

## INTRODUCTION

Numerous etiologies have been proposed for sudden loss of hearing . The most often cited are viral , viral vascular , vasospasm from autonomic imbalance , intracochlear membrane breaks and vascular . Vascular etiology could be on the basis of haemorrhage , vasospasm , thrombosis or embolism. (Mattox , D.E. and Simmons , F.B. 1977) .

In many patients , however ; we cannot specifically identify the etiology and speculation and debate continue upon a viral or vascular cause .

Very little mention is made concerning sudden hearing loss related to other forms of non otologic and neurologic surgery . The relationship of sudden hearing loss to anaesthesia or surgery is mentioned as an occasional and most likely of chance coincidence . (Paperella , M.M.,1973)

Unilateral hearing loss following general anaesthesia with nitrous oxide was first described in the literature, by Matz , G.J.,Rattenborg ,C.G.and Holday , D.A. (1967).

It is known complication after otological and cardio-pulmonary bypass surgery but very uncommon in general surgical procedures on patients with no prior history of otologic disease. (Hochetman , M. and Reimet , A., 1987)

Reduced hearing acuity has been reported to follow spinal intradural anaesthesia . (Panning et al.,1983) and during spinal extradural injection. (Hardy , 1986)

AIM OF THE WORK

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To study the effect of general , spinal intradural and spinal epidural anaesthesia on the hearing acuity .