

# A Woman with Sudden Bilateral Sensorineural Hearing Loss after Treatment Psoriasis with Acitretin

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A case of psoriasis presented with sudden simultaneous bilateral sudden sensorineural hearing loss after taking oral acitretin. Audiogram showed bilateral symmetrical sensorineural hearing loss. Her symptom improved after a short course of prednisolone. It is suggested that acitretin may affect hearing acuity.

**Keywords:** Ototoxic drug, Sudden sensorineural hearing loss, Acitretin

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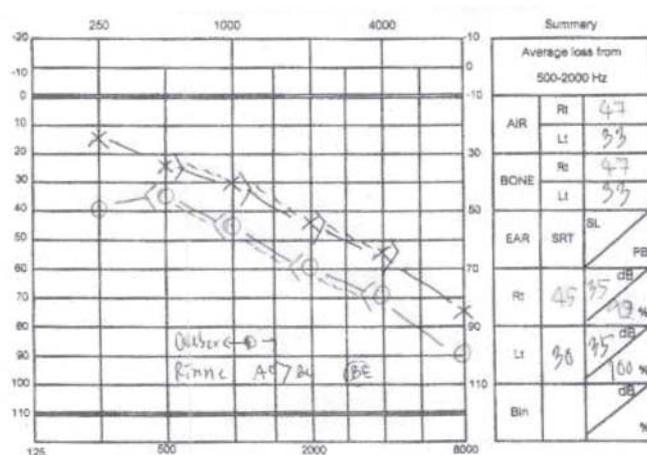
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Sudden bilateral sensorineural hearing loss is not common in clinical practice, and the causes from the new drugs are rare. This report presents a case with difficulty hearing after treatment of psoriasis with acitretin.

## Case Report

A 31-year-old Thai woman presented with the complaint of reduction of hearing perception and tinnitus in both ears, more severe in the right side. Her symptom progressed in one week after receiving

acitretin for control of her psoriasis. She denied dizziness, head trauma, headache and fever. There was no history of diabetes mellitus, hypertension, thyroid disorder, migraine, and autoimmune diseases. Physical examination including otologic and neurologic examination was unremarkable. Audiogram showed bilateral near symmetrical downward pattern of sensorineural hearing loss (Fig. 1). Pure tone average was 47 dB on right and 33 dB on left. Speech discrimination scores were 92% and 100% on right and left ear respectively. She was treated with 1 mg/



**Fig. 1** Bilateral sensorineural hearing loss

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**Table 1.** Audiograms

Date	Pure tone average		Speech reception threshold	
	Right	Left	Right	Left
12 Jun 2003	47	33	45	30
8 Sep 2003	40	33	40	33
5 Oct 2003	35	30	35	25
6 Feb 2005	35	30	30	25

kg/day of orally route prednisolone and tapering off in one week. She was follow up lost to for about 4 months because she was not able to leave her young daughter alone at home. Although she still took a reduced dose of acitretin, she felt slight improvement of hearing in the right ear and markedly decrease tinnitus on her second visit. Repeated audiogram showed puretone average of 40 dB on right and 33 dB on left. All of the results of the audiograms are presented in Table 1. In the last visit, there was greater improvement of her hearing. In addition, she had no interpersonal communication problem and no tinnitus. Her psoriasis has been successfully controlled with a full course of acitretin.

### Discussion

Acitretin<sup>(1)</sup> is the second generation oral aromatic retinoid. This drug has been effective for treatment of severe keratinizing skin lesions such as psoriasis and ichthyosis since the early 1980s. Its adverse effects<sup>(2)</sup> are hepatotoxic and teratogenic effects. Moreover, hypervitaminosis A<sup>(3-5)</sup> which presents as mucocutaneous lesions, hyperostosis of skeleton, and ligament calcification is also included. The metabolite of acitretin named Etretinate<sup>(6)</sup> can cause myopathy with peripheral neuropathy. A recent report from Greece<sup>(6,7)</sup> showed 2 cases of peripheral sensory neuropathy. At present, there is no literature demonstrating sensorineural hearing loss from acitretin. The presented patient developed simultaneous bilateral sudden sensorineural hearing loss

after taking acitretin and improved after changing to a reduced dose. Without evidence of other causes, it is suggested that acitretin should be considered as a possible ototoxic drug.

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อาการสูญเสียการได้ยินในผู้ป่วยหลังได้รับการรักษา psoriasis ด้วยยา acitretin

วิศาล มหาสิทธิวัฒน์

รายงานผู้ป่วย 1 ราย ที่เป็นโรคเรื้อนกวาง หลังการรักษาด้วย acitretin ผู้ป่วย มีอาการหูตึง การได้ยินลดลง ในหูทั้ง 2 ข้าง ตรวจการได้ยินพบเป็นแบบระบบประสาทเสียงบกพร่อง หลังการรักษาและลดปริมาณยา acitretin ผู้ป่วยมีอาการดีขึ้น จึงตั้งข้อสมมติฐานการวินิจฉัยโรคว่าอาจเกิดจากยาชนิดนี้

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