

CONGENITAL HYPOACOUSY: IMPORTANTE OF A NEONATAL SCREENING

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The great majority of hypoacusy has little clinical manifestations. The implantation becomes necessary of appropriate objective diagnosis tests for a program of neonatal screening.

Congenital hypoacusy is not exceptional, the incidence is 1/800 alive newborn.

We have several methods of techniques of auditory exploration in the childhood. Nowadays, receive importance TEOAE, DPOAE and the BERA. We have the accomplishment capacity of these three tests in a single equipment: Echo-screen TDA. We have applied these techniques to a newborn group and later we have analyzed the different factors of risk from congenital hypoacusy (antecedent of congenital hypoacusy, weight to the birth < 1500 gr., congenital malformations, ototoxic drugs, perinatal asphyxia, hyperbilirubinemia, etc.).

RESULTS: We have applied this study to 95 newborn (56 term, 39 pretrem). Of them a 23% presented some factor of risk previously described. The test was negative in 4% of the cases. Being 6% single negative if we entered the TEOAE. The elevated percentage more of negative results was in the familiar antecedents of congenital hypoacusy (50% of 4 cases). In the greater congenital malformations (3 cases) the result was negative in 33%. In other studied factors of risk, and in them rest of newborn without risk factors the result was normal.

CONCLUSIONS:

- State implantation of a program of precocious detection of hypoacusia Is necessary.
 - Combination of TEOAE, DPOAE and BERA has a specificity of 90% and sensitivity of 80-90%.
- All is technical complementary in neonatal screening of congenital hypoacusy.

