

Acoustic Neuroma

What is an Acoustic Neuroma?

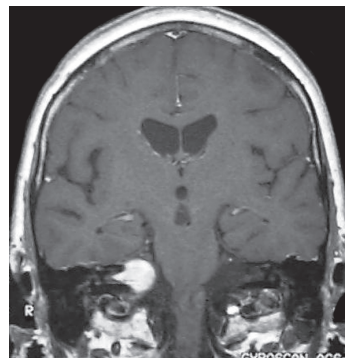
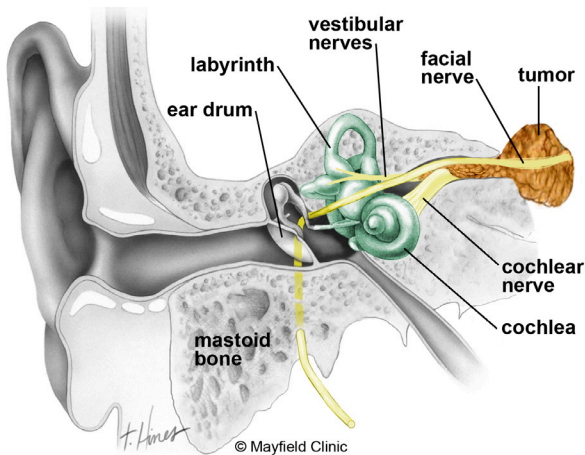
- Benign (not cancerous) tumor that actually grows from the balance nerve (vestibular nerve) rather than the hearing nerve (acoustic or cochlear nerve) and thus the tumor is technically known as a vestibular schwannoma.
- Most acoustic neuromas occur on one side except in rare genetic disorders like neurofibromatosis (NF-2), which can cause neuromas on both sides.

What are the symptoms?

- 90% of patients experience one-sided hearing loss that slowly worsens over time to deafness. Hearing loss can be subtle. Many patients note hearing loss initially only with telephone conversation for example.
- Symptoms that accompany hearing loss are tinnitus (ringing in the ear) and vertigo (dizziness). Large tumors may compress the brainstem, cerebellum or other cranial nerves causing weakness, imbalance, or facial numbness.

What are the treatment options?

- **Observation** – Some smaller tumors with little or no symptoms may not grow and may not require treatment. MRIs are obtained periodically and treatment is recommended if tumor growth is seen or symptoms develop.
- **Surgery** – Removal of tumor can be curative. Depending on tumor size, surgery may result in loss of hearing and/or facial weakness. If tumor cannot be completely removed, residual tumor can be treated with radiation.
- **Radiation** – For small acoustic tumors (<3 cm), radiation can be done as a single treatment (radiosurgery) or in multiple treatments (fractionated radiotherapy).



MRI scan of an acoustic neuroma

UC Neuroscience Institute
AT UNIVERSITY HOSPITAL