

Birmingham & District Tinnitus Group

This is printed as part of a series of occasional papers produced by BIRMINGHAM & DISTRICT TINNITUS GROUP presenting a variety of points to offer information and support for our members

Acoustic Neuroma

by Ann Perry B&DTG

This is rarely talked about in tinnitus groups. And the reason acoustic neuromas (ANs) are rarely talked about is simply that - it IS rare ! In the 27 years that our group has been established we have encountered only one which surely illustrates that statement. Indeed some GPs never come across one.

To the average person the words growth, lump, tumour, or neuroma can conjure up a sense of fear and send the imagination into overdrive. That public misconception and the knowledge that tinnitus can be a side effect, caused us to consider whether or not it was time to produce some words of assurance for our members and those who visit our website. Fortunately, in recent years, media publicity about well known sporting and entertainment personalities undergoing AN surgery, seems to have shifted the log jam of reticence to talk about the subject.

The first and most important point to make is that ANs are always benign - *they are non malignant*. Secondly, they cannot spread to other parts of the body and thirdly, if it is removed it is unlikely to grow back again.

What is an acoustic neuroma ? An AN is a slow-growing tumour that develops on the eighth cranial nerve - the nerve of hearing and balance. To elaborate more fully, the part that carries the hearing information may be called either the acoustic, auditory or cochlear nerve, and the part that carries balance information is called the vestibular nerve. Together they are called the vestibular-cochlear nerve or eighth cranial nerve.

Saying that an AN is benign does not mean that it cannot grow and cause problems. This can depend on the actual site of the growth and its rate of increase. If the growth is small and static surgery may not be needed, although the patient will be closely monitored over a period of time with MRI or CT scans. This generally means having a scan once every one or two years.

What causes an acoustic neuroma ? There is no known cause for this type of acoustic neuroma and, in 95% of cases, they occur spontaneously and are not inherited.

How is it diagnosed ? Most people initially visit their GP with symptoms such as hearing loss and/or hearing distortion in one ear, tinnitus in one ear or dizziness. They will be referred to an ENT consultant for hearing and balance tests depending on the symptoms.

How is an acoustic neuroma treated ? This depends on a number of things, including general health, the size and position of the tumour and test results. As ANs grow very slowly, there is no need to rush into decisions regarding treatment.

As with the world of tinnitus, there is a lot of information and support for anyone receiving the rare diagnosis of an acoustic neuroma.

Contact addresses :

British Acoustic Neuroma Association (BANA)
Oak House, Ransom Wood Business Park, Southwell Road West,
Mansfield, Notts NG21 0HJ

Tel : 01623 632143 Fax : 01623 635313 e-mail : bana@ukan.freeseve.co.uk
Launched in 1993 the organisation provides support and information to people with AN

Acoustic Neuroma and Meningioma Network (AMNET)

website : <http://www.ii-group.com/amnet>
Launched in 1996 it is an affiliated member of BANA

*Meningioma is a differently sited tumour which can mimic an AN. The problems can be the same.
They now have their own group but remain closely linked to AMNET :*

Meningioma Association UK

Tel : 01787 374084 Website : www.meningiomaUK.org

RNID

RNID Information Line 19-23 Featherstone Street London EC1Y 8SL

Tel : 0808 808 0123 E-mail : informationline@rnid.org.uk

Website : www.rnid.org.uk

*RNID issues a 12 page factsheet which was compiled with the help and advice of
Mr Don McFerran, Consultant ENT Surgeon, Essex County Hospital
Dr McFerran is a member of the British Tinnitus Association's Professional Advisors Committee*

"Nothing in life is to be feared. It is only to be understood."

Marie Curie

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