Introduction

Worldwide, more than 170 million people are infected with the hepatitis C virus (HCV), a number that is believed to be an underestimate of the true global prevalence of this disease ***(WHO, 2006).***

Interferon-a(INF-α)has been used to treat HCV infection since 1990, with improved outcomes in recent years following the introduction of pegylated interferon (PEG-IFN) and ribavirin(RBV) combination therapy ***(Feld and Hoofnagle, 2005).***

(IFN- α) is a cytokine with antiviral, antiproliferative and immunomodulator effects. It has been widely used for the treatment of many systemic disorders, especially in acute and chronic viral illness ***(Woo and Burnakis , 1997).***

Although IFN alpha may have many mild to sever side effects such as flu-like syndrome, anosmia, hematological, infectious, cardiovascular, renal, autoimmune, and psychiatric problems ***(Maruyama et al., 1998)***. Auditory complaints due to (IFN- α) are rare and reversible ***(Kanda et al., 1995)***.

Recently, sudden hearing loss has been reported in patients treated with IFN ***(Wong et al., 2005).*** The reported

incidence of hearing loss associated with (IFN-α) ranges from 0.1% ***(Okanoue et al., 1996)*** to 39.5 %***(Kanda et al., 1995)***. Interestingly, hearing loss was usually unilateral ***(Atug et al., 2009)*** which can make it insidious in onset and difficult to detect. Fortunately, most reported patientsrecoverd after discontinuation of therapy, although some did not recover completely ***(Johnson et al., 2008).***

The mechanism of these side effects is not known but may be a result of vasculitis affecting small arterioles ***(Dusheiko, 1997).***