some people results in better hearing, or better discrimination or both.

About the Author

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