

Confederate entities in FIAPAS meet the needs of families with children with deafness



*With representatives from:
Spanish Association of Paediatrics,
Spanish Society of Otolaryngology
and FIAPAS

With the collaboration of



PROMOTING INCLUSION. SUPPORTING PEOPLE. ADVANCING TOGETHER.

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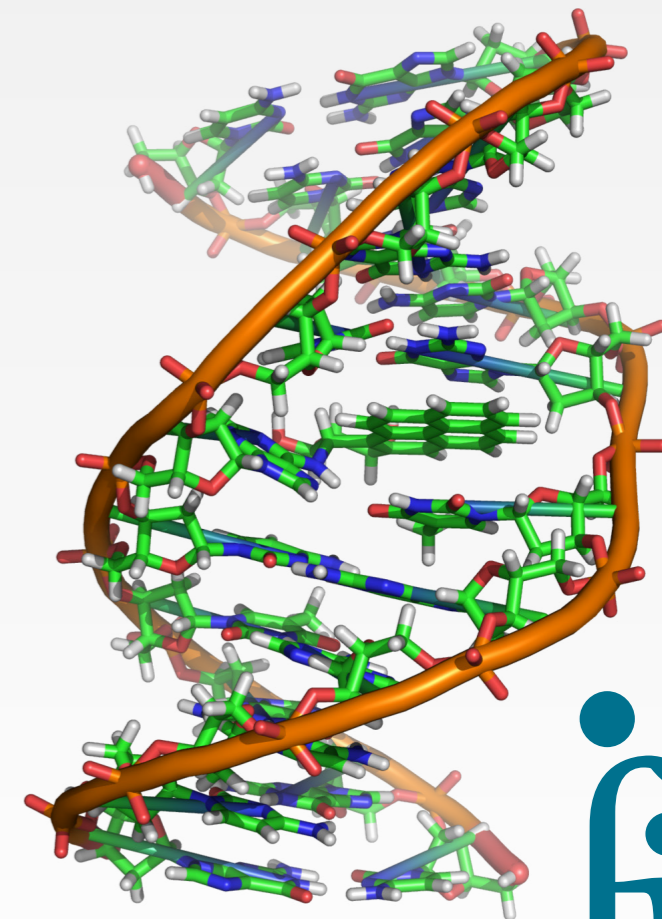
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Aetiological diagnosis

aimed at early care of childhood deafness



RECOMMENDED SEQUENCE FOR AETIOLOGICAL DIAGNOSIS (Diagnostic cost-effectiveness levels, in order from highest to lowest)

MEDICAL HISTORY AND EXAMINATION

Maximum diagnostic cost-effectiveness level within the process.

It includes three aspects:

- Family history
- Risk factors for hearing loss
- Physical examination for craniofacial abnormalities and syndromic stigmas

GENETIC TESTING

Second level of diagnostic yield.

The best options available at any given time and for each clinical context should be used.

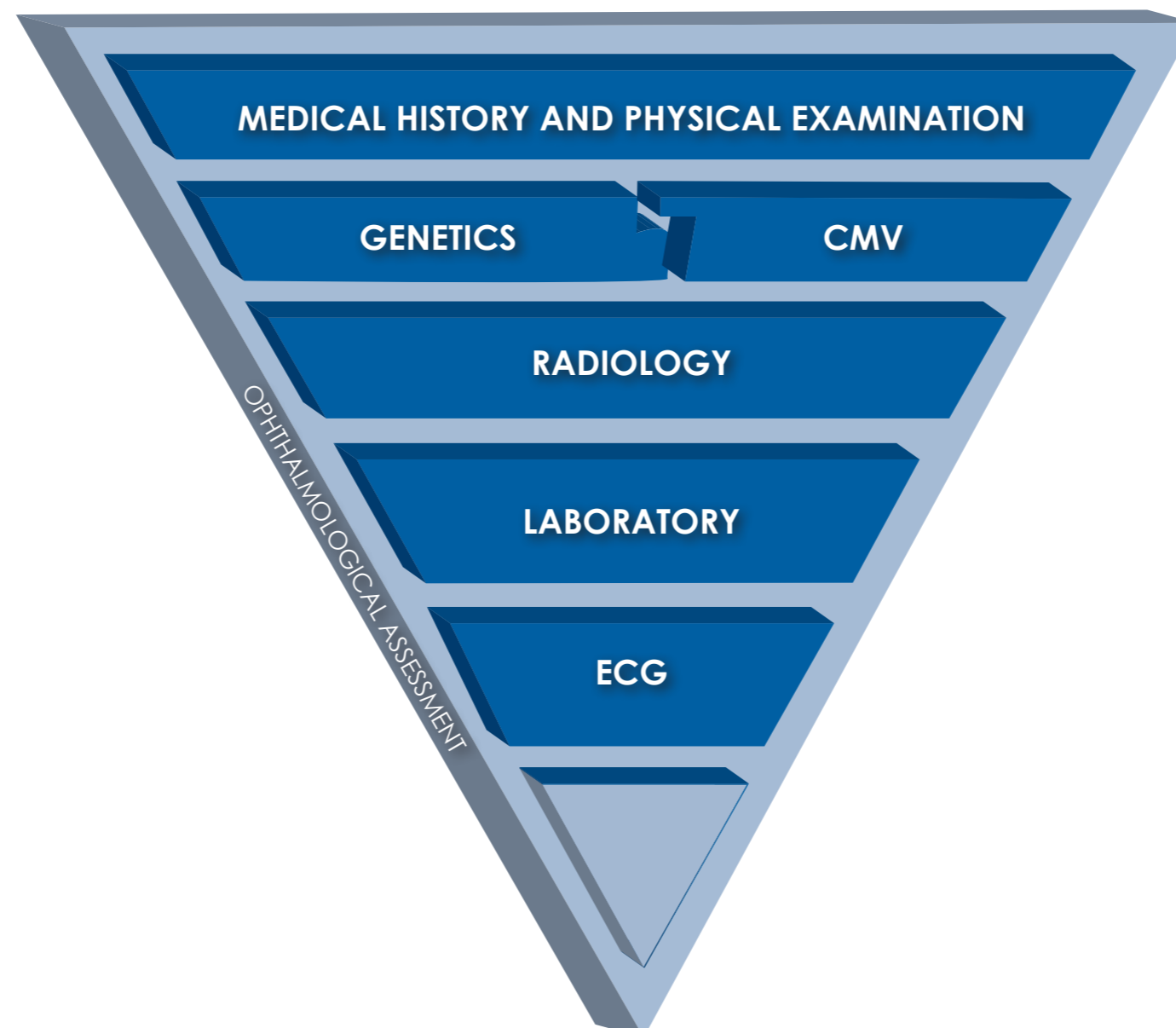
IMAGING TESTS

Third level of diagnostic yield.

Computed tomography (CT) is the technique of choice in external ear and middle ear pathology.

Magnetic resonance imaging (MRI) is recommended in cochlear and retrocochlear neurosensory hearing loss.

The older the patient, the less need for sedation and the less risk associated with radiation.



LABORATORY AND OTHER TESTS

Low diagnostic yield.

Measurements: blood tests, urine tests and electrocardiogram (ECG) should be based on clinical suspicion.

Cytomegalovirus (CMV) deserves special consideration due to its high prevalence. Its study in combination with genetic testing should be considered if not performed previously.

OPHTHALMOLOGICAL ASSESSMENT

More than one-third of children with hearing loss have an ophthalmologic impairment.

This assessment is recommended in all cases.

