

# **LONG-TERM RESULTS OF TRANSMEATAL COCHLEOVESTIBULAR NEURECTOMY: AN ANALYSIS OF 100 CASES**

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One hundred patients have been treated over a 13 year period with a transmeatal approach to the internal auditory canal for cochleovestibular neurectomy. Ninety-one of these patients have follow-up of more than 3 months (average 4.67 years). The most common indication for the procedure was Meniere's disease (71%). Chronic labyrinthitis, usually following stapes, middle ear or mastoid surgery, was the next most common indication. Patients with the preoperative diagnosis of Meniere's disease had better results in the curing of vertigo (89%) than those having chronic labyrinthitis (68%). Overall, vertigo was cured in 84% of patients and markedly improved in another 15.1%. Tinnitus was relieved or improved in 65% of all patients and in 6% of patients with Meniere's disease. Mild unsteadiness was commonly noticed postoperatively, but only 11% described this as severe. Eighty percent of these latter patients reported unsteadiness preoperatively. complications were uncommon and temporary; one case of delayed facial paresis that recovered completely, one CSF leak, and one wound infection. There were no cases of permanent facial paralysis or meningitis. The advantages of the transmeatal approach to the IAC for CVN over labyrinthectomy without CVN are assurance of complete labyrinthine denervation, increased likelihood of improved tinnitus, practice at sectioning the posterior ampullary nerve (PAN), and the ability to inspect the internal auditory canal for a small tumor or other pathology. We recommend this procedure for treatment of unilateral vestibular dysfunction in patients with no serviceable hearing.