

# Aural Fullness – Differential Diagnosis

## Retracted Tympanic Membrane

- Negative pressure or effusion
- Conductive hearing loss
- Type B or C Tympanogram
- Retraction non-adherent
- **ET pathology on endoscopy**
- Relief of symptoms with myringotomy +/- tube

## Normal Tympanic Membrane

### Barochallenged

ET pathology on endoscopy

### Autophony of voice/breathing

TM excursions w ipsilateral nasal breathing (while symptomatic)  
**Popping/clicking**

### No Barochallenge

No Autophony  
No TM Excursion  
Tube not helpful

### Sniffing inappropriately

Despite negative pressure or effusion  
Autophony

## Obstructive Eustachian Tube Dysfunction

## Patulous Eustachian Tube Dysfunction

## Temporo-Mandibular

### Muscles of Mastication Disorders

- Tenderness in or around joint capsule with open mouth
- Intraoral examination of lateral pterygoids & temporalis for spasms or tenderness
- **Chronic or fluctuating pain/pressure**
- **Popping/clicking**
- Clenching or bruxism
- Malocclusion
- Can improve supine

## Minor's Otic Capsule Dehiscence Syndrome

- eg. Superior Semicircular Canal Dehiscence Syndrome
- Autophony of voice
- Conductive hearing loss
- Supra-normal bone conduction
- +/- Vertigo
- +/- Tullio's phenomenon
- CT confirmation
- VEMP – abnormal --Low cVEMP thresholds, -High oVEMP amplitudes
- Improves supine

## Endolymphatic Hydrops

- Fluctuating low-frequency sensori-neural hearing loss (SNHL)
- +/- Episodic vertigo

## Otologic Migraine

- +/-vertigo or aura
- +/-fluctuating SNHL, tinnitus

