

INTRODUCTION
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One of the most frequently occurring disease with more or less generalised vascular pathology is diabetes mellitus (D.M.). Almost invariably , angiopathy has been demonstrated in different organs . In a few investigations the inner ear has been histologically examined in patients with diabetes mellitus and in all of these; inner ear changes have been demonstrated (Axelsson et al 1978) .

Costa (1967) described that thickening of the vessel wall of the modiolus could occur in diabetes mellitus . Furthermore thickening of the vessel wall of stria vascularis , spiral ligament and vasa nervorum of the acoustic nerve were described by Kover (1973) . Also he described that haemorrhage could occur in modiolus , endolymph and perilymph as a complication of diabetes mellitus .

As a result of generalised angiopathy in the peripheral as well as the central auditory system one would expect some influence from the disease on the

hearing (Axelsson et al 1978) .

Many workers such as (Jorgensen & Buch 1961 , Costa 1967 , Axelsson & Fagerberg 1968 , Gibbin & Davis 1981 , Delucchi et al 1982 and Sieger et al 1983) studied the effect of diabetes mellitus on the inner ear , however not all of them agree that diabetes mellitus can lead to a sensorineural hearing loss , and those who believed that diabetes mellitus can cause hearing loss still quote widely varying incidences .

The hearing loss was characteristically bilateral being confined to the higher frequencies and insidious in onset (Shenoj 1978) .

Wilson (1982) gave preliminary results suggested an increased hearing loss in diabetic patient over 40 years old than in a non diabetic one of the same age .

The hearing loss may be sudden in onset thus resembling a vascular accident and two such cases were described by Jorgensen (1960) .

Jorgensen and Buch (1961) found sensorineural
