



With representatives from:
The Spanish Association of Paediatrics,
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GOVERNMENT OF SPAIN
SPANISH MINISTRY OF HEALTH, CONSUMER AFFAIRS AND SOCIAL WELFARE
ROYAL BOARD ON DISABILITY



FOMENTANDO INCLUSIÓN. APOYANDO PERSONAS. AVANZANDO SOLIDARIAMENTE.

THE SPANISH CONFEDERATION OF
FAMILIES OF DEAF PEOPLE (FIAPAS)

PROMOTING INCLUSION, SUPPORTING PEOPLE, ADVANCING TOGETHER.

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The confederated entities in FIAPAS offer answers to the needs of families with deaf children

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Early diagnosis and treatment of unilateral or asymmetrical hearing loss in children



FIAPAS

MANAGEMENT OF UNILATERAL OR ASYMMETRIC HEARING LOSS

DEFINITION

Unilateral hearing loss (UHL) is defined as the presence of hearing loss in one of the two ears as long as the threshold is greater than 25 dB at all frequencies.

Asymmetric hearing loss (AHL) refers to bilateral hearing loss with auditory thresholds of 25 dB or higher in the best ear at all frequencies. There is a significant difference between the thresholds of both ears.

PREVALENCE

- The incidence of UHL is estimated to be 1 per 1000 newborns, increasing its prevalence with age due to delayed onset and acquired cases.
- One third of cases of hearing loss in children corresponds to UHL.
- Up to 3-6% of school-age children have UHL to varying degrees.
- Ten percent of children with UHL will develop bilateral, asymmetric or non-asymmetric hearing loss over time.

AETIOLOGICAL DIAGNOSIS

- Magnetic resonance imaging is the most important test to determine the cause of UHL, since cochlear nerve disorders are common.
- Congenital cytomegalovirus infection should be ruled out.
- Genetic studies are also of interest in determining the cause of hearing loss.

COURSE

- UHL with auditory remnants and AHL usually have a progressive or fluctuating course.
- The occurrence of hearing loss is usually congenital in 42% of unilateral and 22% of asymmetric cases.
- If not congenital, most develop before the age of 10.

IMPACT

In children with these hearing losses, the following can be observed:

- Difficulty locating sound and recognising speech, especially in noisy environments.
- Difficulty in social, behavioural, and/or emotional interaction.
- Poorer academic performance and lower language skills, with poorer language.
- Impaired balance. To maintain postural control they rely more on vision.
- Permanent brain reorganisation during the development period, which will determine treatment and its outcomes.

All of the above may worsen the quality of life of the child and his/her family. Therefore, the child should be followed up by ORL and various support measures (audiological, logistic, educational, family, etc.) should be adopted.

